

KAUMAATUA GRANT APPLICATION

Waikato-Tainui tribal members 60 years and over are eligible for a Kaumaatua Grant every year. Designed to provide relief and support in meeting age-related health costs, the Kaumaatua Grant is available to registered tribal members aged 60 years and over. Examples of these costs include family GP consultations, pharmacy prescriptions, dental, optometry, and audiology.

The additional criteria are as follows:

- You must be registered on the Waikato-Tainui tribal register.
- The maximum grant amount available is \$1,000 in any financial year period (1st April - 31st March).
- An application form must be fully completed, signed, and submitted with required documentation (including identification) for the grant to be considered.
- Nominated Bank Account Verification (Refer to Checklist page3)
- Only one grant is available per individual in any financial year period.
- If approved, grants will be paid into the applicant’s nominated bank account. Grant consideration occurs monthly.
- Successful grant recipients can re-apply for another grant after the next financial year.
- Sole discretion to accept or decline a grant that does not meet criteria rests with us. Decisions are final and no correspondence will be entered into.

OFFICE USE ONLY	
Date Received:	_____
Tribal Registry No.	_____
ID Attached:	Yes / No / On file
Follow Up:	_____

Applicant Full Name		
Tribal Registry No.		
Date of Birth		
Full Postal Address		
Phone Number/s	Home	Mobile
Email Address		
Marae		
Hapuu		





Aged Related Health Issues

Please select **ONE** of the below options to indicate your choice of assistance.

NOTE: We do not require a bank slip if you choose to be supported by Triton Hearing or OPSM.

<p>Hearing Support</p> <p>As a part of our partnership with Triton hearing, Kaumaatua are able to receive a free initial hearing assessment and if required can be fitted with appropriate hearing aids.</p> <p>Please tick box to indicate you would like hearing support from Triton Hearing.</p>	<p>TRITON HEARING</p> <input type="checkbox"/>
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<p>Vision Support</p> <p>As a part of our partnership with OPSM, Kaumaatua are able to access eyesight services by completing an initial eyesight assessment and if required, prescription glasses can be fitted.</p> <p>Please tick box to indicate you would like vision support from OPSM.</p>	<p>OPSM  </p> <input type="checkbox"/>
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NOTE: We will require a personal confirmation of bank slip for the below option:

<p>Alternative Support</p> <p>Please tick box to indicate you would like Alternative Support.</p> <p>If you require other services <i>such as GP visits, dental or pharmacy prescriptions</i> please outline what you require and what you will use your grant for:</p>	<input type="checkbox"/>
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PRIVACY STATEMENT

Your personal information is being collected so that we can consider your application, check it against the criteria, operate and administer the Kaumatua Grant programme, and for the other purposes set out in this application form.

Please fill in **ALL** areas of this application form. If you do not provide the personal information as and when requested, we may not be able to consider your application and/or award you a grant. In agreeing to the terms and conditions on this application form and submitting it to us, you authorise the release of, and use of, your personal information to and by our kaimahi for all the purposes set out in this application form. Your personal information and grant details may also be used and published by us for publicity and promotional purposes and successful applicants may also be contacted for evaluation and review.

Your personal information will be collected and held by Te Whakakitenga o Waikato Incorporated, 6 Bryce Street, Hamilton in accordance with the Privacy Act 2020. If you wish to gain access to or request correction of your personal information please contact our privacy officer via email at privacy@tainui.co.nz or at our offices at 2-4 Bryce Street, Hamilton.

DECLARATION

I declare that I am in need of financial assistance to alleviate aged related health issues and will apply the grant to such purposes. I declare that the information given in this application is true and correct, and if my application is successful, I will comply with all the terms and conditions of the grant.

Name of Applicant: _____

Signed by the Applicant: _____ Date: _____

CHECKLIST Please ensure you have completed the following:

- All details are completed.
- Confirmation of your account details is attached. This may be a verified account printout from your bank including a bank statement, internet banking printout, validated bankslip, etc. ***We only need confirmation of bank account details if you do not require support from either TRITON HEARING or OPSM.**
- A copy of your identification is attached or already filed at Tribal registry
- Declaration is signed

Please forward your application to the following by 5pm on the last day of the month:

- Post:** Waikato-Tainui
Ngaa Taonga Tuku Iho
PO Box 648, HAMILTON 3240
- Email:** aawhina@tainui.co.nz
- Online:** www.waikatotainui.com

