



Our Vision is that all people with disabilities have the right to informed choice in any decisions affecting their lives. We aim to develop in our clients a lasting enthusiasm for personal achievement and the confidence and ability to live and work to their fullest potential.

APPLICATION FORM

CRITERIA

People who fit the following criteria will be eligible to be considered as new applicant of Manaaki Ability Trust:

- Receives the Work and Income Supported Living Payment.
- Be aged 18 to 64 inclusive.
- Have a disability or health condition that is 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.
- Individualized funding applicants will be considered.

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.
- People with high and complex needs with an intellectual disability who are unable to manage their personal cares (whether or not they're receiving care under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003)
- Are still enrolled at secondary school.

1. Your Personal details

Name: _____

Date of birth: _____

Gender: _____

Ethnicity: _____ Iwi: _____

Address: _____

Phone: (Home) _____ (Mobile) _____

Email: _____

Primary Contact Name: _____

Relationship to you: _____

Phone: (Home) _____ (Mobile) _____

Email: _____

Preferred choice of communication: Email ☐ Mobile Phone ☐

Emergency Contact Name _____ ☐ Same as above

Relationship to you: _____

Phone: _____

2. Disability Information

What disabilities have you been diagnosed with? NHI No. _____

ADHD ☐ Dyslexia ☐ Epilepsy ☐ Autism ☐ Asperger's ☐

Down Syndrome ☐ Dyspraxia ☐ Sensory Processing ☐ Non-Verbal ☐

Any other Health conditions: _____

3. Are you currently receiving other support? *E.g.: Counselling, Therapy, Other*

4. What assistance do you require?

Community Participation ☐

Support into work ☐

Other _____

5. What are your living arrangements? i.e., Living with family, flatting, residential etc

6. How were you referred to us?

Agency Referral ☐ School ☐ Self-referral ☐

Which support agency are you working with? _____

What school do/did you attend? _____

Can you provide us with your IEP 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 or community groups?

9. Other relevant information you would like to share? *E.g.: Personal care, Behaviour?*

10. Please provide your WINZ Client Number *

(for Supported Living Payments, **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**

11. Photo Consent:

Do you consent for MAT to use photos or videos which include you in our official publication?

(E.g., Newsletters, Website, Facebook, advertising etc.) Yes ☐ No ☐

Applicants are required to attend an interview before being considered for a two-week trial with MAT staff to identify their strengths and needs. The applicant may be supported by whanau and/or other nominated support people. The interview and trial do not guarantee applicant's acceptance.

The following points will be covered:

- The applicant's literacy, numeracy, computer and language skills and ability.
- The applicant's learning and behavioural needs.
- The applicant's level of independence in terms of daily activities and personal-care.

Should information that is submitted at enrolment time be incorrect or if important/critical aspects are withheld then Manaaki Ability Trust reserves the right to review the status of any individual as it sees fit.

All information collected in this application 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:** _____

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MAT office information ONLY

Interview Date: _____ *Trial Commenced Date:* _____

Date of Intake Meeting: _____ *Accepted as a client:* Yes ☐ No ☐

Reasons for declining (if applicable): _____

Allocated Coordinator: _____

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

General Manager signature: _____ *Date:* _____

☐ *Tick to indicate that client eligibility has been confirmed with MSD*