

# Kaumaatua Grant Application

Te Whakakitenga o Waikato Incorporated ("we", "us" or "Waikato-Tainui")

## Eligibility criteria

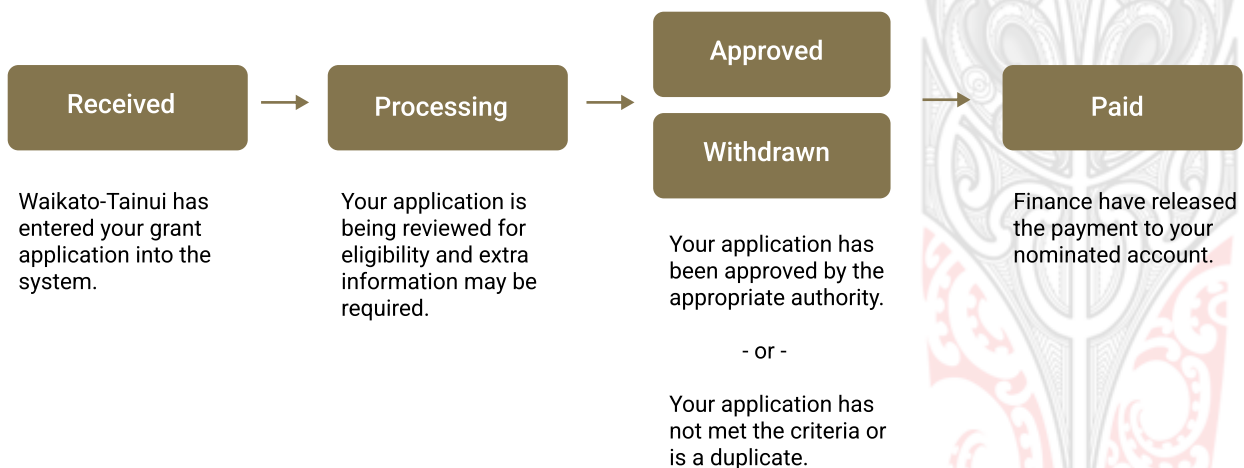
- ☐ Registered Waikato-Tainui tribal member
- ☐ Aged 60 years or over
- ☐ Must reside permanently in New Zealand
- ☐ Identification provided on file such as birth certificate, driver license or passport
- ☐ Official bank deposit slip (must contain bank logo, account name and number)
- ☐ Fully completed application form

Only one grant application is available per individual in any financial year period.

Sole discretion to accept, withdraw or decline a grant application that does not meet criteria rests with us. Decisions are final and no correspondence will be entered into. Incomplete applications will be withdrawn after 60 days and a new application form needs to be completed.

## Grant application process

Most grant application payments take up to 8 weeks for processing, approval and payment (if approved). Payment is due on the 21st of each month.



## How to submit

### ONLINE PORTAL APPLICATIONS

Preferred for faster processing

[waikatotainui.com/grants](http://waikatotainui.com/grants)

### RECEPTION DROP OFF

Waikato-Tainui  
2 Bryce Street  
Hamilton 3200

### POST DELIVERY

Waikato-Tainui  
Ngaa Taonga Tuku Iho  
451 Old Taupiri Road  
Ngaaruawaahia 3792



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## Applicant Tribal Member details

Applicant full name \_\_\_\_\_

Tribal Registry No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Street No. / Name \_\_\_\_\_

Suburb \_\_\_\_\_ RD \_\_\_\_\_

Town / city \_\_\_\_\_ Postcode \_\_\_\_\_

Country New Zealand

Phone Number/s \_\_\_\_\_

Email Address \_\_\_\_\_

## Bank account details

☐ Official bank deposit slip attached (must contain bank logo, account name and number)

## On behalf of someone else?

☐ Are you completing this form on behalf of someone else?

If yes, please provide your name, contact details and attach authority evidence.

Otherwise please skip to the next page.

Your full name (print) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_  
e.g. parent, guardian, power of attorney

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Authorised signatory \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



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**What aged related health issues** will you put the funds towards?

E.g. GP doctor visits and pharmacy prescriptions

Please tick **ONE** option only on this page

## **\$500 Grant Payment & Triton Hearing**

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.



## **\$500 Grant Payment & OPSM**

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.



## **\$1,000 Grant Payment**

Gives Kaumaatua flexibility to allocate funds to multiple age related health services or costs.



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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 Kaumaatua Grant programme, and for other purposes set out in this application form.

Please fill in ALL areas of this form where your personal information is requested. If the information you voluntarily provide is not accurate or complete, we may not be able to facilitate your enrolment until such information is provided.

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.

We take all reasonable steps to ensure that your personal information is safeguarded against loss, unauthorised access/disclosure or modification, and misuse in accordance with the Privacy Act.

Your personal information will be collected and held by Te Whakakitenga o Waikato Incorporated, 6 Bryce Street, Hamilton in accordance with the Privacy Act. 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](mailto:privacy@tainui.co.nz) or at our offices at 2-4 Bryce Street, Hamilton.

## Partner Schemes

If you opt into one of our partner schemes below, you authorise us to collect and disclose your personal information to the relevant partner/s for the purpose of facilitating your enrolment with them in their scheme. This includes us disclosing certain personal information we currently hold about you to them on your behalf (other than your health information) and only for the purposes set out in this application form.

We will do our best to ensure that the information that we hold and disclose about you is accurate, complete, and up to date. Please let us know if there have been any changes to your contact details. You can update your details at any time by calling us on 0800 TAINUI, emailing us at [tribalregistration@tainui.co.nz](mailto:tribalregistration@tainui.co.nz), and in-person at our offices at 2 Bryce Street, Hamilton.

## Triton Hearing

If you opt into this scheme, you authorise us to disclose your personal information to Triton Hearing for the purpose of Waikato-Tainui verifying your identity against our tribal register, Triton Hearing contacting you about and administering the programme, and Waikato-Tainui ensuring the grant funds are used appropriately and for their intended purpose.

## OPSM

If you opt into this scheme, you authorise us to disclose your personal information to OPSM for the purpose of Waikato-Tainui verifying your identity against our tribal register, OPSM contacting you about and administering the programme, and Waikato-Tainui ensuring the grant funds are used appropriately and for their intended purpose.

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## Privacy Statement (continued)

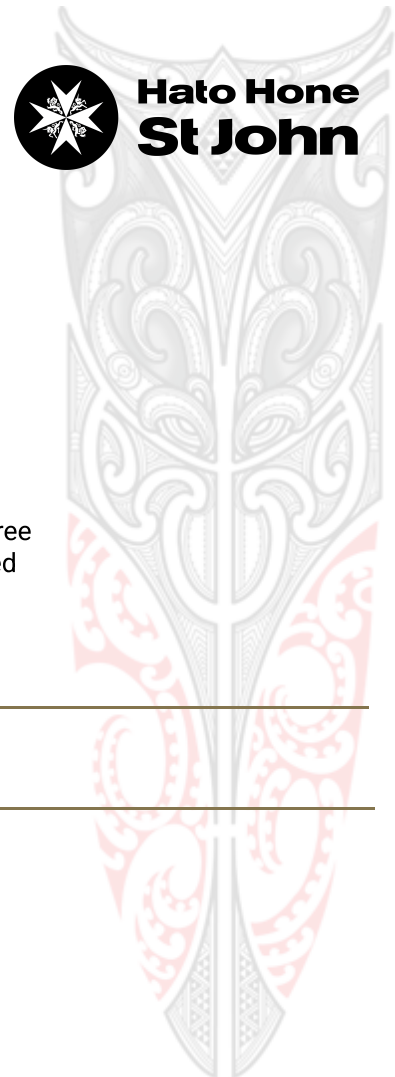
### Hato Hone | St John Eke Manaaki Scheme

If you opt into this scheme, you authorise us to disclose your personal information to Hato Hone | St John for the purpose of facilitating your enrolment with the Eke Manaaki Ambulance Membership.

**Please note, Hato Hone | St John does not provide ambulance services in Wellington and Wairarapa.** On that basis, the Eke Manaaki scheme is unavailable to kaumaatua in those specific areas. For more information, please read Hato Hone | St John's terms and conditions here: <https://www.stjohn.org.nz/support-us/supporters-scheme/terms-and-conditions--supporter-scheme/>

### Eke Manaaki Scheme

- ☐ Opt in to the **Hato Hone St John** free annual membership.  
Waikato-Tainui provides a free annual Hato Hone St John ambulance membership.



### Declaration

- ☐ I have read and understood the Privacy Statement above and I agree to supply my personal information for the purposes I have selected on this form.

Full name of signatory

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Authorised signatory

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Date

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