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***Aged Care Assistance*** *Kaumātua*  
*Application Form*



NGĀTI WHĀTUA ŌRĀKEI  
WHAI MAIA LIMITED



*Under the aged care policy, funding has been allocated to the following tiers. Amounts are payable to each person, per 12 month period.*

## *Eligibility*

- Registered hapū members of Ngāti Whātua Ōrākei Trust aged 60 years and over are eligible for the program.
- Overseas applicants are eligible but the amounts are in \$NZD.

## *Levels of assistance*

### **Tier One: Health Related Expenses** - up to \$300

Health related expenses are limited to:

- o GP visits & GP referred specialist visits.

### **Tier Two: Quality of Life Products** - up to \$1000

Quality of life products are limited to:

- o Hearing aids
- o Prescription glasses
- o Dentures

### **Residential Care Support** - up to \$5000 (amounts claimed in tiers 1 and 2 will be deducted from tier 3)

Residential care includes the following types of long-term care provided in a rest home or hospital:

- o rest home care
- o continuing care (hospital)
- o dementia care
- o specialised hospital care (psychogeriatric care)

Checklist:

- Referral from GP
- Needs assessment completed
- Government or other subsidies received

## *How to Claim*

1. All applications must be made on an official Aged Care Assistance application form available from Ōrākei Health Clinic and Ngāti Whātua Ōrākei Whai Maia office.
2. Send in your receipt for Tier one and we will pay a reimbursement to your bank account.
3. Send in your quote for Tier Two and we will pay a subsidy for it to the supplier on the quote.
4. Attach your bank deposit slip.

## *Kaumātua Personal Details\**

(\*Indicates a mandatory field. If you do not complete the mandatory fields it could affect your refund. Please also complete the other sections if you can, which will help to improve our service to you)

Are you a registered hapū member of Ngāti Whātua Ōrākei?      YES / NO (please circle)

First name\*: \_\_\_\_\_ Last name\*: \_\_\_\_\_

Gender\*  Male       Female      Date of birth\*:    /    /

Home address\*: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

## *Bank Account Details\**

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

BANK NAME: \_\_\_\_\_

Please provide an original pre-printed deposit slip with this form. If your bank account details change you will need to provide an updated original pre-printed deposit slip with this form.

Kaumātua are obliged to maintain accurate bank account details to ensure that they receive refunds into their bank account.

## *Amount of Claim*

Tier 1: \_\_\_\_\_

Tier 2: \_\_\_\_\_

Residential Care: \_\_\_\_\_

## *Declaration*

I \_\_\_\_\_ (please print) declare that the information I have provided in this form is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Please Return Your Forms:***

***BY HAND TO:***

*Ngāti Whātua Ōrākei Community Health Service - Head Office  
230 Kupe Street, Ōrākei  
Auckland 1071*

***BY POST TO:***

*Ngāti Whātua o Ōrākei Health  
PO Box 42183  
Ōrākei 1745*

*Attention - Aged Care Policy*

