

**PERSONAL DETAILS**

FULL NAME	
DATE OF BIRTH	
ADDRESS	
CONTACT NUMBER	
EMAIL	
TUPUNA	

**BANK ACCOUNT DETAILS (PLEASE WRITE CLEARLY)**

NAME ON ACCOUNT	
ACCOUNT NUMBER	

☐ I confirm that the bank account details provided above are true accurate (please tick box).

**INFORMATION**

- The Kaumātua hauora grants are open all year. However, payments will be made on a quarterly basis March, May, August & December.
- Kaumātua who are 60+ can apply for a kaumātua hauora grant.
- Kaumātua can only apply for a grant once per financial year (April -March).
- The maximum that can be applied for is \$500.00.
- Please refer to page 2 regarding grant categories/s or memberships you would like to apply for. Please ensure the declaration has been signed and dated.

SEND YOUR COMPLETED APPLICATION VIA POST OR EMAIL. DETAILS BELOW:

POST:

C/O RUAPUHA UEKAHA HAPU TRUST  
12 HINEWAI STREET, OTOROHANGA 3900

EMAIL: admin@ruht.co.nz

GRANT CATEGORIES			
CATEGORY	DESCRIPTION	COST	PAID TO
EYE AND HEARING TEST			
GLASSES			
DENTAL WORK			
HEARING AIDS			
SPECIALIST VISITS			
GP VISITS			
PRESCRIPTIONS			

- In the “paid to section” please indicate if it is a payment to the supplier or a reimbursement. Please note reimbursements are only applicable for the corresponding year.
- If a payment is to be made to a supplier, please ensure an invoice has been supplied.
- If the payment is a reimbursement, please ensure proof of payment has been supplied.

GRANT CATEGORIES – MEMBERSHIPS			
	CATEGORY	COST	PAID TO
	AA PLUS		
	ST JOHN		
	MOBILITY PARKING		

- Please tick which membership you would like to join.
- In the “paid to section” if you have paid for your membership please write “reimbursement”

#### DECLARATION:

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

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

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