MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Funding application

Provider legal name:	
Name of contact person:	
Contact phone number:	
Contact email address:	
How many people are you supporting, or do you plan to support in each of these priority groups?	
living alone	
living with family	
living in Contract Board	
living in flat with others	
living in rural or isolated areas	
Provide a brief description of the support your organisation is providing and how it is being delivered	
We would like to collate and share information and resources that might help other providers. Can we include the information you have provided about the support your organisation is providing and how it is being delivered? Yes/No	

Please return this application to
participation_inclusion_services@workandincome.govt.nz

We will be in touch with you shortly