



NGĀTI TURANGITUKUA CHARITABLE TRUST

Pukai matakirikiri o Turangitukua

HEALTH GRANT

Ngāti Turangitukua Charitable Trust (NTCT) approved a health grant budget of \$20,000. This will be reviewed annually. The NTCT is committed to distributing to as many of Ngāti Turangitukua as possible therefore, a koha of \$500 per application will be considered.

Note that you must be registered on the Ngāti Turangitukua data base you can register on line at www.turangitukua.co.nz or phone **0508 TURANGI** for a registration form.

Health Grants are considered at the discretion of the trustees however, generally considered from **1 July to 30th June** or until the set budget allocation has been depleted. If you are seeking to apply for more than one item then separate application forms will need to be filled out. Applicants are only able to apply for one item every second year e.g. if you apply for hearing assistance in 2016 you will not be eligible for further hearing assistance until 2018. However you may apply for dental work in 2016.

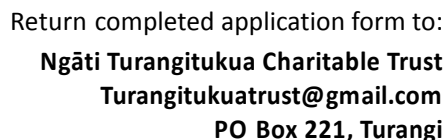
We will consider applications that involve dental treatment, eyesight and hearing **only**.

For those who have already paid for treatment, NTCT will reimburse the applicant directly upon receiving copy of receipts. For those who are supplying quotes of work to be done, we will pay the service provider.

The Ngāti Turangitukua Charitable Trust reserves the right to decline health grants as they see fit.

Other Tuwharetoa entities that may supply health grants:

| | | | |
|------------------------------|------------|----|--|
| Tuwharetoa Maori Trust Board | 07 3868839 | or | www.tuwharetoa.co.nz |
| Lake Rotoaira Forest Trust | 07 3868834 | | |
| Lake Taupō Charitable Trust | 07 3860389 | | |
| East Taupō Lands | 04 4725079 | or | www.easttaupolands.co.nz |
| Tuaropaki | 07 3787105 | | |
| Wharetoto | 07 3787105 | | |



Pukai matakirikiri o Turangitukua

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|--|--|---|--|--|--|-----------------|---|--|--|---------------------|--|--|--|--------|--|---|--|--|--|
| Name: | | | | | | | | | | Date of Birth: | | | | | | | | | |
| Address: | | | | | | | | | | Phone Number: | | | | | | | | | |
| | | | | | | | | | | Beneficiary Number: | | | | | | | | | |
| Email Address: | | | | | | | | | | | | | | | | | | | |
| Circle Purpose of Grant please: | | | | | | Audio | | | | Optical | | | | Dental | | | | | |
| Circle Proof of Cost: | | | | | | Receipt | | | | | | | | Quote: | | | | | |
| If receipt provided supply your bank details. If quote provided supply service provider bank details | | | | | | | | | | | | | | | | | | | |
| Bank Account Details | | | | | | Bank Name: | | | | | | | | | | | | | |
| | | | | | | Account Holder: | | | | | | | | | | | | | |
| | | - | | | | | - | | | | | | | | | - | | | |
| I _____ (Print full name) | | | | | | | | | | | | | | | | | | | |
| Declare that the information I have provided is true and correct to the best of my knowledge. | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | Date: | | | | | | | | | |

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|------------------------|----------|----------|--|
| OFFICE USE | | | |
| Beneficiary Verified | Yes | No | |
| Registration received | Yes | No | |
| Receipts attached | Yes | No | |
| Quote/Invoice Attached | Yes | No | |
| Hui Date | Approved | Declined | |
| Paid Date: | | | |