**Pearson Fund Application for Glasses Funding**

**September 2021**

To apply for funding, applicants must be recorded as fully eligible clients of Blind Low Vision NZ, have applied unsuccessfully for funding elsewhere, and have a Community Services Card. If you are in full time paid employment, that is employment of more than 30 hours per week, you must submit an IRD summary with your application, which can be found online at <https://www.ird.govt.nz/tasks/request-a-summary-of-income> or by calling IRD at 0800 257 777.

Please note, we are unable to provide reimbursements, all applications must be made in advance of any moneys being paid by the client. All parts of the form must be filled out in full, and a quote must be provided detailing recommendations as a result of your assessment with the optometrist.

For more information please refer to the Guide to Operations prior to submitting your application, or contact pf@blindlowvision.org,nz or call 0800 24 33 33.

**Application form – please ensure all questions completed.**

Client Name:

Client Number:

Date of Birth:

Community Services Card Number:

Email address:

Contact number:

Employment status, including hours worked per week:

Date of eye test:

How old are your current glasses:

Have you had previous funding from the Pearson Fund, please detail:

What other funding sources have you explored to meet the cost:

How will this grant enable you to meet your goals:

Grant amount sought:

Your contribution:

Total cost requested from the Pearson Fund:

**Checklist:**

* Completed application form
* Quotes
* Prescription and lens information
* Confirmation of decline from another funding source eg WINZ
* Supporting documents

**Declaration:**

I declare that after reading this form, or having it read to me, that to the best of my knowledge the information provided in this application is true and correct. I agree that should Blind Low Vision NZ require more information regarding the quote provided they may contact the provider that issued the quote for more information. I further acknowledge that if I have made a false declaration, the Pearson Fund of Blind Low Vision NZ may take steps to recover any grant or goods, and that all costs incurred in this process shall be my responsibility.

Applicant’s Signature/Esignature:

Date:

**This section to be completed where the application form has been read to the applicant:**

I certify that I have read the contents of this application form to the applicant and have completed the form in accordance with the applicant’s instructions.

Signature/Esignature:

Name:

Address:

Email:

Relationship to applicant: