

Wellness Fund Application



Today's Date:	/ /	Amount Requested:	\$
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Full Name:		Date of Birth:	/ /
Address:			
Phone No:		Current Location of Applicant - if different to above: <i>(Town/City)</i>	

Reason for Request: *(please attach invoices, quotes, etc.)*

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)

Mail to: Body Positive Inc., Attn: Wellness Fund, P.O.Box 68-766, Newton, Auckland 1145