

KAUMĀTUA MEDICAL GRANT



TŪWHARETOA
MĀORI TRUST BOARD



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

REGISTRATION ID NUMBER

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PLEASE READ

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

Each year kaumātua 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 Tūwharetoa Māori Trust Board is a registered charity in New Zealand. Kaumātua 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



TREATMENT TYPE AND TRAVEL DETAILS

Which treatment are you applying for:

☐ Travel☐ Eye☐ Dental☐ HearingIf applying for travel, what type of vehicle do you use for travel: ☐ Petrol☐ Diesel☐ Hybrid☐ Electric

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, Tūrangi 3353

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