

# Extraordinary Care Fund

## Grant application



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

If you're getting an Orphan's or Unsupported Child's Benefit for a child in your care, you can apply for a grant from the Extraordinary Care Fund. The fund helps support children to develop their skills and talents. It can also help children who are experiencing difficulties that are significantly impacting on their development.

You can apply for one grant of between \$100 and \$2,000 each year (1 July–30 June). If you're caring for more than one child, you can apply for each child. A panel assesses each application. They meet four times a year, but you can apply at any time.

You can find more information online at [workandincome.govt.nz](http://workandincome.govt.nz) or you can ask us.

### What you need to do

1. Fill out the application form.
2. Gather the things you need to support your application.
3. Take everything into one of our service centres – you don't need an appointment.

If you do want to talk to someone before giving us your application you'll need to make an appointment.

### Checklist

Use the checklist to tick all the documents you need to give us. It's important they're included or we won't be able to consider your application. If you're having trouble getting something please talk with us.

#### Things you need to bring

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

Proof of the cost you are applying for (for example a quote, receipt, or a letter asking for payment from an organiser).

Proof of how the item or activity will help the child. This could be a letter of support from a teacher, coach or doctor.

Please check the letter:

- is signed and dated
- is on letterhead
- has the writer's contact details and professional registration.

If you're applying for \$500 or more you'll need to provide a second letter of support from another independent person.

#### If the cost is more than \$2,000

If the cost is more than \$2,000 you will need to show how you can pay the rest of the cost.

# Extraordinary Care Fund Grant application



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## Applicant details

Write your client number here. It can be found on your Community Services Card if you have one.

Client number

 |  | 

1

### What is your full name?

Mr  Mrs  Ms  Miss Other

First and middle names

Surname or family name

2

### What date were you born?

Day Month Year

3

### Where do you live?

Flat/House number Street name

Suburb

Town/City

#### HOW TO ANSWER Q3:

If you live in a rural area, your flat/house number could include your RAPID number, fire number, emergency services number.

4

### How else can we contact you?

Tick the best way for us to contact you

Home phone	( )	
Mobile phone	( )	
Other phone	( )	
Email		

#### HOW TO ANSWER Q4:

Please only give us contact details you would like us to use.

# Child one

5

## What is the child's name?

First and middle names

Surname or family name

6

## When was the child born?

Day    Month    Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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7

## 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.

8

## What will the grant be used for?

<input type="text"/>
<input type="text"/>
<input type="text"/>

 ATTACHMENT FOR Q9:

You may need to provide letters of support for your application. Check what's needed for your situation on page 1.

9

## How will the grant benefit the child?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

 ATTACHMENT FOR Q10:

If you're applying for costs you've already paid for, you'll need to show proof, like receipts.

10

## If successful, over what period of time will you be using the grant?

<input type="text"/>
<input type="text"/>
<input type="text"/>

 ATTACHMENT FOR Q11:

You need to provide proof of this cost.

11

## How much money is required?

\$

12

## Does the grant cover the full cost of the activity or item?

No

Yes

[Go to question 15](#)

13

**What is the full cost of the activity or item that's needed?**

\$

14

**How are you going to pay for the rest?**

It's already been paid.

15

**Have you applied for a grant for this child from any other organisation for this purpose?**

No

Yes

**If you're not applying for other children, please go to the declaration on page 8**

**Supporting documents checklist**

Have you attached:

- identification for yourself
- supporting documents (if you need them) showing how the item or activity will help the child. This could be a letter from a teacher, coach or doctor.
- a second letter of support if you're applying for \$500 or more
- proof of the cost you're applying for
- if the cost is more than \$2,000, show how you can pay the rest

**ATTACHMENT FOR Q14:**  
You'll need to provide evidence of your ability to pay the rest (for example a bank statement or letter showing you've received other funding).

**HOW TO ANSWER Q15:**  
Please tell us the names of the organisations you've applied to, the outcome of the applications and how much money you received.

# Child two

16

## What is the child's name?

First and middle names

Surname or family name

17

## When was the child born?

Day    Month    Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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18

## 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.

19

## What will the grant be used for?

<input type="text"/>
<input type="text"/>
<input type="text"/>

 ATTACHMENT FOR Q20:

You may need to provide letters of support for your application. Check what's needed for your situation on page 1.

20

## How will the grant benefit the child?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

 ATTACHMENT FOR Q21:

If you're applying for costs you've already paid for, you'll need to show proof, like receipts.

21

## If successful, over what period of time will you be using the grant?

<input type="text"/>
<input type="text"/>
<input type="text"/>

 ATTACHMENT FOR Q22:

You need to provide proof of this cost.

22

## How much money is required?

\$

23

## Does the grant cover the full cost of the activity or item?

- No     Yes    [Go to question 26](#)

24

**What is the full cost of the activity or item that's needed?**

\$



**ATTACHMENT FOR Q25:**

You'll need to provide evidence of your ability to pay the rest (for example a bank statement or letter showing you've received other funding).

25

**How are you going to pay for the rest?**

It's already been paid.



**HOW TO ANSWER Q26:**

Please tell us the names of the organisations you've applied to, the outcome of the applications and how much money you received.

26

**Have you applied for a grant for this child from any other organisation for this purpose?**

No  Yes

**If you're not applying for other children, please go to the declaration on page 8**

**Supporting documents checklist**

Have you attached:

- identification for yourself
- supporting documents (if you need them) showing how the item or activity will help the child. This could be a letter from a teacher, coach or doctor.
- a second letter of support if you're applying for \$500 or more
- proof of the cost you're applying for
- if the cost is more than \$2,000, show how you can pay the rest

# Child three

27

## What is the child's name?

First and middle names

Surname or family name

28

## When was the child born?

Day    Month    Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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29

## 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.

30

## What will the grant be used for?

<input type="text"/>
<input type="text"/>
<input type="text"/>

 ATTACHMENT FOR Q31:

You may need to provide letters of support for your application. Check what's needed for your situation on page 1.

31

## How will the grant benefit the child?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

 ATTACHMENT FOR Q32:

If you're applying for costs you've already paid for, you'll need to show proof, like receipts.

32

## If successful, over what period of time will you be using the grant?

<input type="text"/>
<input type="text"/>
<input type="text"/>

 ATTACHMENT FOR Q33:

You need to provide proof of this cost.

33

## How much money is required?

\$

34

## Does the grant cover the full cost of the activity or item?

No

Yes

[Go to question 37](#)

35

What is the full cost of the activity or item that's needed?

\$

**ATTACHMENT FOR Q36:**

You'll need to provide evidence of your ability to pay the rest (for example a bank statement or letter showing you've received other funding).

36

How are you going to pay for the rest?

It's already been paid.

**HOW TO ANSWER Q37:**

Please tell us the names of the organisations you've applied to, the outcome of the applications and how much money you received.

37

Have you applied for a grant for this child from any other organisation for this purpose?

No  Yes

**If you're not applying for other children, please go to the declaration on page 8**

**Supporting documents checklist**

Have you attached:

- identification for yourself
- supporting documents (if you need them) showing how the item or activity will help the child. This could be a letter from a teacher, coach or doctor.
- a second letter of support if you're applying for \$500 or more
- proof of the cost you're applying for
- if the cost is more than \$2,000, show how you can pay the rest

## Signature

I will use all of the funds I get only for what I've applied for in this application and will let Work and Income know if the funds are no longer needed.

The information I have given you is true and complete.

Applicant's name (print)

Applicant's signature

Day    Month    Year