



Hutt Valley Curtain Bank Application & Consent Form (2018)

The aim of the Curtain Bank is to provide free curtains for **two (2)** rooms to Community Services Card Holders. Extra rooms will be considered on a case by case basis where there is a repertory health need to be verified by a health professional.

ALL applicants will be evaluated by the Curtain bank Coordinator and actioned according to availability of curtains and need.

Section 1: Applicant's details

First Name:	Surname:
Address:	Phone:
	Mobile:
	Email:
Ethnicity: Which ethnic group do you identify with? Maori <input type="checkbox"/> Pacific <input type="checkbox"/> Asian <input type="checkbox"/> European <input type="checkbox"/> Other <input type="checkbox"/>	Number of Household Occupants: _____ Age range of Occupants: Under 10 <input type="checkbox"/> 11 – 18 <input type="checkbox"/> 19 – 45 <input type="checkbox"/> 46 – 65 <input type="checkbox"/> 65 + <input type="checkbox"/>

Section 2: Community Services Card Details

Name on Card:	
Card Number:	Card Expiry Date:

Section 3: Housing Status – Please tick appropriate box

Home Owner	Private Tenant	HNZC Tenant	HCC Tenant
------------	----------------	-------------	------------

Section 4: Applicant's Consent

1. I confirm that I meet the criteria and that the information given on this form is true and accurate.
2. I understand that I may need to provide proof that I qualify for a Community Services Card.
3. I consent to the Hutt Valley Curtain Bank checking my current curtains if required.
4. Unidentified information may be used for the purposes of collating data in report format that might assist the Hutt Valley Curtain bank with improving the services provided by members/organisations and to meet those members/organisations contractual obligations.

Applicant's Signature: _____ Date: _____

Section 5: Verification of Applicant's details above

I have sighted the Applicant's Community Services Card and verified that the details are correct and match the identity of the applicant.

Name: _____ Organisation: _____

Signature: _____ Date: _____

Section 6: Curtain Measurements:

Before submitting this application to the Curtain bank, your windows must be measured correctly as shown below.

DO NOT add extra on to your measurements as this will limit your choices of curtains. We will add on the extra length and width required.

NOTE: We do not make curtains for kitchens, bathrooms or laundries.

Window Measurements in Centimetres

- 1. Existing curtain tracks or rails:** If you have existing curtain tracks or rails please measure the width of them.
- 2. Window width:** Measure the width of your windows from the outside edges of the window frame.
- 3. Length of drop:** Measure from the top edge of the window frame (or top of the curtain track) to the bottom edge of the window frame.
Also measure from the top of the window frame (or top of the curtain track) to the floor.
- 4. If your windows are not standard** ie. Corner or narrow or only require one curtain to pull across. Please advise or draw a sketch on the back of the application form showing us the layout

Room	Curtain Track Width	Window Width	Length of drop	Length to Floor	Age	M / F
	cm	cm	cm	cm		
	cm	cm	cm	cm		
	cm	cm	cm	cm		
	cm	cm	cm	cm		

Section 7: Health professional confirmation of need:

Exceptions to the criteria will be assessed on a case by case basis. Should anyone wish to apply for more than two (2) rooms to be curtained and / or are not in receipt of a Community Services Card but have high health needs, a **letter** of recommendation from a health professional on official letterhead needs to be attached with this application form.

Please complete all of the above sections of this Application & Consent form and forward to:

Personal Delivery

25 Peterkin Street
Taita
LOWER HUTT 5019

Phone: 04 567 7111

Postal

EarthLink Incorporated
PO BOX 40886
UPPER HUTT 5140

Email

curtainbank@earthlink.org.nz

For Curtain Bank Coordinator Use Only:

Approved / Declined

Signature: _____

Notes: _____