



APPLICATION FORM

CRITERIA

Only people who fit the following criteria will be eligible to be considered a new client of Maanaki Ability Trust:

- Be currently living in New Zealand
- Be a New Zealand citizen or a permanent resident, or hold an appropriate open work permit, or a person recognised as a refugee or protected person
- In receipt of a Work and Income Supported Living Payment
- Be aged 18 to 64 inclusive, or over 65 and not qualified to receive New Zealand Superannuation
- Have a disability/ies or health condition that is/are likely to continue for a minimum of six months, and present a barrier to participation and inclusion
- Require support to address this barrier, or require assistance in addition to that provided by the Ministry's mainstream services. This support or assistance may be on-going

We **cannot** accept into our services people who are any of the following:

- Funded by the Accident Compensation Corporation
- Are in receipt of the Very High Needs Allowance
- Eligible for community day services that are funded by the Ministry of Health
- Were deinstitutionalised under formal deinstitutionalisation plans
- People with high and complex needs and an intellectual disability (whether or not they're receiving care under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003)
- Are still enrolled at secondary school.

1. Personal details

Name: _____

Date of birth: _____

Gender: _____

Ethnicity: _____

Address: _____

Phone: (Home) _____ (Mobile) _____

Email: _____

Emergency Contact Name: _____

Relationship to you: _____

Phone: (Home) _____ (Mobile) _____

Email: _____

Other: _____

2. Disability information

What disability have you been diagnosed with and what support do you need?

3. What assistance do you require?

Community Participation

Support into work

Other _____

4. Do you receive a Supported Living Payment from Work and Income?

(This is the new name for the old Invalids Benefit)

Yes

No

If yes, what is your WINZ Client Number? (NOT your Community Services Card number)

***A copy of a letter from WINZ stating that you are receiving the Supported Living Payment needs to be attached to this application**

5. **What are your living arrangements?** ie. Living with family, flatting.

6. **How you were referred to us?**

Self-referral Agency Referral School

What agency is working with you? _____

What school do/did you attend? _____

Do you have an IEP Plan from school? Yes No

7. **Are you currently in work?**

Paid employment Work experience

Volunteering Unemployed

Name of Employer: _____

Number of hours per week: _____

Tasks: _____

8. **What are your interests? Do you belong to any clubs, groups or organisations?**

9. **Consent to share information**

Do you consent for us to share information with other agencies? (Eg. MSD, MOH, Work and Income). Yes No

Do you consent for MAT to use photos or videos which include you in our official publication? (Eg. Newsletters, Website, Facebook, advertising etc.) Yes No

10. **Is there any other relevant information you would like to share?**

All information collected in this registration form is protected by MAT's confidentiality policies and procedures and the following legislation:

- Privacy Act 1993
- Health Information Privacy Code 1994
- The code of Health and Disability services consumers' rights.

Applicant signature _____ Date _____

MAT Staff Signature _____ Date _____

.....

MAT Office information ONLY

Date of Intake Meeting: _____

Formal notes from the Intake Meeting attached: Yes No

If not then why: _____

Accepted as a client: Yes No

Reasons for declining (if applicable): _____

Key staff member allocated: _____

Tick when letter sent advising of outcome of meeting Date: _____

Designated Senior Staff Member: _____

Signature: _____ Date: _____

General Manager: _____

Tick to indicate that client eligibility has been confirmed with MSD