|  |
| --- |
| **Personal Details** |
| Full Name |  |
| Date of Birth |  |
| Postal Address |  |
| Contact Details  |  |

|  |
| --- |
| **Bank Account Details** |
| Name on Account  |  |
| Account Number |  |

|  |
| --- |
| **Grant Categories** |
| **Description** | **Name of Provider** | **Amount/Quote** |
| Eye and Hearing Test |  |  |
| Glasses |  |  |
| Dental and Denture Work |  |  |
| Hearing Aids |  |  |
| Specialist Visits (this excludes visits to your GP) |  |  |

**Memberships Available:**

**(Please tick the membership/s you would like to join)**

* AA Plus
* ST John’s Ambulance Service
* Mobility Parking Permit

**The Trust will grant up to $400.00 to Kaumatua for medical and memberships.**

**Declaration**

I certify that all information supplied in this application is true and correct.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send your application to;**

The Administrator or Email your application and attachments to;

Kaumatua Grants

P O Box 439

Te Kuiti 3941

Contact us on;

Phone: 0800 525 626

Email: admin@ruht.co.nz

**Please note that incomplete and late applications will not be accepted.**

**Closing date is Friday, 09th August 2018**

**Office Use Only**

**Accepted/Declined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**