

PVI Care in the Community Fund

This form will collect the necessary details to be able to release the funds from Ministry of Health through their Care in the Community Fund.

***Required**

1. Name *

2. Address *

3. Phone number *

4. I confirm that I am a member of PVI and that my child has a visual impairment.

Tick all that apply.

Yes

No

5. Name of child with visual impairment (for confirmation of membership)

6. Yes please! I would like to access this fund by

Mark only one oval.

- Reimbursement of expenses (I will attach my receipt below)
- Send me a \$100 Countdown voucher so I can purchase my own covid preparations
- Put me and/or my child on the list to receive a care package
- Other: _____

Reimbursement instructions

To reimburse you, we will need a copy of your receipt AND your bank account details (name on the account, account number). Please attach your receipt below

7. If you would like to be reimbursed for costs already incurred, please upload a copy of your receipt here

Files submitted:

8. If you would like to be reimbursed for costs already incurred, please provide your bank account details here (name on the bank account, account number)

Voucher and/or Care package instructions

We will need to know WHERE to send these! So we will need a physical address for the courier. We will send a Countdown voucher by default - please let us know if you would like something else instead.

9. If you would like a voucher or care package, please provide your (or your child's) current address here and any instructions (we will send via courier):

10. Any further comments you wish to add?

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