

Wellness Fund Application



NEW ZEALAND AIDS FOUNDATION
Te Tūāpapa Mate Āraikore o Aotearoa

| | | | |
|---------------|-----|-------------------|----|
| Today's Date: | / / | Amount Requested: | \$ |
|---------------|-----|-------------------|----|

| | | | |
|------------|--|-----------------------------------------------------------------------|-----|
| Full Name: | | Date of Birth: | / / |
| Address: | | | |
| Phone No: | | Current Location of Applicant - if different to above: (Town/City) | |

| |
|-------------------------------------------------------------------|
| Reason for Request: <i>(please attach invoices, quotes, etc.)</i> |
| Supporting Information: |

| | |
|---------------------------------------|-----|
| Work and Income (WINZ) Client Number: | |
| Community Services Card Number: | |
| Expiration Date: | / / |

| | |
|---------------------------------|--------------------------------------------------------------------------------------------------|
| Name of Current HIV Specialist: | Letter From HIV Specialist Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---------------------------------|--------------------------------------------------------------------------------------------------|

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|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| I give permission for my information to be confirmed by Body Positive Inc. for the purpose of this application: _____ (Signature) _____ (Date) |
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Mail to: Body Positive Inc., Attn: Wellness Fund, P.O.Box 68-766, Newton, Auckland 1145