

LOTTERY



INDIVIDUALS with DISABILITIES

Te Komiti iti mō ngā Tāngata Takitahi he Hauā ō Rātou

Registration and Grant Application Form



NZ Lottery Grants Board
TE PUNA TAHUA
Distributor of NZ Lottery Profits

Before you start filling out this form, read the *Individuals with Disabilities Information Sheet* to help you decide whether you are eligible for a grant.

You must complete all sections of the form.

Need more help? If you have any questions about this form, call our freephone 0800 824 824.

In submitting this application you and/or the organisation you represent (hereafter referred to as the "applicant"), acknowledge and agree that the Department of Internal Affairs may disclose to or obtain from any other government department or agency, private person or organisation, any information about the applicant for the purposes of gaining or providing information related to the funding of the applicant.

To view any personal information held by us, or if you have any concerns about personal information that we hold, please write to:
The Privacy Officer, Department of Internal Affairs, P.O. Box 805, Wellington

Please attach the Verification of Disability Form (page 9). This form should be completed by a Health Professional, e.g. Doctor, Practice Nurse, Occupational Therapist, etc

Please attach a letter of support for your application from an organisation such as New Zealand CCS, Arthritis Foundation, your therapist, social worker, a person with some standing in the community etc. Give the attached guidelines (page 10) to the person who will write the letter. This letter cannot be completed by the same person who completed the Verification of Disability Form.

OFFICE USE ONLY:

Client number:

Application number:

Date received:

Date acknowledged:

REGISTRATION



SECTION A: APPLICANT'S DETAILS (The applicant is the person with the disability)

A1. What are your details?

First names

Last name

Daytime phone number

Fax number

Email address

A2. What is your address?

Postal address

City/Town

Physical address (If different from above)

City/Town

A3. What is your gender?

 Male Female

A4. What is your age?

 Age

A5. What is your ethnicity? Tick the appropriate box(es)

 NZ European/Pakeha Maori Pacific Asian Other (Please specify)

SECTION B: LIVING DETAILS



B1. Name of parent(s) or guardian(s) or caregiver(s) who is/are living with the grant applicant (if applicable)

First name(s)

Last name

Relationship (e.g. parent, guardian, caregiver)

B2. Living situation of the applicant

 Living alone Living with one parent Single parent Living with spouse/partner Living with two parents Other living arrangements Please describe

B3. Are there any children in your household?

 YES Please list their ages NO

A2. Is public transport (ie, buses, taxis, etc.) available in your area and accessible to you - please describe.

Please continue on separate sheet if necessary

A3. How do you meet your transport/mobility/communication needs at the moment?

Please continue on separate sheet if necessary

A4. What type of assistance are you applying for?

A grant for a vehicle and/or vehicle modifications (*Answer questions A5 to A10*)

A grant for a mobility scooter/other mobility/communication equipment (*Go to question A11*)



SECTION: A GRANT FOR A VEHICLE AND/OR VEHICLE MODIFICATIONS

A5. What type of vehicle do you require? (e.g. car, station wagon, van, etc)

--

A6. Do you need a wheelchair hoist, wheelchair carrier or vehicle modifications?

NO (*Go to question A7*)

YES

What do you need?

--

How much will this work cost? (*Note: the person writing the letter of support may be able to help you with this.*)

--

A7. How much can you put towards the cost of the vehicle and/or modifications?

--

A8. How will you meet the running costs of a vehicle, such as petrol, repairs and insurance?

Please continue on separate sheet if necessary

A9. If you currently own a vehicle or vehicles will you trade it/them in?

Don't currently own a vehicle (*Go to question A10*)

YES

How much will you get for it/them? (*It is advisable to check with a car dealer*)

NO

Please tell us why you won't be trading-in the vehicle(s)

A10. Please tell us the names of all members of the household who currently hold a drivers licence. (*Including the applicant if applicable*)

Driver Name

Licence No.

Type of Licence (*Please tick the appropriate box*)

Full Restricted Learners

State of Licence

Current Expired Disqualified

Driver Name

Licence No.

Type of Licence (*Please tick the appropriate box*)

Full Restricted Learners

State of Licence

Current Expired Disqualified

Please now go to SECTION B: ABOUT HOUSEHOLD INCOME

SECTION: A GRANT FOR MOBILITY/COMMUNICATION EQUIPMENT

A11. Do you require a mobility scooter?

YES (Go to question A12)

NO (Please answer the questions below)

What equipment do you require?

What is the full cost of the equipment? (Note: Please include GST)

A12. How much can you put towards the cost of the equipment?

 **SECTION B: ABOUT HOUSEHOLD INCOME** Please fill in details of all household income. If the applicant (person with the disability) is under 25 years of age and living with his/her parents, details of the parent's income are required.

B1. What is your total yearly gross income from all sources?

\$

Where do you get this income from? (e.g. wages, salary, benefit)

B2. If you have a spouse/partner, what is their total yearly gross income from all sources?

Where does your spouse/partner get this income from? (e.g. wages, salary, benefit)

CONFIRMATION OF INCOME

Written confirmation of your income is required. To do this you need to attach a copy of your IRD statement(s) of income for last financial year with this application. This information is usually available from the Inland Revenue Department upon request. If it is not available you can obtain confirmation from your employer(s) or the Department of Work and Income if you receive a benefit.



SECTION C: ABOUT YOUR ASSETS Please give details of all your assets and include those of your spouse/partner if you are living together.

You need to answer every question on this page - do not just leave blank, ie, if the answer is nil, put nil.
If the applicant (person with the disability) is under 25 years of age and living with his/her parents, details of the parents assets are also required.

C1. Do you: *(please tick one)*

Rent your home? (if you rent, please go straight to C2)

Own your home?

Please tell us the latest government valuation on your home.

What is the total mortgage still owing on your home?

C2. Do you own a vehicle?

YES

NO *(If no, please go to C3)*

Please give us the details of the vehicle(s) you and your spouse/partner own.

Car make

Car make

Model

Model

Year

Year

Value

Value

No. of kms

No. of kms

Amount owing (if applicable)

Amount owing (if applicable)

C3. Do you have cash and bank deposits?

Do you have any investments?

Do you have any shares?

C4. Do you have other assets? (e.g. a boat, caravan, beach house etc.)

Asset

Value

Asset

Value

Asset

Value



SECTION D: YOUR DECLARATION

This declaration must be signed by the applicant. If the applicant is under 18 years of age or is not capable of signing this declaration, a parent or caregiver must sign on the applicant's behalf.

I declare that all the details I have given in this application are true and correct, to the best of my knowledge.

First name

Last name

Signature

Date

(day / month / year)

If you, the person signing this form, are not the applicant (the person with the disability), please tell us how you are related to the applicant, e.g. parent, guardian, spouse/partner, caregiver.

Relationship



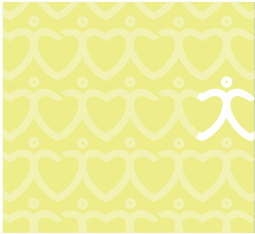
SENDING US YOUR FORM

Before placing your completed application in an envelope, check you have:

- Completed all sections of the form
- Provided all the requested information
- Attached the Verification of Disability form (to be completed by a health professional)
- Attached a letter of support (hand the guidelines to whomever is writing your letter of support)
- If applicable, attach a copy of your and your spouse/partners (if applicable) IRD assessment or other confirmation of income

Please mail us the original - we cannot accept faxed copies.

Please send this form to: The Individuals with Disabilities Committee Coordinator
New Zealand Lottery Grants Board
Department of Internal Affairs
PO Box 805
WELLINGTON



NATIONAL COMMUNITY COMMITTEE
INDIVIDUALS with DISABILITIES
SUBCOMMITTEE



NZ Lottery Grants Board
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 **SECTION D: VERIFICATION OF DISABILITY**

This form is to be completed by a health professional, such as a doctor, practice nurse, occupational therapist, etc.
PLEASE USE A BLACK INK PEN AS WE HAVE TO PHOTOCOPY THIS FORM

This is to certify that

Applicant's full name

Has the following disability

How long do you estimate the applicant's period of incapacity will last?

What aids, if any, does the applicant use for mobility?

In your opinion, how far can the applicant 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 | |

The applicant's need for help with mobility is (Please tick one)

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Essential | <input type="checkbox"/> Desirable |
|------------------------------------|------------------------------------|

Comments

Please use this space to add any information you believe would be useful for us to know when assessing this grant application (Please continue on a separate sheet if necessary.)

Health Professional Details

First name

Last name

Postal Address

City/Town

Daytime phone number

Your occupation

Signed

Date

 / /

(day / month / year)



GUIDELINES FOR LETTER OF SUPPORT

Please hand these guidelines to the professional person who is going to write the letter of support for you. This cannot be the same person who is going to complete the Verification of Disability Form.

Every application must be accompanied by a letter of support written by an occupational therapist, a social worker, or a field officer of a service organisation like New Zealand CCS, Arthritis Foundation, Stroke Foundation, IHC etc. Alternatively, the letter of support can be completed by someone who has some standing in your community.

Support should only be provided where it is felt that a real need exists. The letter of support should concentrate on the degree of independence and the benefits the applicant will achieve from the vehicle/disability equipment requested.

Priority for funding WILL be awarded where transport or disability equipment is required to:

- *Improve independence in day to day living, provide access to the community, maintain a person's presence/manā in the community, ensure family coherence, for activities during the school day, for personal shopping by the person with the disability, to transport medical or rehabilitation equipment (where the individual has a disability), to help prevent career instability or vulnerability, for transport to pursue community activities.*

Priority for funding WILL NOT be awarded for situations where the responsibility to provide transportation/service or associated costs, rests with other agencies, for example;

- *Transport to school, medical or other therapy treatment, transport to renal dialysis, travel to training/employment.*

To assist the Individuals with Disabilities Subcommittee, the Letter of Support should cover all the following points:

- How long the person writing the letter of support has known the applicant and their relationship, if any, with the applicant
- If appropriate, the applicant's current level of mobility
- Detailed case background of the applicant and where applicable of the applicant's family
- Whether there are currently any vehicles in the household and their availability to the applicant
- Details of how the vehicle or equipment will help the applicant to achieve or maintain wellbeing, independence or access to the community
- How the equipment or vehicle will be used by the applicant or their caregiver
- The amount of voluntary work, contribution to the community or paid employment undertaken by the applicant, if applicable
- Details of how the applicant currently copes without the equipment or vehicle
- Details of how the applicant intends to store, maintain and insure the vehicle/equipment
- Your reasons for supporting the application and agreement to be contacted if further information is needed
- The level of priority which in your opinion, the application should be given
- Any other information you consider will assist the Sub-Committee in its assessment of the application