KAUMĀTUA
MEDICAL GRANT

TŪWHARETOA
MĀORI TRUST BOARD

REGISTRATION ID NUMBER

Please Note grants are only paid when a copy of the paid account and/or quote is received.

PLEASE READ

Our Kaumatua grant scheme assists kaumatua aged 60 years and over. This grant can be used to purchase the medical items below that help with maintaining or improving the health and wellbeing of our kaumatua.

Each year kaumatua can apply once for each individual category up to the amount specified:

$200	*Travel (Specialist and/or hospital treatment and/or travel over 30km radius)*
$500	*Eye treatment (Glasses and eye checks only)*
$1,000	*Dental treatment*
$1,000	*Hearing treatment*

Surgery costs are not covered in any of the above treatments

Applicants must provide:
** Application completed in full*
** A copy of a paid account or quote from your preferred medical provider*
** Verified bank details, NZ account only (bank deposit slip or statement)*
** Quote or receipt cannot be more than 3 months old.*

The Tuwharetoa Maori Trust Board is a registered charity in New Zealand. Kaumatua Medical grants can only be approved for Beneficiaries who reside in New Zealand. The Grant has to be utilised with a New Zealand based medical service provider.

PERSONAL DETAILS

Full Name			
Date of Birth			
Address			
		Postcode	
Email			
Phone Number			
Signature of Applicant			
Date			

Kaumātua Medical Grant applications are processed on a monthly basis.
Applications are required to be received by the 10th of each month for payment on the 20th of each month.

PLEASE TURN OVER

MEDICAL DETAILS

Name of Practitioner	
Address	
Phone Number	
Cost Details	
Date of Treatment	

PLEASE ATTACH PROOF OF PAYMENT OR QUOTE OF HOW MUCH TREATMENT IS GOING TO COST

BANK ACCOUNT DETAILS

Name of Bank		**Name of Account**	

Bank Account Number

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ATTACH A VERIFIED COPY OF BANK ACCOUNT.

OFFICE USE ONLY

Name

APPROVAL SECTION

- ☐ $200 Travel (doctors appointment, one per year)
- ☐ $500 Eye treatment
- ☐ $1,000 Dental treatment
- ☐ $1,000 Hearing treatment

Bank account attached: Yes / No

Medical verification cited/filed: Yes / No

Has the applicant received a Medical Grant this year? (1 July - 30 June) Yes / No	
If yes, what was the previous grant for?	Amount:
Recommended total amount:	Recommended by:
Approved amount:	Approved by:

☐ Declined Reason:

Postal Address: Tūwharetoa Māori Trust Board, P.O. Box 87, Turangi 3353

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