

A special community  
where members don't  
have to give up their  
independence.

Because sometimes  
we all need a helping  
hand.



You will find KADAP Inc offices in Room 25T,  
KEA Centre, 60 Onslow Street, Kawerau 3127.

The KADAP Office is run by a team of Volunteers  
from 10am to 2pm Monday to Thursday. You can  
contact them through KEA on 07 323 4157.

If the office is not attended, please leave a mes-  
sage and someone will contact you as soon as  
possible.

Our geographic cover includes Kawerau to the  
Junction at SH 30/34 and includes Moody, Hogg,  
Grieve, Military and the Kawerau end of Braemar  
Roads and out to Tui Glen on SH34.

#### Contact

Phone: 07 323 4157  
E-mail: [kadapkawerau@gmail.com](mailto:kadapkawerau@gmail.com)

#### Sponsors



KADAP Inc is a not-for-profit charitable trust

# KADAP Inc.

Kawerau and District Ageing in  
Place Incorporated



Assisting Members to remain in  
their own homes in security and  
comfort.





## Our Mission

Our Mission is to provide and maintain an organisation tailored to meet the needs of our older residents who want to remain in their own homes with safety and dignity as they age. As successive governments have had a policy of encouraging people to remain in their own homes for as long as possible as they age, KADAP Incorporated is our community's way of assisting people achieve this with dignity. A retirement home/village is not the answer for everyone and research shows that people are happiest when supported to remain in their own homes. In some cases, a retirement home may not be an option.

Designed to suit New Zealand conditions and local needs, KADAP Inc. membership offers access to a number of services and facilities with the assurance that specially vetted volunteers may be available to help with those small tasks that a member can no longer do; and that tradesmen or workmen who come into their homes have been vetted and provide a reliable service.

Many agencies, already present in Kawerau, provide assistance and care to many, but that is only part of the issue. KADAP Inc. is there to fill the gaps in the needs of people who don't qualify for help from these other agencies.

KADAP Incorporated is a not-for-profit society with Charitable Trust Status, governed by an experienced, volunteer Executive Team. We operate on ethical and professional lines, to ensure the provision and enabling of services to members.

## Membership—only \$52 or \$78 per year

Membership fees can be paid weekly, monthly or annually by Automatic Payment. This \$1/week per person, or \$1.50/week per household contributes to administration and overhead costs and in future years will go towards the salary of a Co-ordinator.

Initially, membership contributions will not be enough to support both an experienced Co-ordinator and operational facilities so we are fortunate to have a band of willing Facilitators to get us started.



**Residents who are already members have identified the following as important in helping to remain in their own home.**

- ◆ Help with house work, gardens and shopping.
- ◆ Support from neighbours.
- ◆ Companionship and contact with others.
- ◆ Keeping active and doing things for yourself.
- ◆ Transport.
- ◆ Property maintenance.
- ◆ Odd jobs around the home
- ◆ Access to good health and social services.
- ◆ Internal cleaning e.g. windows, fridges, showers, ovens, curtains, nets.
- ◆ Changing lightbulbs, filters, washers, smoke alarm batteries.
- ◆ Pet walking and care
- ◆ Help moving house.
- ◆ Small repairs in and around home.

## MEMBERSHIP FORM

Your Name/s:

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Address:

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Contact Details:

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

**1. How frequently do you wish to pay your Membership Fee?**

Weekly ☐ Fortnightly ☐ Monthly ☐ Annually ☐

**Please complete an Automatic Payment form from your Bank indicating your payment frequency.**

Our Bank Account number is: 02 0348 0029509 000

or you can use the same account number if you would you like to make a Donation.

**3.. Do you have the following?:**

Fireplace/Chimney ☐ Smoke Alarms ☐

HRV/DVS and/or Heat Pump ☐

**3. Are you willing to be a Volunteer? YES/NO**

If YES, please complete a Volunteer Application Form available from the office.

SIGNED..... DATE: .....

*Please cut off this section and send to KADAP Inc. offices.*