



Hauraki Māori Trust Board

(as trustee of the Pare Hauraki Fishing Trust)

Kaumātua Medical Grants Application Form

Building the Hauraki nation, together

Hauraki Māori Trust Board

(as Trustee of the Pare Hauraki Fishing Trust)



Kaumātua Medical Grant Application Form

APPLICATIONS WILL ONLY BE ACCEPTED FROM REGISTERED IWI MEMBERS. TO CHECK IF YOU ARE REGISTERED, FREEPHONE 0508 468 288

KAUMĀTUA MEDICAL GRANTS

PURPOSE

The purpose of this grant is to support Kaumātua with medical costs that are not covered by the Government.

Kaumātua Medical Grants will be paid to assist in the cost of treatment, this includes, but is not limited to,

- vision - the cost of glasses/contacts,
- dental treatment/dentures/orthodontics,
- hearing/hearing aids,
- specialist consultations and procedures including physiotherapists, chiropractors, podiatrists (does not include cosmetic surgery).

The following criteria shall apply in the management and funding of Kaumātua Medical Grants:

- You may only make one application per financial year.
- To be eligible to apply for a Kaumātua Medical Grant recipients must whakapapa to one or more of the Hauraki iwi, be registered with the Hauraki Māori Trust Board and be over the age of 65.
- The Hauraki Māori Trust Board has the sole discretion to accept or decline an application that does not meet the criteria. Its decision is final, and no correspondence will be entered into.
- The Chief Executive has delegated authority to approve Kaumātua Medical Grants up to \$3,500 being not more than 50% of acceptable costs. Where an application for up to \$500 of acceptable costs is made, the Chief Executive has delegated authority to approve up to 100% of those costs. These grants must be reported to the Trustees at their next meeting.
- Grants exceeding \$3,500 must be approved by the Board.

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APPLICANT DETAILS

Iwi Registration No.
(if known)

Surname

First Name(s)

Previous Name

Gender (Circle) Male Female

Date of Birth/...../.....

CONTACT DETAILS

Address

.....

..... Post Code

Home Phone Mobile.....

Email Address

Marae

Iwi

MEDICAL DETAILS

Give details of the medical procedure you are requesting funding for and attach a quote/invoice/receipt from your chosen supplier: (date must be within 3 months of application)

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When will this medical procedure take place?

- I have already undergone procedure - paid in full (payment will be paid to applicant)
- I have already undergone procedure - payment pending (payment will be paid to nominated provided)
- I am still to undergo procedure – quote provided (payment to be made to nominated provider)

PAYMENT DETAILS

Kaumātua Medical Grants will be paid to assist in the cost of treatment

Bank Details Name of Bank
 Name of Account Holder

Please attach a verified bank deposit slip

PREVIOUS GRANT

Have you previously received a Kaumātua Medical Grant from the Hauraki Māori Trust Board (as Trustee of the Pare Hauraki Fishing Trust)

Yes No If yes: Grant Received:

Are you seeking funding for this procedure from any other organisation?
If yes, please provide details (attach additional information)

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DECLARATION

I declare that the information given in this application is true and correct and if my application is successful, I will comply with all the terms and conditions of the grant.

Pursuant to the Privacy Act 2020, I hereby give consent to the Hauraki Māori Trust Board (as trustee of the PHFT) to collect information about myself from any third party in relation to this application.

If the application is successful, the applicants name and the funding amount will be made available as part of the Trust's financial accountability.

Name of Applicant

Signature of ApplicantDate...../...../.....

APPLICATION CHECKLIST

- Application completed in full
- Iwi registration details checked or Iwi Registration Application ATTACHED
- Procedure quote/invoice ATTACHED (date must be within three months of application)
- Bank generated or bank verified deposit slip ATTACHED

WHAT HAPPENS IF APPLICATION IS

- Approved You will be notified in writing once your application has been processed. Monies will be paid to your chosen supplier by automatic payment.
- Declined You will be notified in writing once your application has been processed with reasons why your application was not successful.

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**KAUMĀTUA MEDICAL GRANTS
HAURAKI MĀORI TRUST BOARD
PO BOX 33, PAEROA 3640
FREEPHONE 0508 46 82 88
EMAIL: general@hauraki.iwi.nz
www.hauraki.iwi.nz**

OFFICE USE ONLY

Iwi Registration Number

Application Complete

Yes

No

Grant Awarded

Yes

No

Amount Awarded \$

Date of Notification Letter

.....

Date of Payment

.....