



## Grant Request Form

The purpose of this fund is to enable you to become more involved in your community. In submitting this grant request you/the requestor agrees that the Department of Internal Affairs may disclose to or obtain from any other government agency, private person, or organisation any information about you/the requestor for the purposes of gaining or providing information related to the funding of the requestor.

Please note it is mandatory to provide the following documents including the completed request form:

- **Verification & Assessment of Disability (VOD):** This form must be completed and signed by a registered health professional. *eg Doctor, Nurse or Occupational Therapist.*
- **Letter of support:** Please include a letter of support outlining how you have previously contributed to the community. The letter should come from a third party, for example a community organisation you are involved with, school or marae that you have or have had involvement with.

Requests to be emailed to: [jwdfunding@dia.govt.nz](mailto:jwdfunding@dia.govt.nz) with the requestor's name in the subject line or mailed to: PO Box 805, Wellington 6140

### Requestor's details

*Please complete the form or ask someone over the age of 18 to complete the form on your behalf if you are unable to do so.*

Full name	
Phone number	
Email	
Postal address	

### Parent/caregiver

Please only complete if the individual is under 18.

Full name	
Phone number	
Email	
Postal address	

# Individuals with Disabilities – Request Form

## Age Range

Select the individuals age range:

- 0 - 4 years
- 5 - 14 years
- 15 - 24 years
- 25 - 44 years
- 45 - 64 years
- 65 - 74 years
- 75 - 84 years
- 85 years and over

## Ethnicity

Which ethnicity or ethnicities do you most identify as?

## What's your current situation?

Tell us about your disability or disabilities.

Tell us who you live with and what your day to day life is like.

*What challenges have you faced when trying to get involved in your community?*

Do you receive Accident Compensation Corporation (ACC) assistance for your disability?

- Yes  No

What kind of assistance do you receive from ACC?

## Individuals with Disabilities – Request Form

Have you approached any other funders?

Yes  No

If yes, who have you approached, when did you approach them and what was the outcome?

## What equipment do you need?

Please select/tick the equipment you need and describe the type required:

**Assistance Dog**

Describe why you need an assistance dog.

**Communication equipment or software**

(including, but not restricted to, assistance software, smart phones). Describe the communication equipment you need.

**Scooter**

(There are two categories. A standard scooter is suitable for most users. However, if you plan to use it in a rough/hilly area or if you weigh over 130kg you will need a large scooter. Please state below whether you require a standard or a large scooter)

### Vehicle

**Car**  **Van**

Will the vehicle need to be modified?  Yes  No

If yes, what modifications do you need?

Hoist  Hand control  Ramp  Roof top hoist  Other

If you selected 'other', what modifications do you need?

## Individuals with Disabilities – Request Form

### Wheelchair

Yes  No

Wheelchair type:  Power  Manual

Modification only

Yes  No

Hoist  Hand control  Ramp  Roof top hoist  Other

If you selected 'other', what modifications do you need?

Other equipment

Yes  No

What type of other equipment do you need?

### Accessibility?

Do you live in a rest home or retirement village?

Yes  No

Will you be able to use this equipment without assistance?

Yes  No

If **NO**, how often will equipment be available for your use?

## Individuals with Disabilities – Request Form

### NGĀ HUA/Outcomes

Tell us about a time when you may have been involved in your community in some way, for example, you may have been part of a support network group or helped out at your local school or marae. Or you may have volunteered for the benefit of others in the community, for example, fundraising for a charity.

**How are you currently participating in your community?**

*Please complete this question if this request is for a young person or an adult:*

**How will this equipment enable you to contribute more to your community?**

*Please provide detail on what difference the equipment will make to your life and contribution to the community*

*Please only complete this question if this request is for a child (Under the age of 15):*

**Tell us how the equipment will assist your family and enable your child to access the community for socialisation to benefit both the family and the wider community.**

## Individuals with Disabilities – Request Form

### Amount Requested

What is the total amount you are requesting?

### Financial Information

Annual household income is the total of all income before tax for the previous 12 months from all sources for all household members aged 18 years or over excluding flatmates. If you are living in a residential facility only list your personal income.

Select the range of your annual household income? *(Before tax household income falls within):*

- less than \$30,000
- \$30,000 - \$49,999
- \$50,000 - \$69,999
- \$70,000 - \$99,999
- \$100,000 and over

Select the range that the total cash assets of your household fall within:

*Refer 'Notes on cash assets' on the following page.*

- less than \$5,000
- \$30,000 - \$49,999
- \$50,000 - \$69,999
- \$70,000 - \$99,999
- \$100,000 and over

*(Please only complete this question if you have selected \$100,000 and over)*

**Please provide a summary of what your cash assets comprise of? eg Tagged funds, Investment property, family trust, etc.**

## Individuals with Disabilities – Request Form

### Notes on cash assets - We may ask you for evidence

***Cash assets mean anything that members of the household own that could be easily converted to cash.***

Cash assets include:

- money in bank accounts, including fixed and term deposits with any bank, friendly society, credit union, or building society, in New Zealand or overseas;
- shares, stocks, debentures and bonds (including Bonus Bonds and shares in energy organisations);
- money invested with or lent to any bank or other financial institution;
- mortgage investments and long term loans;
- building society shares;
- your share in any partnership;
- bills of exchange or promissory notes;
- the net equity held in any property or land not used as your home; or
- motor vehicle for your own private use.

Cash assets **do not** include:

- the value of your home property and the land on which it is situated;
- personal effects;
- a caravan, boat or other vehicle with a net equity less than \$2,000 or which you use for day to day accommodation;
- Māori land where the title is in tribal trust and individual ownership cannot be identified; or
- funds held in KiwiSaver and other retirement schemes accounts (unless you are able to withdraw them due to being over the age of 65 and you have been a member of a KiwiSaver scheme for at least five years).

# Terms and Conditions

By submitting this request, you agree to the following terms and conditions, if a grant is approved by the Lottery Individuals with Disabilities Committee (Committee).

Please note, that accepting these terms and conditions does not guarantee that a grant will be made.

### Terms and Conditions

1. I agree that the equipment funded by the grant, will be used to enable me to participate in my community, in the ways that I have stated in my funding request.
2. I agree to keep records that demonstrate how the equipment was purchased, for two years after the end of the agreement term.
3. I agree to participate in a timely manner in any monitoring activities the Secretary for Internal Affairs, acting on behalf of New Zealand Lottery Grants Board, may undertake related to this grant and its outcomes.
4. If a grant has not been uplifted, or arrangements have not been put in place to uplift the grant, within 12 months of the grant decision, then the Committee may reverse their decision to fund the application.
5. The equipment must be purchased using the grant within the time period stipulated by the Committee unless written approval for an extension is obtained, from the Committee within twelve months of the grant being awarded.

### Release of information

6. I understand that the Secretary for Internal Affairs, acting on behalf of the New Zealand Lottery Grants Board, is subject to the Official Information Act 1982 and may be required to release information relating to your grant application or grant in accordance with that Act or as otherwise required by law or court order.

### Additional conditions for motor vehicles purchased with grants

7. I agree that the vehicle will primarily be used for the transportation of me as the grant requestor.
8. Where the grant requestor is under the age of 18 years at the time this agreement is signed, or the grant requestor is in the care of another person, I/we, the caregiver(s) of the grant recipient:
  - (a) agree that I/we are holding the vehicle purchased with this grant in trust for the grant recipient;
  - (b) acknowledge that the grant recipient is the sole true beneficial owner of the vehicle; and
  - (c) agree to transfer the registered ownership of the vehicle to the grant recipient immediately the grant recipient reaches the age of 18 years.
9. I agree that purchase of a motor vehicle from a private seller is subject to the following:



## Individuals with Disabilities – Request Form

- (a) I won't have the protection that I would have from a professional car dealer (for example the Consumer Guarantees Act and the Fair Trading Act do not apply);
- (b) Payment will only be made to the private seller after delivery of the motor vehicle to me, or to the person applying on my behalf, and the registered ownership of the motor vehicle has been transferred.

### Failure to comply with the grant terms and conditions

- 10. Failure to comply with grant terms and conditions may result in no further Lottery grants being approved, or you being required to return the funds or equipment to the New Zealand Lottery Grants Board.

I confirm that the application is true and correct in every detail at the time of submitting the request, and I will notify of any change in circumstance relevant to this application prior to the decision in relation to this application.

First name of requestor	
Last name of requestor	
Signature of requestor	
Date	

**OR:** *Name and Signature of person applying/signing on behalf of named requestor*

Name	
Signature	
Relationship to requestor	
Date	

# Verification and Assessment Form of Disability

***This part of the form is to be completed by a registered health professional.  
Please complete this form in clear handwriting or electronically.***

<b>Patient's Full Name</b>	
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What disability does the individual have?

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Will their disability change over time?

Yes  No

If **YES**, please provide details:

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In your opinion, how far can the individual walk, with or without aids? *(Please tick one)*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cannot get out of the house | <input type="checkbox"/> Can only reach the letterbox | <input type="checkbox"/> Up to 50 metres  |
| <input type="checkbox"/> Up to 100 metres            | <input type="checkbox"/> Up to 200 metres             | <input type="checkbox"/> Up to 500 metres |
| <input type="checkbox"/> Over 500 metres             | <input type="checkbox"/> Fully mobile                 |   |

Please circle the number that most closely matches your assessment of the individual's need for assistance:

**NOT ESSENTIAL**      1    2    3    4    5    6    7    8    9    10    **ESSENTIAL**

How does their disability impact on their ability to participate in their community?

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## Health Professional Details

<b>Name</b>	
<b>Occupation</b>	
<b>Registration number</b>	
<b>Postal address</b>	
<b>Phone number</b>	
<b>Date</b>	
<b>Signature</b>	