

9 Child 4 full name

Child 4 IRD number

Child 4 date of birth Day Month Year

Do you provide more than five nights per week of this child's care? Yes No - IR will contact you

10 Child 5 full name

Child 5 IRD number

Child 5 date of birth Day Month Year

Do you provide more than five nights per week of this child's care? Yes No - IR will contact you

Tell us about the parents

11 Parent 1 full name

Parent 1 date of birth Day Month Year Age (if date of birth not known)

Parent 1 phone number

Parent 1 address

12 Are they a New Zealand citizen? Yes No Don't know

Do they live overseas? Yes No Don't know Country

13 **If you cannot name a second parent**

Both parents should be assessed for child support. There are times when it may not be appropriate to assess one parent of a child (e.g. they are deceased or you have concerns for your own or the child's safety). If you don't want IR to assess a parent for child support please give the reason in the space below. IR will contact you if they need more information. You will still need to provide the name of the parent by completing Q14.

14 Parent 2 full name

Parent 2 date of birth Day Month Year Age (if date of birth not known)

Parent 2 phone number

Parent 2 address

15 Are they a New Zealand citizen? Yes No Don't know

Do they live overseas? Yes No Don't know Country

RESET FORM

Application to assess child support (parent carer)



If your client is applying for a sole parent benefit, you must complete this form for them to apply for child support. **Note:** Some carers are not required to apply for child support. Please click [here](#) for more information.

CONFIRM PERMISSION

- 1** By **ticking** this box, I confirm I have received permission from this client for MSD to complete this form on their behalf and have explained the information on this form is collected and used by IR and MSD to administer child support

Tell us about yourself

- 2** Your full name
 Your IRD number
 Your phone number ()
 Your address
 Date of birth Day Month Year

- 3** Are there any safety reasons why you don't want the other parent to know your name? Yes No
 If you answered "yes" IR will contact you to confirm your circumstances. **IR will not give the other parent your contact details.**

- 4** Tell us if you want the other parent to know you by another name for privacy reasons, please enter it here (abbreviations and nicknames will not be accepted)

Tell us about the other parent

- 5** Their full name
 Their date of birth Day Month Year Age (if date of birth not known)
 Their phone number
 Their email address

- 6** Are they a New Zealand citizen? Yes No Don't know
 Do they live overseas? Yes No Don't know Country

Tell us about your children

- 7** Child 1 full name
 Child 1 IRD number Child 1 date of birth Day Month Year
 Do you provide more than five nights per week of this child's care? Yes No - IR will contact you

- 8** Child 2 full name
 Child 2 IRD number Child 2 date of birth Day Month Year
 Do you provide more than five nights per week of this child's care? Yes No - IR will contact you

9 Child 3 full name
Child 3 IRD number Child 3 date of birth
Day Month Year
Do you provide more than five nights per week of this child's care? Yes No - IR will contact you

10 Child 4 full name
Child 4 IRD number Child 4 date of birth
Day Month Year
Do you provide more than five nights per week of this child's care? Yes No - IR will contact you

11 Child 5 full name
Child 5 IRD number Child 5 date of birth
Day Month Year
Do you provide more than five nights per week of this child's care? Yes No - IR will contact you

RESET FORM

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OFFICIAL INFORMATION ACT

Childcare Assistance application form



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Use this application to apply for:

- **Childcare Subsidy** – Payments that help families with the cost of pre-school childcare
- **OSCAR Subsidy** – Payments for children who are at school and are under 14 years (or under 18 if you get a Child Disability Allowance for them).

If you need more information go to workandincome.govt.nz and search on *Childcare* or call us on **0800 559 009**.

We suggest you read these instructions before you fill in the application, so you get a feel for what's needed.

Support
we can give
parents and
caregivers

Work and Income may be able to help with assistance towards childcare costs if:

- you're the main caregiver of the child, and
- your family is on a low or middle income, and
- you're a New Zealand citizen or permanent resident, and
- your child has at least three hours of care a week.

The childcare assistance available to you will depend on your individual situation and the type of childcare your child is enrolled in.

If you have a 3 or 4 year old child, they may be able to get up to 20 hours of early childhood education (*20 Hours ECE*) funded by the Government. It will depend on the type of childcare service your child attends and whether they offer 20 hours ECE.

Apply now - before your child starts the programme.

So you can get a subsidy from the day your child starts the programme, you need to apply **before** your child's first day. This is especially important for school holidays.

Our commitment to YOU



We will get to know you, your situation and your needs



We will use your feedback to improve our service

Ka mōhio
ki a koe
—
know
you

We will make sure you understand everything you need to know



We will respect your privacy and be clear about how we use your information and who we share it with



We will let you know everything you may be eligible for



The information we give you will be accessible and consistent no matter how you contact us

Ka tautoko
i a koe
—
support
you

We will help you however we can, as soon as we can



We will be honest about our mistakes and put them right



We will respect you and what is important to you

Ka mahi
tahi ki a koe
—
with
you

We will work together to achieve shared goals



We will let you know your options, rights and obligations

Our actions will follow our words



How did **wedo?**

Let us know by visiting msd.govt.nz/feedback or call us on 0800 552 002

Childcare Assistance checklist



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Once you've filled in the application form, use this page to check you've done everything you need to and have gathered all the documents you need to provide.

Talk to us if you don't have any of the documents, have given them to us recently or if there might be a delay in getting them.

What you need to bring

INFORMATION NOTE:
Documents need to be originals, or copies of documents that have been certified as a **true copy** by a Solicitor/Lawyer, Notary Public, Registrar of the Court or Justice of the Peace.

Proof of who you are:	For you	For your partner (if you have one)
If you were born in New Zealand , bring one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).	<input type="checkbox"/>	<input type="checkbox"/>
If you were born overseas , bring proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).	<input type="checkbox"/>	<input type="checkbox"/>
If your name has changed , bring your marriage certificate, deed poll, or other proof of the name change.	<input type="checkbox"/>	<input type="checkbox"/>
All people applying need to bring two more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).	<input type="checkbox"/>	<input type="checkbox"/>
One of the documents above must be at least two years old.		
Other things you must bring:		
Full birth certificates for each dependent child in your care.	<input type="checkbox"/>	<input type="checkbox"/>
Your full set of business accounts, if you have your own business.	<input type="checkbox"/>	<input type="checkbox"/>
Depending on answers, you may need to bring:		
Your marriage or civil union certificate, for a current relationship.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of your wages or salary for the last 52 weeks (for example, payslips, a letter from your employer).	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any other before-tax income for the last 52 weeks (for example, interest, child support, rental income, etc).	<input type="checkbox"/>	<input type="checkbox"/>

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Childcare Assistance applicant's form



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

In the applicant form, 'you', 'your', and 'yourself' means the person applying for Childcare Assistance.

If we say 'your partner' this only applies to you if you have one.

Tell us about yourself

If you've received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

Client number

Tell us the names you've been known by

1

What is your full name?

Mr Mrs Ms Miss Other

First and middle names

Surname or family name

ATTACHMENT FOR Q1:

Bring proof of your identity. What you need to bring is explained on page 3.

2

Is the name on your birth certificate the same as above?

No Yes

First and middle names

Surname or family name

HOW TO ANSWER Q3:

For example, have you had married names, English names, changes by deed poll, or aliases?

3

Have you ever been known by any other name?

No Yes

1.

2.

ATTACHMENT FOR Q3:

Bring your marriage certificate, deed poll, or other proof of any name change.

4

What name would you like us to call you?

The name I wrote in Question 1 The name I wrote in Question 2

Other

Tell us more about you

5

What date were you born?

Day	Month	Year

6

Are you:

Male
 Female
 Gender diverse

7

What is your Inland Revenue tax number?

--	--	--	--	--	--	--	--

Tell us how we can contact you

8

Where do you live?

Flat/House number Street Name

--	--

Suburb

--

Town/City

--

9

Is your mailing address different from where you live?

No
 Yes
 ↓ Tell us your mailing address

--

10

How else can we contact you?

Tick the best way for us to contact you

Home phone	()		
Mobile phone	()		
Other phone	()		

11

Do you agree to get emails from us?

No
 Yes
 ↓ Tell us your mailing address
 I don't have an email address

--

HOW TO ANSWER Q8:
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

HOW TO ANSWER Q9:
Mailing address can include PO Box, rural delivery details, or C/O address.

HOW TO ANSWER Q10:
Please only give us contact details you'd like us to use.

INFORMATION FOR Q11:
With an email address and mobile number you can sign up to MyMSD online. It's an easy way to keep your details with us up to date and view some of your letters online. We may also email you information.

Tell us your ethnicity

12

Tick the group(s) you most identify with.

Māori → Which tribe(s) or iwi?

New Zealand European Niuean Samoan Indian

Other European Tokelauan Tongan Chinese

Cook Island Māori Other ↓ Please write below Don't want to answer

INFORMATION FOR Q12:

We collect this information for statistics we use in research and future development work.

Tell us about your residence status

13

Do you usually live in New Zealand?

No Yes

HOW TO ANSWER Q13:

This means that you consider New Zealand your home, you're a legal resident, you usually live here and you intend to stay.

14

What best describes your residence status in New Zealand? Tick only one box.

New Zealand citizen by birth [Go to question 17](#)

Granted New Zealand citizenship → Date citizenship granted
Day Month Year [Go to question 15](#)

Granted permanent residency → Date permanent residence granted
Day Month Year [Go to question 15](#)

Other ↓ What is your residence status?

15

When did you arrive in New Zealand?

Day Month Year

16

What country were you born in?

Tell us about your work, education and activities

By 'work' we mean any employment for which you get paid or get other advantages for, such as free or subsidised board, payments in kind, drawings from a business or childcare payments from an employer.

Tell us about your work

HOW TO ANSWER Q17:

'Other reasons' include that you or your partner:

- are temporarily unable to keep working because of illness or injury
- are attending an approved rehabilitation programme
- are a seriously disabled or ill caregiver
- have another child in hospital.

ATTACHMENT FOR Q17:

If you're applying for medical reasons, you'll need to provide proof from the doctor of the number of hours childcare that's needed.

17

Tell us the reason you or your partner (if you have one) are applying for childcare assistance. Tick all that apply.

- Work
- Work-related course or studying
- Doing activities arranged by Work and Income
- Another reason [Please explain why you're applying](#)

18

Are you working?

- No [Go to question 22](#) Yes

19

Who are you working for?

Employer's name	
Employer's address	
Employer's phone number	()
Employer's email or fax	

20

How many hours a week, including lunch hours, do you spend at work?

21

How many hours a week do you spend travelling from the childcare service to work and returning?

Tell us about your education

22

Are you on a work-related course or studying?

- No [Go to question 30](#) Yes

23

What are the details of the training organisation?

Training organisation's name	
Address	
Phone number	()
Email or fax	

24

What is the name of your course?

25

Is the course NZQA accredited?

No Yes

26

What are the start and finish dates of the course?

Start date Finish date

Day Month Year Day Month Year

27

How many hours a week do you spend at your course?

28

How many hours a week do you spend on other study?

29

How many hours a week do you spend travelling from the childcare service to your course and returning?

Tell us about your activities

30

Are you doing activities arranged for you by Work and Income?

No Yes

Go to question 34

31

What type of activities are you doing?

32

How many hours a week do you spend at that activity?

33

How many hours a week do you spend travelling from the childcare service to your activity and returning?

Other reasons for childcare

34

Are you applying for childcare assistance because of medical reasons?

No Yes



How long is the medical condition expected to last?

35

How many hours a week do you need childcare?

ATTACHMENT FOR Q34 AND 35:
You'll need to provide proof from a health practitioner of the childcare that's required and how long you need it for.

Tell us about your income and assets

Tell us about your income

36

Do you expect to get income from any of the following sources in the next 52 weeks?

Tick one box in each line below

- | | | | |
|--|-----------------------------|------------------------------|---|
| Wages or salary | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Paid parental leave | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Termination pay | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Redundancy pay | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Accident compensation (eg ACC) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Income insurance (replacement/ protection) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Farm or business income | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Payments from self employment or contract work | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Interest from savings, investments, or bonds | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Dividends from shares, unit trusts, or managed funds | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Income from rents | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Payments from boarders or flatmates | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Child Support payments | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Other income for a child | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Maintenance payments | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Payments from a former partner | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Student Allowance, scholarship, or Student Loan living cost payments | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Overseas pension, benefit or allowance payments | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Other superannuation or retirement scheme income (government or private) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Income from an estate, if you've inherited money | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Income from trusts | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Other | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |

ATTACHMENT FOR Q36:
You may need to provide proof of your income unless you've recently given it to us.

Provide a copy of your full set of business accounts.

INFORMATION FOR Q36:
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

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Important: You must answer question 37

HOW TO ANSWER Q37:

How often do you expect the payment, such as weekly, fortnightly, monthly, one-off.

The types of income you need to include here are listed on page 10.

37

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 36?

No Yes

Please write the details below. Tell us the before-tax amounts

Where will the payment come from?	Payment made to?		How often do you expect the payment?
	You	Jointly with partner	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

HOW TO ANSWER Q38:

Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

38

Will you get other types of payment apart from money in the next 52 weeks?

No Yes

Please tell us about the type of payment and its value

Type of payment	Where will it come from?	Its value
		\$
		\$
		\$
		\$
		\$

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Tell us about your dependent children

If you need to include more than seven children in your application, please write these details about each one on a separate sheet of paper, and bring them with this application form.

Tell us about your dependent children

39

Who are the dependent children in your care?

Child 1

Full name

Date of birth

Relationship to you

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Day Month Year

Child 2

Full name

Date of birth

Relationship to you

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Day Month Year

Child 3

Full name

Date of birth

Relationship to you

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Day Month Year

Child 4

Full name

Date of birth

Relationship to you

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Day Month Year

Child 5

Full name

Date of birth

Relationship to you

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Day Month Year

Child 6

Full name

Date of birth

Relationship to you

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Day Month Year

Child 7

Full name

Date of birth

Relationship to you

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Day Month Year

HOW TO ANSWER Q39

Please give the names of children you support financially and who live with you as a member of your family, including:

- your own children
- adopted children
- stepchildren
- children at boarding school
- grandchildren / mokopuna
- children you have shared care for.

The child's name should be the same as on the child's birth certificate.

ATTACHMENT FOR Q39:

Bring the birth certificate for each dependent child unless you've given them to us recently.

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HOW TO ANSWER 40:

40

- If you have a 3 or 4 year old child, they may be able to get up to 20 hours of free early childhood education (20 Hours ECE). It will depend on the type of childcare service your child attends and whether they offer free hours.

Which children receive 20 hours ECE from any childcare service?

None of my children

Child 1

Child's name

Which childcare service/s does the child get 20 Hours ECE from?

How many hours are received per week in total?

What date did the 20 Hours ECE start?
Day Month Year

Child 2

Child's name

Which childcare service/s does the child get 20 Hours ECE from?

How many hours are received per week in total?

What date did the 20 Hours ECE start?
Day Month Year

Child 3

Child's name

Which childcare service/s does the child get 20 Hours ECE from?

How many hours are received per week in total?

What date did the 20 Hours ECE start?
Day Month Year

Child 4

Child's name

Which childcare service/s does the child get 20 Hours ECE from?

How many hours are received per week in total?

What date did the 20 Hours ECE start?
Day Month Year

INFORMATION FOR Q41:

41

The Childcare Subsidy is for pre-school children aged either:

- under 5 years (or over 5 if they're going to a school where new entrants start in groups) or
- under 6 years if you get a Child Disability Allowance for them.

Which children do you wish to get Childcare Subsidy for?

None of my children

Child's name

INFORMATION FOR Q42:

42

The OSCAR Subsidy is for children who are at school and are under 14 years (or under 18 if you get a Child Disability Allowance for them).

Which children do you wish to get OSCAR Subsidy for?

None of my children

Child's name

If you're granted OSCAR subsidy, you'll have to complete an OSCAR declaration for every term and holiday care.

Tell us about your relationship status

Definition of a relationship for benefit purposes

Whether people are single or a couple affects eligibility for certain income assistance and the rate at which we can pay that assistance.

When we decide your entitlement to income assistance, we'll consider you to be in a relationship if you're married, in a civil union, or in a de facto relationship, and have a degree of companionship.

By degree of companionship, we mean two people:

- are committed to each other emotionally for the foreseeable future, *and*
- are financially interdependent.

To give you a better idea of what we mean by this, think about whether your relationship includes some of the things below:

- you live together at the same address most of the time
- you share responsibilities, for example bringing up children (if any)
- you socialise and holiday together
- you share money, bank accounts or credit cards
- you share household bills
- you have a sexual relationship
- people think of you as a couple
- you give each other emotional support and companionship.

HOW TO ANSWER Q43:

Tick this statement to confirm you understand the definition of a relationship for benefit purposes.

If you don't understand what we mean by a relationship please talk with us.

43

Do you understand our definition of a relationship?

I understand the definition of a relationship for benefit purposes

44

Do you have a partner?

By 'partner' we mean someone you're in a relationship with. If you're not sure, please talk to us.

No

[Go to page 15](#)

Yes

Your partner needs to complete the Partner form on page 16

45

What is your partner's full name?

46

What date was your partner born?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

47

What is your relationship status with your partner?

↓ Please tick one of the following boxes

Married

In a civil union

In a relationship

ATTACHMENT FOR Q47:

Bring your marriage or civil union certificate for your current relationship.

Obligations, signature and checklist

Let us know when things change

You need to let us know about changes that might affect the Childcare Assistance, like:

- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
- the number of children in your care, including having another baby.

We also need to know if you:

- go into or come out of hospital
- are being held in custody or on remand.

Your rights

If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at msd.govt.nz/reviews

Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy (privacy information is on page 24).

Applicant's name (print)

Applicant's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Checklist

Tick when completed

- | | |
|--|--------------------------|
| Have you answered all the questions you need to? | <input type="checkbox"/> |
| Have you initialled any changes you've made on the form? | <input type="checkbox"/> |
| Has the childcare provider completed their section (from page 25)? | <input type="checkbox"/> |
| Has your partner (if you have one) completed their section of the form (from page 16)? | <input type="checkbox"/> |
| Have you gathered the other documents you need to provide? | <input type="checkbox"/> |
| Have you signed your application? | <input type="checkbox"/> |

Bring this form and documents to us. An appointment is not usually necessary.

Childcare Assistance partner's form



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Tell us about yourself

If you've received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

Client number

Tell us the names you've been known by

1

What is your full name?

Mr Mrs Ms Miss Other

First and middle names

Surname or family name

2

Is the name on your birth certificate the same as above?

No **Tell us the name that is on your birth certificate** Yes

First and middle names

Surname or family name

3

Have you ever been known by any other name?

No Yes **Write them all out below**

1.

2.

4

What name would you like us to call you?

The name I wrote in Question 1 The name I wrote in Question 2

Other **Write the full name**

ATTACHMENT FOR Q1:

Bring proof of your identity. What you need to bring is explained on page 3.

HOW TO ANSWER Q3:

For example, have you had married names, English names, changes by deed poll, or aliases?

ATTACHMENT FOR Q3:

Bring your marriage certificate, deed poll, or other proof of any name change.

Tell us more about you

5

What date were you born?

Day	Month	Year

6

Are you:

Male
 Female
 Gender diverse

7

What is your Inland Revenue tax number?

--	--	--	--	--	--	--	--	--	--

Tell us how we can contact you

8

Where do you live?

Flat/House number Street Name

--	--

Suburb

--

Town/City

--

HOW TO ANSWER Q8:

If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

HOW TO ANSWER Q9:

Mailing address can include a PO Box, rural delivery details, or C/O address.

9

Is your mailing address different from where you live?

No
 Yes

--

HOW TO ANSWER Q10:

Please only give us contact details you'd like us to use.

10

How else can we contact you?

Tick the best way for us to contact you

Home phone	()	
Mobile phone	()	
Other phone	()	
Fax	()	

INFORMATION FOR Q11:

With an email address and mobile number you can sign up to MyMSD online. It's an easy way to keep your details with us up to date and view some of your letters online. We may also email you information.

11

Do you agree to get emails from us?

No
 Yes

 I don't have an email address

--

Tell us your ethnicity

12

Tick the group(s) you most identify with.

Māori → Which tribe(s) or iwi?

New Zealand European Niuean Samoan Indian

Other European Tokelauan Tongan Chinese

Cook Island Māori Other ↓ Please write below Don't want to answer

INFORMATION FOR Q12:
We collect this information for statistics we use in research and future development work.

Tell us about your residence status

13

Do you usually live in New Zealand?

No Yes

14

What best describes your residence status in New Zealand? Tick only one box.

New Zealand citizen by birth → Go to question 17

Granted New Zealand citizenship → Date citizenship granted
Day Month Year

→ Go to question 15

Granted permanent residency → Date permanent residence granted
Day Month Year

→ Go to question 15

Other ↓ What is your residence status?

HOW TO ANSWER Q13:
This means you consider New Zealand your home, you're a legal resident, you usually live here and you intend to stay.

15

When did you arrive in New Zealand?

Day Month Year

16

What country were you born in?

Tell us about your work, education and activities

By 'work' we mean any employment for which you get paid or get other advantages for, such as free or subsidised board, payments in kind, drawings from a business or childcare payments from an employer.

Tell us about your work

HOW TO ANSWER Q17:

'Other reasons' include that you or your partner:

- are temporarily unable to keep working because of illness or injury
- are attending an approved rehabilitation programme
- are a seriously disabled or ill caregiver
- have another child in hospital.

ATTACHMENT FOR Q17:

If you're applying for medical reasons, you'll need to provide proof from the doctor of the number of hours childcare that's needed.

17

Tell us the reason you or your partner (if you have one) are applying for childcare assistance. Tick all that apply.

- Work
- Work-related course or studying
- Doing activities arranged by Work and Income
- Another reason

↓ Please explain why you're applying

18

Are you working?

- No [Go to question 22](#) Yes

19

Who are you working for?

Employer's name	
Employer's address	
Employer's phone number ()	
Employer's email or fax	

20

How many hours a week, including lunch hours, do you spend at work?

21

How many hours a week do you spend travelling from the childcare service to work and returning?

Tell us about your education

22

Are you on a work-related course or studying?

- No [Go to question 30](#) Yes

23

What are the details of the training organisation?

Training organisation's name	
Address	
Phone number ()	
Email or fax	

24 What is the name of your course?

25 Is the course NZQA accredited?

No Yes

26 What are the start and finish dates of the course?

Start date Finish date
Day Month Year Day Month Year

27 How many hours a week do you spend at your course?

28 How many hours a week do you spend on other study?

29 How many hours a week do you spend travelling from the childcare service to your course and returning?

Tell us about your activities

30 Are you doing activities arranged for you by Work and Income?

No Yes

Go to question 34

31 What type of activities are you doing?

32 How many hours a week do you spend at that activity?

33 How many hours a week do you spend travelling from the childcare service to your activity and returning?

Other reasons for childcare

34 Are you applying for childcare assistance because of medical reasons?

No Yes



How long is the medical condition expected to last?

35 How many hours a week do you need childcare?

ATTACHMENT FOR Q34 AND 35:

You'll need to provide proof from a health practitioner of the childcare that's required and how long you need it for.

Tell us about your income and assets

Tell us about your income

36

Do you expect to get income from any of the following sources in the next 52 weeks?

Tick one box in each line below

- | | | | |
|--|-----------------------------|------------------------------|---|
| Wages or salary | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Paid parental leave | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Termination pay | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Redundancy pay | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Accident compensation (eg ACC) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Income insurance (replacement/ protection) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Farm or business income | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Payments from self employment or contract work | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Interest from savings, investments, or bonds | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Dividends from shares, unit trusts, or managed funds | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Income from rents | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Payments from boarders or flatmates | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Child Support payments | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Other income for a child | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Maintenance payments | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Payments from a former partner | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Student Allowance, scholarship, or Student Loan living cost payments | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Overseas pension, benefit or allowance payments | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Other superannuation or retirement scheme income (government or private) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | |
| Income from an estate, if you've inherited money | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Income from trusts | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Other | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |



Important: You must answer question 37

37

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 36?

No Yes

↓ Please write the details below. Tell us the before-tax amounts

HOW TO ANSWER Q37:
How often do you expect the payment, such as weekly, fortnightly, monthly, one-off.

The types of income you need to include here are listed on page 21.

Where will the payment come from?	Payment made to?		How often do you expect the payment?
	You	Jointly with partner	
	\$	\$	
	\$	\$	
	\$	\$	

38

Will you get other types of payment apart from money in the next 52 weeks?

No Yes

↓ Please tell us about the type of payment and its value

HOW TO ANSWER Q38:
Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

Type of payment	Where will it come from?	Its value
		\$
		\$
		\$

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Obligations, signature and checklist

Let us know when things change

You need to let us know about changes that might affect the Childcare Assistance, like:

- your child leaving the childcare centre
- if your child is absent and no absence fee is charged. Note: you must let us know within 15 days if the child is absent and the childcare centre charges a fee
- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
- the number of children in your care, including having another baby.

We also need to know if you:

- go into or come out of hospital
- are being held in custody or on remand.

Your rights

If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at msd.govt.nz/reviews

Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy (privacy information is on page 24).

Partner's name (print)

Partner's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Checklist

Tick when completed

- | | |
|--|--------------------------|
| Have you answered all the questions you need to? | <input type="checkbox"/> |
| Have you initialled any changes you've made on the form? | <input type="checkbox"/> |
| Has the childcare provider completed their section (from page 25)? | <input type="checkbox"/> |
| Has your partner (if you have one) completed their section of the form (from page 16)? | <input type="checkbox"/> |
| Have you gathered the other documents you need to provide? | <input type="checkbox"/> |
| Have you signed your application? | <input type="checkbox"/> |

Bring this form and documents to us. An appointment is not usually necessary.



How we protect your privacy



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Collecting your information

We collect your personal information, so we can provide income support, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at workandincome.govt.nz/privacy

- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don't.

Using your information

We use the information you give us to make decisions about the best way to help you.

- These decisions may be about:
 - whether you're eligible for our services
 - running our operations and ensuring our services are effective
 - the services we'll provide in the future.

Sharing your information

Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.

- To do this, we may share your information with:
 - prospective employers to help you find work
 - contracted service providers that help us to help you
 - health providers if we need your medical information to assess your eligibility
 - other government agencies when we have an agreement with them
 - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

Respecting you and your information

We make sure we follow the Privacy Act to do what's right when we use your information.

- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

Get in touch if you have a question

You have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong.

- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at:
workandincome.govt.nz/privacy

Childcare Service/OSCAR Programme supervisor's form



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

This form needs to be completed by the supervisor of the childcare or OSCAR programme.
The information is required under section 298 of the Social Security Act 2018.

Childcare service/OSCAR programme details

Keep this application moving

So the subsidy can start from the day the child starts the programme, we need the application before the child's first day. This is especially important for school holidays.
Your childcare service or OSCAR programme must already be approved to provide childcare and have a Work and Income childcare service/OSCAR provider number.

1 What is the name of your childcare service/OSCAR programme?

2 What is your Work and Income childcare service/OSCAR provider number?

3 What are your organisation's contact details?

Work phone	()
Mobile phone	()
Email	

INFORMATION FOR Q4:
If you offer 20 Hours ECE you can't charge a fee for those hours. The Childcare Subsidy cannot be used to cover any donations or optional charges that may be asked.

4 Does your childcare service offer 20 Hours ECE?

 No Yes

5 Do you charge a holding or absence fee?

 No Yes

HOW TO ANSWER Q6:

6

Please tell us your hourly fee after you've applied any discount (for example staff discount) but before any Work and Income subsidy is applied.

If you don't have an hourly fee (for example if you have a session fee), please write 'N/A' in this box and just tell us the total weekly fee, before subsidy.

Please provide details of the care for each child.

Child 1

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text"/>	Care end date - OSCAR only	<input type="text"/>
Your hourly fee (before subsidy)	\$ <input type="text"/>	Total weekly fee (before subsidy)	\$ <input type="text"/>

Child 2

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text"/>	Care end date - OSCAR only	<input type="text"/>
Your hourly fee (before subsidy)	\$ <input type="text"/>	Total weekly fee (before subsidy)	\$ <input type="text"/>

Child 3

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text"/>	Care end date - OSCAR only	<input type="text"/>
Your hourly fee (before subsidy)	\$ <input type="text"/>	Total weekly fee (before subsidy)	\$ <input type="text"/>

Child 4

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text"/>	Care end date - OSCAR only	<input type="text"/>
Your hourly fee (before subsidy)	\$ <input type="text"/>	Total weekly fee (before subsidy)	\$ <input type="text"/>

Supervisor's statement

- The information I have provided is true and complete.
- I have authority to complete this form for my organisation.

Supervisor's name (print)

Supervisor's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Childcare Service/OSCAR Programme supervisor's form



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

This is an extra form in case you need it or if your children go to more than one childcare provider. This form needs to be completed by the supervisor of the childcare or OSCAR programme. The information is required under section 298 of the Social Security Act 2018.

Childcare service/OSCAR programme details

Keep this application moving

So the subsidy can start from the day the child starts the programme, we need the application before the child's first day. This is especially important for school holidays. Your childcare service or OSCAR programme must already be approved to provide childcare and have a Work and Income childcare service/OSCAR provider number.

1 What is the name of your childcare service/OSCAR programme?

2 What is your Work and Income childcare service/OSCAR provider number?

3 What are your organisation's contact details?

Work phone	()
Mobile phone	()
Email	

INFORMATION FOR Q4:
If you offer 20 Hours ECE you can't charge a fee for those hours. The Childcare Subsidy cannot be used to cover any donations or optional charges that may be asked.

4 Does your childcare service offer 20 Hours ECE?

 No Yes

5 Do you charge a holding or absence fee?

 No Yes

2 HOW TO ANSWER Q6:

6

Please tell us your hourly fee after you've applied any discount (for example staff discount) but before any Work and Income subsidy is applied.

If you don't have an hourly fee (for example if you have a session fee), please write 'N/A' in this box and just tell us the total weekly fee, before subsidy.

Please provide details of the care for each child.

Child 1

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text"/>	Care end date - OSCAR only	<input type="text"/>
Your hourly fee (before subsidy)	\$ <input type="text"/>	Total weekly fee (before subsidy)	\$ <input type="text"/>

Child 2

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text"/>	Care end date - OSCAR only	<input type="text"/>
Your hourly fee (before subsidy)	\$ <input type="text"/>	Total weekly fee (before subsidy)	\$ <input type="text"/>

Child 3

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text"/>	Care end date - OSCAR only	<input type="text"/>
Your hourly fee (before subsidy)	\$ <input type="text"/>	Total weekly fee (before subsidy)	\$ <input type="text"/>

Child 4

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text"/>	Care end date - OSCAR only	<input type="text"/>
Your hourly fee (before subsidy)	\$ <input type="text"/>	Total weekly fee (before subsidy)	\$ <input type="text"/>

Supervisor's statement

- The information I have provided is true and complete.
- I have authority to complete this form for my organisation.

Supervisor's name (print)

Supervisor's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Childcare Assistance – Change of Circumstances



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER ||

Please read this before you start

Please use a separate form for each child.
The childcare centre/programme needs to verify the changes by signing the form.
If you/your partner are training, your Training Provider also needs to sign the form.
Please complete all questions – if not applicable write N/A.

What to bring

If you are receiving Childcare Assistance, you must tell us straight away about any changes which could affect your payment. Your partner has the same responsibility.

When you complete and return this form you will need to provide the following:

- identification for you and your partner (if you have one)
- your child's full birth certificate for any child added
- proof of your and/or your partner's income if it has changed
- details of your work, course, organised activity, you and/or your child(ren)'s medical details (if applicable).

Client details

Q2 note: Please give your house number, street, suburb, and town or city.

A house number could include:

- street number
- fire
- RAPID
- emergency services.

1. What is your name?

First name(s)

Surname or family name

2. Where do you live?

Flat/house no.

Street name

Suburb

City

Birth date

3. What is your date of birth?

Day Month Year

Child's details

Please use a separate form for each child attending the childcare centre/programme.

4. What is the child's name?

First name(s)

Surname or family name

5. What is the child's date of birth?

Day Month Year

Childcare changes

Only complete the question(s) that affect you.

6. The number of hours of childcare has changed:

- No ▶ Go to Question 7
 Yes ▶ Please provide details below:

New hours per week

Start date

Day Month Year

New fee change per week

Reason for change:

7. The fee to the childcare centre/programme has changed:

- No ▶ Go to Question 8
 Yes ▶ Please provide details below:

New fee change per week

Start date

Day Month Year

8. The child has moved to a new childcare centre/programme:

- No ▶ Go to Question 9
 Yes ▶ Please provide details below:

Name of old childcare centre/programme

End date

Day Month Year

Name of new childcare centre/programme

Hours of care per week

Start date

Day Month Year

New fee change per week

9. Please complete the following if this child receives 20 Hours ECE:

Hours of 20 Hour ECE received (weekly total)

Date 20 Hour ECE started

Day Month Year

Supervisor to sign

This information is required under section 12 of the Social Security Act 1964.

The information provided in Questions 6–9 is true and complete.

Work and Income childcare service number:

Supervisor's name (print)

Supervisor's signature

Day Month Year

There are more questions to answer on the following pages

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OFFICIAL INFORMATION ACT

Client details

Please tick which box applies to you.

10. Have your training or study details changed?

No ▶ Go to Question 11

Yes ▶ Please provide details below:

I stopped attending a work related course or study on:

Day	Month	Year

OR

I am on a work related course or study. Please provide details below:

Provider's name

Name of course

Is the course NZQA accredited?

No

Yes ▶

Course start date

Course end date

Day	Month	Year

Day	Month	Year

Hours spent:

At your course

On other study

Travelling from the centre
to your course and returning

Please ensure your Training Provider signs the statement below.

Partner details

Please tick which box applies to you.

11. Have your partner's training or study details changed?

No

Yes ▶ Please provide details below:

My partner stopped attending a work related course or study on:

Day	Month	Year

OR

My partner is on a work related course or study. Please provide details below:

Provider's name

Name of course

Is the course NZQA accredited?

No

Yes ▶

Course start date

Course end date

Day	Month	Year

Day	Month	Year

Hours spent:

At your course

On other study

Travelling from the centre
to your course and returning

Please ensure your Training Provider signs the statement below.

Trainer statement

Please get your training organisation
to complete this section.

Official Training Provider's Stamp

I confirm that the above details are true and complete.

Trainer's name (print)

Trainer's signature

Day	Month	Year

