



## TAUWHAO TE NGARE TRUST Kaumātua Health Grant Application

**Please note the following relevant sections of the Grants Policy:**

### **Eligibility**

Applicants are deemed eligible if they are shareholders or descendants of shareholders.

- Where the volume of applications in any one year exceeds the capped allocation of funds, the Trust reserves the right to implement a set of selection criteria.

### **Kaumātua**

Applicants are 65 years of age or older by 31 December of the year preceding the application and can apply for a:

- Kaumātua General Grant
- Kaumātua Health Grant. Actual costs **up to \$500** (total) per 12 month period will be reimbursed either to (1) eligible kaumātua on production of a receipt for expenses incurred for the following: Sight (testing, glasses, contact lenses); Hearing (testing, aids); Dental (visits, dentures). The receipt must be in the name of the Kaumātua; (2) the approved service provider on receipt of an invoice.

Please attach:

1. Identification that clearly shows your date of birth (i.e. copy of your driver's licence, passport or birth certificate)
2. Receipt(s)

Surname: \_\_\_\_\_ Christian Names: \_\_\_\_\_

Shareholder's Name: \_\_\_\_\_

**OR**

Whānau Trust Name: \_\_\_\_\_

(By signing this application form you confirm that you are a beneficiary of the whānau trust.)

Postal Address:

\_\_\_\_\_

Phone No: (\_\_\_\_) \_\_\_\_\_

Your Bank Account Details: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signed: .....Date: .....

**Please return your application and required documentation to:**

Tauwhao Te Ngare Trust, PO Box 32, TAURANGA 3144  
or via email to [coralie@tauwhaotrust.co.nz](mailto:coralie@tauwhaotrust.co.nz) or  
Phone 07 578 1045 if you have any questions