

New Zealander of the Year Awards

Grandparents Raising Grandchildren Trust NZ Mitre 10 Community of the year.

Tena Koutou, Talofa Lava, Kia Orana, Fakaalofa Lahi Atu, Malo e Lelei, Bula Vinaka, Taloha Ni, Kam Na Mauri, Greetings to all!

From the National Office: Special information: Extra ordinary Care fund from Work and Income.

This first funding round has happened and we were most disappointed to see the lack of applications and the ones that were incomplete. We want you to be able to access this fund, so therefore we have included 2 samples of what your application could look like. Please read carefully.

- You must be in receipt of the Unsupported Child Benefit or Orphans Benefit to apply for this fund.
- Under \$500 you need to supply 1 support letter and quote for item or payment.
- If over \$500 you need to supply 2 support letters and quote for item or payment.
- All quotes and support letters must be on a proper letterhead. A
 handwritten support letter with a copy of a business card is not acceptable.
 You can ask your local GRG Co to be a support person.
- Paint a picture of the benefit for the child concerned and the difference this will make in your application. Photos are great too.
- Each child applied for must have their own supporting letters and quotes, do not combine them.
- You can only apply once per fiscal year.
- You will receive a letter notifying you if successful or not and the reasons why not.
- Please keep any receipts as you may be randomly contacted to supply these and ask what difference it has made to child concerned.
- There are two categories: Showing Promise: IE in sports, arts, music etc.
 Experiencing Difficulty: IE disability, behind in Schooling, medical/dental/optical etc.

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- Minimum request is \$100 Maximum is \$2.000.
- You can request part payments, if extra funding found elsewhere.
- If your requirements are funded elsewhere you must apply there first. IE Education Department etc. If turned down by them explain why.

What will not be funded:

School stationery/uniforms

Overseas travel

Cars

Legal fees

Housing/alterations

Food

Nothing retrospectively paid before date of July 1st 2014.

What may be funded:

Showing potential. Experiencing difficulty.

Air fares to tournament Special equipment for disabled

Sports fees/gear Computer/tablet/I pads
Arts/music fees Extra tuition/assessments

Equipment/IE guitar etc Orthodontic

Extended courses Glasses/assessment fees

Camps/swimming lessons

Counselling

Ask you never know. Decisions about whether to award a grant are based on the needs of the child and the amount of funding available. If you apply for one of the activities in the examples, it's not guaranteed that your application will be granted.

Funding Dates:

Application dates When you'll find out and the grant will be paid

19 January – 27 February 2015 3 April 2015 18 May – 26 June 2015 31 July 2015

21 September – 30 October 2015 4 December 2015

I've filled out my form, have proof of costs and got my support letter. Now what?

Once you've completed the form and got your documentation organised, you'll need to ring us on 0800 559 009 to make an appointment to bring it in to Work & Income. During the appointment, we'll make sure you've done everything you need for your application to be considered. We'll then send your application off for you.

Please mark your diaries for next year and keep this letter in a safe place, we will remind you again about this in our January newsletter.

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Extraordinary Care Fund Grant application



Applicant deta	ils Sample
	refit or extra financial help from us before, write your client number here if you know it. If on your Community Services Card if you have one.
Client number	00010001000 Your number.
	What is your full name?
	Mr Mrs V Ms Miss Other First and middle names
	SUE JEAN
	Surneme or family name BROWN
2	What date were you born? - 7 - 71959 Day Month Year
If you live in a rural area, your flat/house number could include your RAPIO number, fire number, emergency services number.	Where do you live? Flet/House number Street Name 2 Nowhere St. Suburb
	Albany Townychy Auckload
How to answer ou: Please only give us contact details you would	How else can we contact you? Tick the best way for us to contact you
like us to use.	Homephone (09 222 - 2222 V
	Mobile shane ()
	Otherphone ()
	Email
5	Ace your Home for Life caregiver? Likely to Change
Pada 2	

Extraordinary Care Fund Grant application



If you are receiving an Orphan's or Unsupported Child's Benefit for a child in your care, you can apply to the Extraordinary Care Fund for a grant of between \$100 and \$2,000 each financial year (1 July – 30 June). The Fund is designed to help you meet the additional costs of supporting a child who is:

- showing promise through high achievement in aparticular area, or
- experiencing difficulties that are significantly impacting on their development.

You will need to provide proof of this to support your application.

If you need more information before you apply, you can find it online at www.workandipcome.govt.nz oryou can ask us.

How you apply

Once you have filled out the application form and gathered the supporting information, you need to ring us to arrange an appointment to bring your application to a Work and Income office. We will check your application and make sure you have everything you need.

You can only apply for a grant when the applications for the funding rounds are open. The dates of the funding rounds are on our website or you can ask us. Your appointment will need to be booked at least one week before the closing date of the funding round.

We will let you know the outcome approximately five weeks after applications close.

What you need to bring

Once you have filled out this application, use the check	sist to tick off all the
documents you need for your meeting with us. It is impo	ortant that all your supporting
documents are included.	

Identification for you such as your Community Services Card or SuperGold Card

Supporting documents from an independent person and/or a person of standing in the community that the child is either:

- showing promise, for example a letter of support from a school principal, sports coach or music teacher, or
- experiencing difficulties for example, a letter from a principal or Resource Teacher; Learning and Behaviour (RTLB) or a medical professional.

A second letter of support if you're applying for \$500 or more

Proof of the cost that you're applying for, for example a quote or receipt. If the cost relates to something like a representative trip, this could be a letter requesting payment from an organiser.

if the cost is more than \$2,000 you will need to provide evidence of your ability to pay the rest of the cost.

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Page 1

Child one

SAMPLE

6	What is the child's name?
	First and middle names Nerida Apvil
	Surname or family name
	BROWN
7	When was the child born?
	Day Month Year
8	Why are you applying for a grant for this child? Tick the box that applies
	To help with costs because the child is experiencing difficulties that significantly impact on their development.
	To help with costs because the child is showing promise through high achievement in a particular area.
9	What will the grant be used for?
	Flight to NETBALL Tournament
ATTACHMENT FOR OVC: You need to provide	How will the grant benefit the child?
at least one letter of support for your application.	She has been chosen as a rep for her school to travel to Invercorgil
If you are applying for \$500 or more, you need to provide at least two letters.	and must have proper shoes
These letters could be from an independent person like a teacher, coach or	and extra warm clothing
person of standing in the community.	If successful, over what period of time will you be using the grant?
ATTACHMENT FOR Q11:	6 months
If you are applying for costs that you have already paid for, you will need to show proof of these.	
ATTACHMENT FOR Q12: 12	How much money is required?
proof of this cost.	\$1200
13	Does the grant cover the full cost of the activity or item?
	No Ves Go to question 16

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400	
14	What is the full cost of the activity or item that is needed?
	\$2000-
ATTACHHENT FOR GIS: 15	How are you going to pay for the rest?
You will need to provide evidence of your ability to	
pay the rest (for example a bank statement or	It has already been paid.
letter showing you have	The school team are fundraising and have raised \$800 per team member this has now ended
received other funding).	and have raised \$800 per team
	member his has now ended
O HOW TO ANSWER O'S 16	Have you applied for a grant for this child from any other organisation for this
Please tell us the names of the	purpose?
organisations you have applied to, the outcome	No Yos Please provide details below
of the applications and	
now much money you received.	
	If you are not applying for other children, please go to the declaration on page 7
Child two	
Please answer the follow	ing questions about the grant you are applying for.
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Walle	First and middle names
	Surname or tamity name
18	When was the child born?
	Day Month Year
19	Why are you applying for a grant for this child? Tick the bex that applies
	To help with costs because the child is experiencing difficulties that sgnificantly impact on
	their development.
	To help with costs because the child is showing promise through high achievement in a particular area.
600	
20	What will the grant be used for?
Page 4	OS-21W _ BU 2014

ATTACHMENT FOR 021: You need to provide at least one letter of support	How will the grant benefit the child?
for your application. If you are applying for \$500 or more, you need to provide at least two letters.	
These letters could be from an independent person like a teacher, coach or person of standing in the community	If successful, over what period of time will you be using the grant?
ATTACHMENT FOR 022: If you are applying for costs that you have already paid for, you will need to show proof of these.	
You need to provide proof of this cost.	How much money is required?
24	Does the grant cover the full cost of the activity or item? No Yes Go to question 27
25	What is the full cost of the activity or item that is needed?
You will need to provide evidence of your ability to pay the rest (for example a bank statement or letter showing you have received other funding).	How are you going to pay for the rest? It has already been paid.
Please tell us the names of the organisations you have applied to, the outcome of the applications and how much money you received.	Have you applied for a grant for this child from any other organisation for this purpose? No Yes Please provide details below
	If you are not applying for other children, please go to the doclaration on page 7

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29	When was the child born?
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30	Why are you applying for a grant for this child? Tick the box that applies
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	their development.
	To help with costs because the child is shewing promise through high achievement in a particular area.
31	What will the grant be used for?
TACHMENT FOR GIZ	How will the grant benefit the child?
xu need to provide least one letter	
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plication. you are applying for	
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provide at least two ters.	
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TACHMENT FOR Q33	
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36 What is the full cost of the activity or item that is needed? 5 ATTACHMENT FOR G37: How are you going to pay for the rest? You will need to provide evidence of your It has already been paid. ability to pay the rest (for example a bank statement or letter showing you have received other funding). HOW TO ANSWER 030 Have you applied for a grant for this child from any other organisation for this Please tell us the purpose? names of the organisations you have Please provide details below applied to, the outcome of the applications and how much money you received. Declaration I will use all of the funds received only for the purpose described in this application and will notify Work and income if the funds are no longer needed. I have completed all of the questions in this application. The information I have provided is true and complete. Your name (print) SUE BROWN

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Page 7

Support letter (1)
must be an letterhead
and supply 2 if requests
over \$500

Te Tautoko I nga Mátua Eupuna, me nga Mokopuna. Te Ao wai rano, aianei, a muri ake nei. Supporting grandparents and grandchildren. Our past, present and future.

Support Group Wellington

Co-ordinator Wellington Cecilee Donovan

Mock up.

To whom it may concern

I write in support of Sue Brown's application for the Extra ordinary Care fund. Sue's granddaughter Nerida has excelled in netball at her local college and has been chosen to represent her school at the nationals in Invercargill. She is a very talented player and this sport has seen her grow in self-esteem and confidence. She has the potential to go a long way in this chosen field.

Yours sincerely

17/1/2015.

For full details of all Local Support Groups please visit the website - www.grg.org.nz









Thornby College

125 Lincoln St, Thornby

15 January 2015

Dear Panel

It is with great pleasure that I support Nerida Brown and her grandmother in her application for funding from the Extra-ordinary Care fund.

Nerida is a dedicated player in our A grade netball team, we have watched her train hard and move up through the ranks over several years. She is an enthusiastic player and was chosen as the captain for this year. Her team have made it through the North Island finals and are travelling to Invercargill for the Nationals.

The team have worked very hard at fundraising and have funds to contribute towards costs, but there is still a shortfall of \$1200 which the parents have to fund.

Should you require any further information please call me on 027 11111111

Yours sincerely

Principal.



SAMPLE.
MOCK UP.

Rebel Sports

Shop 5

Westgate Mall

Quote only

Mikey Netball shoes

\$200.00

\$200.00 + \$1,000.00.



Thornby College

Invoice Nationals Invercargill 2015

Flights 800.00

Accommodation 500.00

Tournament Fee's 200.00

Bus fares 200.00

Presentation dinner 100.00

Credit funds raised

Balance to pay

1000.00

800.00



Extraordinary Care FundGrant application



Client number	00010001000 E your num	Les
	year riuni	00
(5)	What is your full name?	
etter.		
	Mr V Mrs Ms Miss Other	
	First and middle names	
	DANE JUNE JONES	
	Surname or family name	
	JONES	
2	What date were you born?	
2		
	1-07-07 1949	
	Day Month Year	
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nvices number.	Glenfield.	-
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W TO ANSWER 94	How else can we contact you?	
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Extraordinary Care Fund Grant application



If you are receiving an Orphan's or Unsupported Child's Benefit for a child in your care, you can apply to the Extraordinary Care Fund for a grant of between \$100 and \$2,000 each financial year (1 July - 30 June). The Fund is designed to help you meet the additional costs of supporting a child who is:

- showing promise through high achievement in a particular area, or
- experiencing difficulties that are significantly impacting on their development.

You will need to provide proof of this to support your application.

If you need more information before you apply, you can find it online at www.workandincome.govt.nz or you can ask us.

How you apply

Once you have filled out the application form and gathered the supporting information, you need to ring us to arrange an appointment to bring your application to a Work and Income office. We will check your application and make sure you have everything you need.

You can only apply for a grant when the applications for the funding rounds are open. The dates of the funding rounds are on our website or you can ask us. Your appointment will need to be booked at least one week before the closing date of the funding round.

We will let you know the outcome approximately five weeks after applications close.

What you need to bring

Once you have filled out this application, use the checklist to tick off all the documents you need for your meeting with us. It is important that all your documents are included.	
Identification for you such as your Community Services Card or SuperGold Card	
Supporting documents from an independent person and/or a person of standing in the community that the child is either:	
 showing promise, for example a letter of support from a school principal, sports coach or music teacher, or 	
 experiencing difficulties for example, a letter from a principal or Resource Teacher: Learning and Behaviour (RTLB) or a medical professional. 	
A second letter of support if you're applying for \$500 or more	
Proof of the cost that you're applying for, for example a quote or receipt. If the cost relates to something like a representative trip, this could be a letter requesting payment from an organiser.	
If the cost is more than \$2,000 you will need to provide evidence of your ability to pay the rest of the cost.	

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Page 1

Child one

6	What is the child's name?
- Care	First and middle names
	JOHNNY JIM
	Surname or family name
	THOMS
_	
7	When was the child born?
	[-07 - 07 998 Day Month Year
8	Why are you applying for a grant for this child? Tick the box that applies
	To help with costs because the child is experiencing difficulties that significantly impact on their development.
	To help with costs because the child is showing promise through high achievement in a particular area.
9	What will the grant be used for?
	To purchase an I pad.
You need to provide at least one letter of support for your application. If you are applying for \$500 or more, you need to provide at least two letters.	He is behind in his schooling due to parents never sending him to School for over 5 years!
These letters could be from an independent person like a teacher, coach or	
person of standing in the community.	If successful, over what period of time will you be using the grant?
ATTACHMENT FOR Q11:	All his remaining school years
If you are applying for costs that you have already paid	
far, you will need to show proof of these.	
ATTACHMENTFOR QUE You need to provide	How much money is required?
proof of this cost.	\$ 750.00
13	Does the grant cover the full cost of the activity or item?
	No V Yes Go to question 16

ATTACHMENT FOR ORS You will need to provide evidence of your ability to pay the rest (for example a bank statement or letter showing you have received other funding).	What is the full cost of the activity or item that is needed? s 750.00 How are you going to pay for the rest? It has already been paid.
Please toil us the names of the organisations you have applied to, the outcome of the applications and how much money you received.	Have you applied for a grant for this child from any other organisation for this purpose? No vas Please provide details below If you are not applying for other children, please go to the declaration on page 7
Child two Please answer the follows	mg questions about the grant you are applying for. What is the child's name? First and middle names JANUARY MAY Sumame or family name THOMS
19	When was the child born? To help with costs because the child is experiencing difficulties that significantly impact on their development. To help with costs because the child is showing promise through high achievement in a particular area. What will the grant be used for?
Page 4	DISABLED RIDING SCHOOL Jee'S

Sample Z

ATTACHMENT FOR 9211 You need to provide	How will the grant benefit the child?
at least one letter of support for your application.	SHE IS Very disabled and I have been struggling to pay for disabled
If you are applying for \$500 or more, you need to provide at least two letters.	which she loves, I cannot continue to
These letters could be from an independent person like a teacher, coach or person	pay for this
of standing in the community.	If successful, over what period of time will you be using the grant?
If you are applying for costs that you have stready paid for, you will need to show proof of these.	1 year
You need to provide proof of this cost.	How much money is required?
24	Does the grant cover the full cost of the activity or item?
	No Yes Goto question 27
25	What is the full cost of the activity or item that is needed?
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You will need to provide evidence of your ability to pay the rest (for example a bank statement or letter showing you have received other funding).	How are you going to pay for the rest? It has already been paid.
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of the applications and how much money you received.	
	If you are not applying for other children, please go to the declaration on page 7

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28	First and middle names
	10000000
	Surrame or family name
29	When was the child born?
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	Day Month Year
30	Why are you applying for a grant for this child? Tick the box that applies
	To help with costs because the child is experiencing difficulties that significantly impact on their development.
	To help with costs because the child is showing promise through high achievement in a particular area.
31	What will the grant be used for?
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TTACHMENT FOR QSZ 32	How will the grant benefit the child?
fourneed to provide tleast one letter	
if support for your pplication.	
you are applying for \$00 or more, you need	
provide at least two	
provide at least two atters.	
o provide at least two litters. These letters could be from an independent 33	If successful, over what period of time will you be using the grant?
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ATTACHENT FOR GST. YOU Will need to provide outdone of your ability to pay the rest. (for example a bank statement or letter shlowing you have received other funding). How to MOWER GSS TO LINE PROVIDED IN THE PROVIDED IN	ATTACHMENT FOR G37: You will need to provide evidence of your ability to pay the rest (for example a bank statement or letter showing you have	s 1,100.		tem that is needed?	
The information I have provided is true and complete. The information I have provided is true and complete. The information I have provided is true and complete. The information I have provided is true and complete. The information I have provided is true and complete.	You will need to provide evidence of your ability to pay the rest (for example a bank statement or letter showing you have				
Please tail us the names of the organisations you have applied to, the outcome of the applications and how much money you received. Declaration	received other funding)				
I will use all of the funds received only for the purpose described in this application and will notify Work and Income if the funds are no longer needed. I have completed all of the questions in this application. The information I have provided is true and complete. Your name (print) Dete	Piease tell us the names of the organisations you have applied to, the outcome of the applications and how much money you				ation for this
	I will use all of the fur Work and Income if	the funds are no of the question	o longer needed. ns in this application.	in this application and will n	otify
	JANE JONE		Your signature	-17- (- 2019



Bromley High School

Crn Blake & Johns St

Bromley

17 January 2015

Mockup.

Re Johnny Thomas

Johnny is a student at our school and due to non-attendance at school for over 5 years when in the care of his parents he is well behind the national standard.

He is getting extra support at school and is in a special class. It would greatly assist if he could have an I pad at home to assist him with his homework. We are moving into a world of technology and this would also assist him greatly.

Sincerely

Jane Doe

Senco



Sample 2.

St Aidens Church

Onewera Rd. Glenfield.

17 January 2015

To whom it may concern

Johnny Thoms and his grandparents have been members of our parish for many years, over this time we have got to know this family very well. Johnny struggles with the written word and reading, therefore I fully support this application for the Extra ordinary Care Fund to assist him, he is a lovely young man.

Sincerely

Rev Peter Smith

027 999 9999



Sample 2 Mock up.

17/1/15

Dick Smyth

Westgate Mall Glenfield. Auckland

Quote only:

I pad model AZ5730

\$750.00

Sample 2 Mick up



Riding for the Disabled

Ranwick Park

Albany

09 444 4444

17 January 2015

January May Thomas has been attending twice weekly our programme, which she thrived from, but very sadly her grandmother is no longer in a position to afford this any longer. For January's enjoyment and pleasure we fully support her application to this ECF.

Attendance 2 weekly from February 2015 - February 2016

al Mills

\$1,100,00

If you require further information please do not hesitate to contact me.

Park Manager

Joan Mills.

SAMPLE 2. Mock up.



Albany Medical Centre

123 Albany Rd Auckland

17 January 2015

To whom it may concern.

January May Thoms DOB 7/7/2009

January Thoms and her grandmother Jane Thoms have been patients of this practice since 2010 when January came into the care of her grandmother. January is a severely disabled delightful child; she needs assistance with all personal care which her grandmother capably supplies.

Dr Helen Wants

A. Wark.