

Kaumaatua Grant Application

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

Eligibility criteria

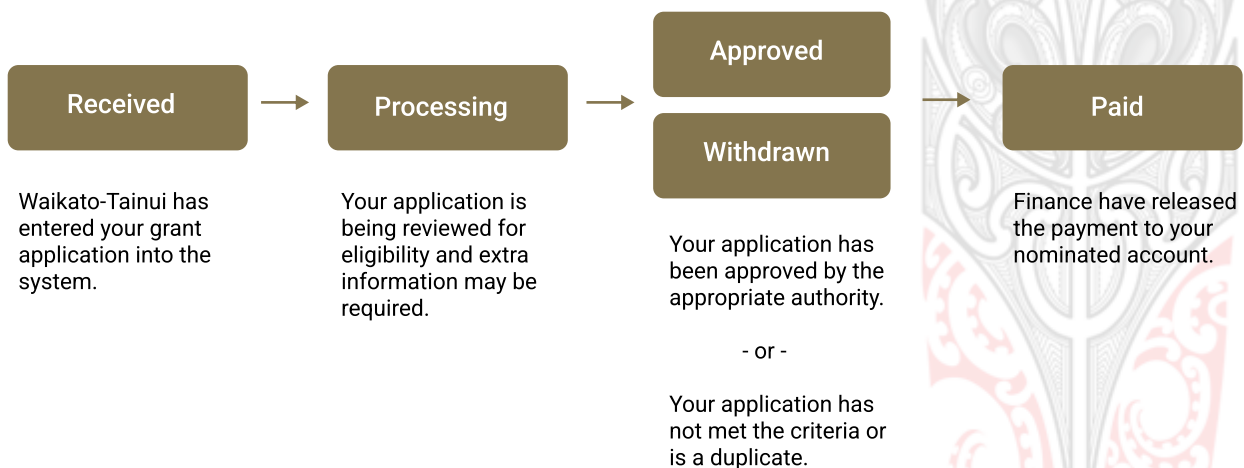
- Registered Waikato-Tainui tribal member
- Aged 60 years or over
- Must reside permanently in New Zealand
- Identification provided on file such as birth certificate, driver license or passport
- Official bank deposit slip (must contain bank logo, account name and number)
- Fully completed application 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 Incomplete applications will be withdrawn after 60 days and a new application form needs to be completed.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

<p>ONLINE PORTAL APPLICATIONS</p> <p>Preferred for faster processing</p> <p>waikatotainui.com/grants</p>	<p>RECEPTION DROP OFF</p> <p>Waikato-Tainui 2 Bryce Street Hamilton 3200</p>	<p>POST DELIVERY</p> <p>Waikato-Tainui Ngaa Taonga Tuku Iho 451 Old Taupiri Road Ngaaruawaahia 3792</p>
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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.



\$500 Grant Payment & Southern Cross Health Insurance

Gives Kaumaatua access to Waikato-Tainui HealthEssentials – a plan that covers costs for healthcare services, such as GP, prescriptions, dental, hearing and optometrist consultations (up to \$1650 of value).

Further information will be sent out to you once your application is received. Terms, conditions & exclusions apply, including benefit sub-limits. For full details, request a copy of the policy document from the Waikato-Tainui grants team. The cut off date for this option is 31 July 2023.



\$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 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, 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.

Continued on the next page.



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Privacy Statement (continued)

Southern Cross Health Insurance

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

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

Authorised signatory

Date

____ / ____ / ____

