

SAF

SPECIAL ASSISTANCE FUND



PURPOSE

- To help improve the living condition of our most vulnerable citizens in the community.
- Provide fund to those in need of accessible structures and assistive devices, strictly for health, safety and accessibility purposes.



FOR WHOM

- For Cook Island Pensioners, Infirm and Destitute beneficiaries living alone where their only source of income is their pension or benefit.
- Other foreign pensioners may be eligible if he/she has been living continuously in the Cook Islands 5 years prior to the application date and are not receiving any other income other than their pension.
- For Cook Islands Pensioners, Infirm and Destitute beneficiaries living with family members where the individuals in the household have an annual income of \$9,000 or below.
- Applicant has a health or physical condition that restricts his/her mobility.



APPLY

1. Collect an application form from the Main Office in Pua, Tupapa OR phone +682 29370 to have form emailed to you.
To download application visit our website www.intaff.gov.ck
2. Fill, sign and submit complete application, with applicant's ID, to the Main Office or email to welfare@intaff.gov.ck.
3. A Welfare Officer will contact you in regards to your application once received, to carry out a client assessment.
4. The applicant will be required to provide any information or document as requested by the Ministry, to assist with the assessment of the application

For further enquiries please call +682 29370 or send through your query via email address



ENTITLEMENT FUND

Recipients are entitled to the following once every five (5) years:

- **Up to \$10,000 for Outer Island** residents receiving Cook Islands Pension, Infirm or Destitute Benefit
- **Up to \$8,000 for Rarotonga** residents receiving Cook Islands Pension, Infirm or Destitute Benefit
- **Up to \$5,000 for Outer Island** residents receiving foreign pension
- **Up to \$4,000 for Rarotonga** residents receiving foreign pension





SPECIAL ASSISTANCE FUND (SAF)

Ref# _____

Q:1 Applicant information (All questions are specifically for the individual who the assistance is for)

First Name: Surname:
 DOB:

Q:2 Contact Information

Village: Island:
 Phone no#: Mobile no#:
 Email:

Q:3 Criteria Questions

Are you on any Cook Islands Welfare Benefit? Yes No Do you have any physical health problems? Yes No
 What type of benefit are you receiving? Infirm Destitute NZ Pension CI Old Age Pension
 What type of support are you needing? Assistive devices Home improvement

Q:4 Household Information

Are you living alone? Yes No
 How many people living in your household? Ages 0-16: Ages 17-59: Ages 60+:
 What is the annual income of your house hold? \$0-5,000 \$5,000—\$8999 \$9,000 and over

Q:5 Additional Information (As a procedure, we must conduct a Client Assessment through a home-visit)

Please give direction to your home

Your Details (person whom completed the application form)

First name: Surname:
 Your relationship to the applicant:: Phone no:

I certify that the above information is true and complete. Any false and misleading information could be subject to my application being reviewed or cancelled.

Signature: Date:
 Receiving Officer name: Signature Date

OFFICE USE ONLY

Decision: Approved Not Approved

Date client assessment completed:

Quote provided: Yes No

Date Final Report completed:

Timeframe: