

KAUMĀTUA HAUORA GRANT APPLICATION FORM



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. You can only claim for expenses within the corresponding financial year (April-March).
- Payments will be made at the end of each quarterly basis March, May, August & December.
- Please send your applications in before the start of each quarter to ensure your grants are processed by the corresponding quarter.
- 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:

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 on	ly applicable for the corresponding vi	ear.				

- 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"

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declare	that a	II intorma	ition supp	ilied in	this app	lication	is true and	l correct.
	declare	declare that a	declare that all informa	declare that all information supp	declare that all information supplied in	declare that all information supplied in this app	declare that all information supplied in this application	declare that all information supplied in this application is true and

Signature:_			
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Date:	
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reimbursements are only applicable for the corresponding year.