



Nicholas Parry
fyi-request-14325-98e84cb0@requests.fyi.org.nz

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Tēnā koe Nicholas Parry

On 18 December 2020, you emailed the Ministry of Social Development (the Ministry) requesting, under the Official Information Act 1982 (the Act), the following information:

- *A copy of all blank forms used by Work and Income and Studylink that Individuals need to complete to support an application of any given type.*

On 1 February 2021, the Ministry emailed you links to several forms and asked if you would still like to proceed with your request. On 5 February, the Ministry sent you a follow-up email but has still not received a response from you. As such, the Ministry has proceeded with responding to your original request.

On 9 February 2021, the Ministry advised you of the need to extend the due date to 2 March 2021. The reason for this extension was that further consultations were necessary to determine which forms are already publicly available.

Many forms are available online as PDF files on the main Work and Income and StudyLink websites. Other forms can be found when applying through the MyMSD or MyStudyLink tool, as the Ministry wants to encourage clients to use these online tools when they (i.e. the clients) can.

Please find **Table One** enclosed, which outlines the forms and applications we will be releasing to you. As noted above, however, a large portion of forms in use by the Ministry are publicly available on the Work and Income and StudyLink websites. As such, these forms are refused under section 18(d) of the Act.

In the spirit of being helpful, we have provided links to the publicly available forms, below:

- <https://www.studylink.govt.nz/products/forms/index.html>
- <https://www.workandincome.govt.nz/products/forms/index.html>
- <https://www.workandincome.govt.nz/providers/forms/index.html>
- <https://www.workandincome.govt.nz/employers/forms/index.html>

The principles and purposes of the Official Information Act 1982 under which you made your request are:

- to create greater openness and transparency about the plans, work and activities of the Government,
- to increase the ability of the public to participate in the making and administration of our laws and policies and
- to lead to greater accountability in the conduct of public affairs.

This Ministry fully supports those principles and purposes. The Ministry therefore intends to make the information contained in this letter and any attached documents available to the wider public. The Ministry will do this by publishing this letter on the Ministry of Social Development's website. Your personal details will be deleted, and the Ministry will not publish any information that would identify you as the person who requested the information.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with this response in regard to copies of all blank forms used by Work and Income and StudyLink that individuals need to complete to support and application of any given type, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Ngā mihi nui



Bridget Saunders
Manager
Issue Resolution, Service Delivery

Table One: List of PDF forms and applications provided by the Ministry:

Forms and Applications
\$5k to Work Incentive Payment Application
Accommodation Supplement Application Form
Appointment of an Agent Form
Change of Bank Account Form
Change of Living Situation for Seniors form
Child Disability Allowance Application Form
Child Inclusion Form
Child Support Non-Parent Carer
Child Support Parent Carer
Childcare Assistance Application Form
Childcare Assistance, Change in Circumstances Form
Community Services Card Application
Course Participation Assistance Application
Covid-19 Emergency Benefit Application for Temporary Visa Holders
Disability Allowance Application
Emergency Benefit Interview Form
Emergency Housing Special Needs Grant Form
Extra Help Application
Funeral Grant Application
Including a Partner Form
Jobseeker Support Application
New Zealand Superannuation or Veteran's Pension Current Clients Application
New Zealand Superannuation Application
New Zealand Superannuation partner's Application
Orphan's and Unsupported Child's Benefit Application Form
OSCAR Subsidy Declaration Form
Re-Application (within 52 weeks) Form
Redirection of Benefit Payment Form
Reimbursement of Health Overcharges Application
Rent Arrears Assistance Application
Retailer, Supplier, Payee Details Form
Seasonal Work Scheme Accommodation and Transport Payment Application
Sole Parent Support Application
SuperGold Card Application
Supported Living Payment Form
Temporary Additional Support Application
Tenancy Costs Covers Confirmation of Application and Acceptance of Terms
Young Parent Payment Application
Young Parent Payment Partner Application
Youth Payment Application
Youth Payment Partner Application
Youth Service, Continue or Stop Payments Form
Jobseeker Support Student Hardship Application Form

\$5k to Work incentive payment application



**MINISTRY OF SOCIAL
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TE MANATŪ WHAKAHIATO ORA

The **\$5k to Work** incentive payment is to help you relocate to another area in New Zealand to take up full-time work. This can include seasonal work if it's for more than 91 days.

To get this, you or your partner must qualify for a main benefit and there are also some other conditions.

Write your client number here. It can be found on your Community Services Card.

Client number

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

Your details

1

What is your full name?

First and middle names

Surname or family name

--	--

2

What date were you born?

--	--	--

Day Month Year

3

Where do you live now?

Flat/House number Street name

--	--

Suburb

--

Town/City

--

4

Is your mailing address different from where you live now?

No Yes



Tell us your mailing address

--

5

How else can we contact you?

Tick the best way for us to contact you

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

ATTACHMENT FOR Q1:
Please provide proof of your identity when you apply. For example your passport or driver licence.

HOW TO ANSWER Q3:
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

HOW TO ANSWER Q4:
Mailing address can include a PO Box, rural delivery details, or C/O address.

HOW TO ANSWER Q5:
Please only give us contact details you'd like us to use.

Your new job 6

ATTACHMENT FOR Q6:
You'll need to provide proof of your new job.

Examples of proof include:

- signed employment contract
- letter of offer from the employer.

What are the details of the business you'll be working for?

Business name

Business address

Street number

Street name

Suburb

Town/City

Employer's name

Employer's contact details

Phone	()
Mobile phone	()
Fax	()
Email	

INFORMATION FOR Q7:
Examples of industries include:

- construction
- hospitality
- horticulture, etc.

7

What industry is the job in?

8

What date do you start?

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

9

What is your before-tax pay rate?

\$ Weekly Fortnightly Monthly

10

Is your employment for more than 30 hours a week?

No Yes

11

Is your employment expected to last for more than 91 days?

No Yes

12

HOW TO ANSWER Q12:
Choosing YES will mean you won't have to make payments to your benefit or Student Allowance debt for three months, when you start full-time work.

If you're cancelling your benefit, do you want to apply for the three months Debt Recovery Suspension?

No Yes Not applicable

Your new accommodation

13

Where will you be living when you move to the new area?

Flat/House number

Street name

Suburb

Town/City

HOW TO ANSWER Q14:

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

14

Will your mailing address be different from where you will live?

No

Yes



Tell us your mailing address

HOW TO ANSWER Q15:

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

15

What will your contact details be when you are in the new area?

Tick the best way for us to contact you

Home phone	(
Mobile phone	(
Other phone	(
Email			

Declaration and signature

By signing this form I understand that:

- The Ministry of Social Development can recover the \$5k to Work incentive payment if I leave my job without a good and sufficient reason and return to benefit or study within 91 days of starting work, or don't use the payment for the purposes for which it was granted (for example, if I don't relocate or start work).
- I can only receive one incentive payment to relocate in a 52 week period.
- The Ministry of Social Development may contact my employer for confirmation of my employment and/or to confirm that I'm in employment for more than 91 days.
- The information I have given is true and complete.

Your name (print)

Your signature

Date

Day

Month

Year

Accommodation Supplement application form



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TE MANATŪ WHAKAHIATO ORA

Accommodation Supplement helps with rent, board, or home ownership costs.

If you pay rent to Kāinga Ora (formerly Housing New Zealand) or a community housing provider, you won't be able to get an Accommodation Supplement.

Write your Client number here. It can be found on your Community Services Card or SuperGold Card.

Client number

□	□	□	□	□	□	□	□	□	□	□	□
---	---	---	---	---	---	---	---	---	---	---	---

Tell us your details

1

What is your full name?

First and middle names

Surname or family name

2

What date were you born?

□	□	□	□	□	□
---	---	---	---	---	---

Day Month Year

Tell us how we can contact you

3

Where do you live?

Flat/House number Street name

Suburb

Town/City

HOW TO ANSWER Q3:

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

4

Is your mailing address different from where you live?

 No

 Yes

↓ Tell us your mailing address

HOW TO ANSWER Q4:

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

5

How else can we contact you?

Tick the best way for us to first contact you

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

Tell us who you live with

6

Do you live alone?

 No

↓ Please write below the names of the others you live with

 Yes

First name

Surname or family name

Relationship to you

Tell us about your assets

7

Do you or your partner have any of the following cash assets?

- Money in bank or other savings No Yes
- Bonus Bonds, shares, debentures or stocks No Yes
- Money lent to other people or organisations No Yes
- Other cash assets No Yes

8

If you answered 'yes' to any of the assets listed above, please write the details below.

Type of asset	You	Your partner	Jointly owned
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

9

Do you or your partner have any of the following non-cash assets?

- Property you don't live in No Yes
- Boat, caravan or motorhome No Yes
- Other No Yes

10

If you answered 'yes' to any of the non-cash assets listed above, please write the details below.

Type of asset	How much is it worth?	How much do you owe on it?
	\$	\$
	\$	\$
	\$	\$

Are you involved in a trust?

11

Are you or your partner involved in a trust, or have either of you ever been involved in a trust?

'Involved' means one or more of the following:

- you've set up a trust, usually by making a gift of assets or property
- you've transferred assets to a trust
- you make decisions about managing a trust
- you benefit from a trust for example, by receiving income such as trust distributions.

No Yes

Name of trust

ATTACHMENT FOR Q7:
You may be asked to provide proof of your assets and their value.

HOW TO ANSWER Q9:
Examples of property you don't live in include, land, holiday homes, bach/crib, investment properties.

ATTACHMENT FOR Q10:
You may be asked to provide proof of these details.

ATTACHMENT FOR Q11:
You'll need to show us trust documents, such as the trust deed, deed of debt, gift statements, accounts.

Benefit, NZ Super or Veteran's Pension

12

Do you already get a benefit from Work and Income or NZ Super or Veteran's Pension with a non-qualified partner included?

No Yes **Go to question 15**

Tell us about income?

13

Do you or your partner get income from any of the following sources?

Wages or salary No Yes

Accident compensation (eg ACC) No Yes

Income insurance (replacement/protection) No Yes Jointly with partner

Farm or business income No Yes Jointly with partner

Payments from self employment or contract work No Yes Jointly with partner

Interest from savings, investments, or bonds No Yes Jointly with partner

Dividends from shares, unit trusts, or managed funds No Yes Jointly with partner

Income from rents No Yes Jointly with partner

Payments from three or more boarders or flatmates No Yes Jointly with partner

Child Support payments No Yes

Other income for a child No Yes

Maintenance payments No Yes

Payments from a former partner No Yes

Student Allowance, scholarship, or Student Loan living cost payments No Yes

Overseas pension, benefit or allowance payments No Yes

Other superannuation or retirement scheme income – government or private (don't include NZ Super or Veteran's pension because we already know what you get) No Yes

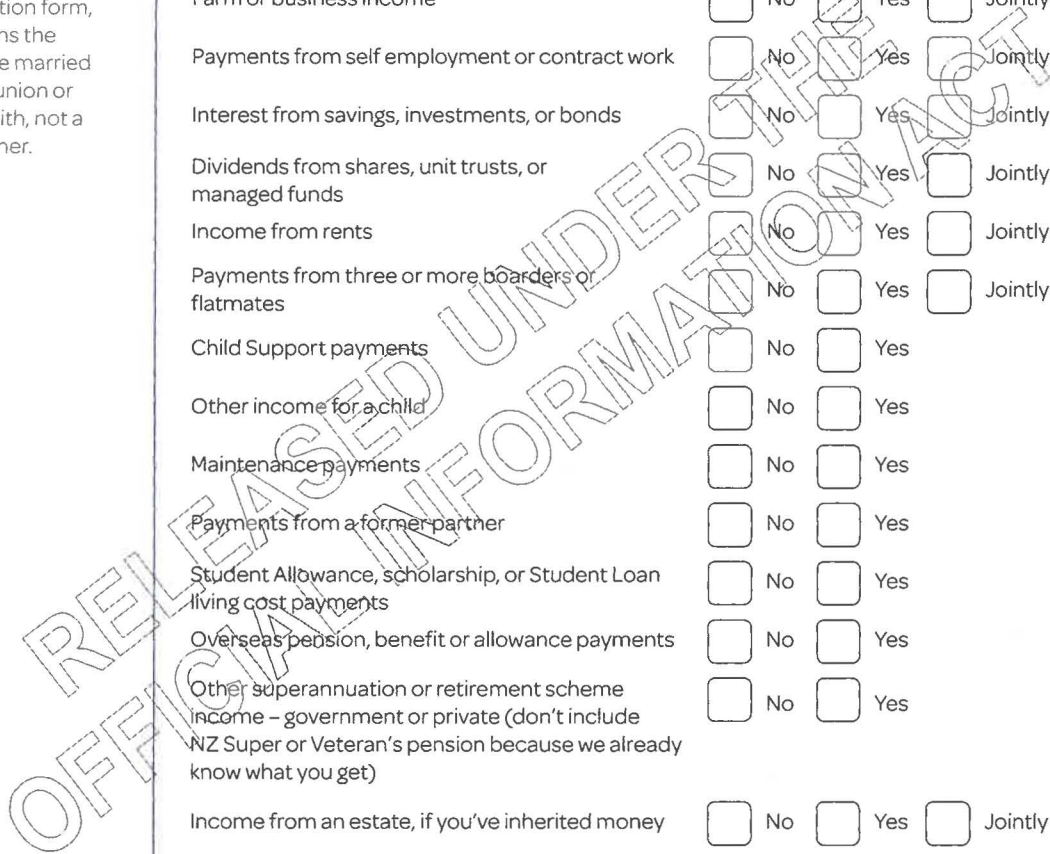
Income from an estate, if you've inherited money No Yes Jointly with partner

Income from trusts No Yes Jointly with partner

Other No Yes Jointly with partner

ATTACHMENT FOR Q13:
Bring a copy of your business accounts.

INFORMATION FOR Q13:
In this application form, 'partner' means the person you are married to or in a civil union or relationship with, not a business partner.



14

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 13?

No Yes

Tell us the total before-tax amounts, for the income you expect to get.

ATTACHMENT FOR Q14:
You may need to show us proof of income.

HOW TO ANSWER Q14:
How often do you expect the payment, such as weekly, fortnightly, monthly, one-off.
The types of income you need to include are listed in question 13.

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

Tell us about rental costs

15

Do you pay rent?

No

Go to question 21

Yes

INFORMATION FOR Q15:

By rent we mean the amount you pay is for your accommodation only and does not include other costs such as food or electricity.

16

Do you pay rent to Kāinga Ora (formerly Housing New Zealand) or a community housing provider?

No

Yes



You won't be able to get Accommodation Supplement

17

What is the total amount of rent paid each week for your home?

\$

ATTACHMENT FOR Q18:

You may need to show proof of what you pay for rent.

18

How much of this total amount do you pay for you and your family?

\$

ATTACHMENT FOR Q19:

You will need to show proof of what you pay for water rates.

19

Do you pay water rates separately from your rent?

No

Yes



Tell us how much you pay

\$

How often?

20

What is the name, address and telephone number of the person or organisation you pay rent to?

Tell us about board costs

21

Do you pay board?

No

Go to question 24

Yes



List what costs your board includes

INFORMATION FOR Q21:

By board we mean the amount you pay for your accommodation where it includes food costs and may also include other costs like electricity.

22

What is the total amount of board you pay for you and your family?

\$

HOW TO ANSWER Q22:

For example food, electricity, telephone.

23

What is the name, address and telephone number of the person or organisation you pay board to?

ATTACHMENT FOR Q23:

You may need to show proof of what you pay for board.

Tell us about home ownership costs

24

Do you own the home you live in?

No

Go to the signature section

Yes

HOW TO ANSWER Q25:

Only include mortgages you used to buy or alter your home. Include both interest and principal.

List any other mortgages such as a second mortgage or revolving mortgage.

Don't include contents insurance.

ATTACHMENT FOR Q25:

You'll need to show proof of your home ownership costs.

25

What are your home ownership costs?

	Who do you pay?	How much do you pay?	How often do you make the payment (such as weekly, monthly or yearly)?
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Mortgage insurance		\$	
Rates		\$	
Ground lease		\$	
Water rates		\$	
Body corporate fees		\$	

ATTACHMENT FOR Q26:

Bring receipts for any repair and maintenance costs.

26

Did you have to pay for repairs and maintenance to your home in the last 12 months?

No

Yes



Please write the total amount

\$

27

Have you received a rates rebate in the last 52 weeks?

No

Yes

Amount

\$

Rating year 1 July

20

to 30 June

20

Signature

The information I've provided in this form is true and complete.

I understand what you do with my personal information and how you protect my privacy.

Client's name (print)

Client's signature

Date

Day

Month

Year

Privacy Statement

The Ministry of Social Development includes Work and Income, MSD Housing Assessment, Senior Services, StudyLink and other service lines. The legislation administered by the Ministry of Social Development allows us to check the information that you give us. This may happen when you apply for assistance and at any time after that. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

Why we collect information

The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development and will be held by the Ministry of Social Development.

The information is collected for the purposes of the legislation administered by the Ministry of Social Development including:

- granting benefits and other assistance under the Social Security Act 2018
- delivering superannuation services under the New Zealand Superannuation and Retirement Income Act 2001
- delivering assistance under the Veterans' Support Act 2014
- providing services under the Residential Care and Disability Support Services Act 2018
- statistical and research purposes
- providing advice to Government
- providing support and services for you and your family
- providing education related services
- care and protection needs of children
- assessing eligibility for social housing and calculating income-related rents under the Housing Restructuring and Tenancy Matters Act 1992
- assessing whether you and/or your partner may be entitled to an overseas pension, benefit or allowance.

You are not required to give the Ministry of Social Development information, but if you do not give us all the information we ask for, your application for benefits or pensions and other assistance may be declined.

We may contact health practitioners

The Ministry of Social Development may contact health practitioners to check any health-related information you give us.

We may use information for public housing

Information you give us when you apply for assistance, and at any time after that, may also be used for public housing purposes under the Housing Restructuring and Tenancy Matters Act 1992, including reviewing your eligibility for social housing or your income-related rent. Public housing is subsidised housing available to people in the greatest need of housing for the duration of their need. It is provided by Kāinga Ora and approved community housing providers.

We may compare the information you give us with information held by other agencies

The information you give us may be compared with information held by other agencies such as Inland Revenue, the Ministry of Justice, Department of Corrections, New Zealand Customs Service, Department of Internal Affairs, Accident Compensation Corporation, Kāinga Ora, Ministry of Health and Immigration New Zealand. It may also be compared with social security information (for example, pension or benefit information) held by other governments (including Australia, Malta and the Netherlands).

We may share information with Inland Revenue

Under the Tax Administration Act 1994, if you have dependent children, the information you give us may be shared with Inland Revenue for the purpose of administering Working for Families Tax Credits. Inland Revenue may also:

- use the information for the purposes of child support, student loans and taxation
- disclose it to the Ministry of Business, Innovation, and Employment, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
- disclose your personal information to your partner.

We may give information to service providers, employers, public housing providers and childcare providers

The Ministry of Social Development may:

- give employers information about you if you use our employment services
- share information with childcare centres to administer your entitlement to childcare assistance
- give information about you to the Tertiary Education Commission, Workbridge, training providers, career services or other agencies that have a formal agreement to provide services on behalf of the Ministry of Social Development, if you use our employment services
- share information about you with public housing providers (such as Kāinga Ora) to administer your housing-related assistance.

We may use your information to give you a better service

Other information that you give us that is not required to assess your entitlement may be used to provide a better service to you.

You have the right to see and correct your information

Under the Privacy Act 1993 you have the right to ask to see all information we hold about you and to ask us to correct that information.

Appointment of an agent form



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An agent is someone who can act for you when dealing with a service of the Ministry of Social Development or a contracted service provider (if you have one assigned to you).

If you are a student and want to appoint an agent for dealing with StudyLink, you will need to complete a different form.

Go to **studylink.govt.nz** and search on *agent*.

Choosing an agent

You can choose either a person or an organisation to be your agent.

You're responsible for choosing your agent **and** for anything they do for you, so it's important you're careful about who you choose as an agent.

You need to think about:

- how long you've known the person
- if you trust them to always do the best thing for you
- if they will always tell you what they're doing for you.

Remember, you can stop this person or organisation being your agent at any time.

They can also stop being your agent if they wish, but they need to talk about this with you first. If this happens, you'll need to work with us yourself or appoint another agent.

For any changes to your agent call us on **0800 559 009** or for Senior Services on **0800 552 002**. You can also talk with your contracted service provider (if you have one assigned to you).

What your agent can do

You decide what your agent can do for you.

You may want your agent to be able to:

- access your personal information
- receive your mail, **or**
- deal with the Ministry of Social Development or a contracted service provider (if you have one assigned) for you
- deal with community housing providers when they have a property that might be suitable for you.

If you have an agent, it doesn't mean that they'll get your benefit or pension payments. However, this can sometimes happen if there is a good reason.

Please fill in a *Redirection of Benefit Payment form* if you want part or all of your benefit or pension paid to your agent or another person or organisation.

What you need to do

To apply to appoint an agent, you'll need to complete this form and make sure both you and your agent sign it.

If a person is appointed as your agent they need to provide the following:

- two documents that prove who they are, for example, a birth certificate, passport or driver licence.

If an organisation is appointed as your agent, they need to provide a:

- business card, **or**
- letter on official letterhead.

Please provide original documents.

Copies can be verified by a Ministry of Social Development or contracted service provider staff member only if the original documents can be sighted. If you can't provide original documents or have them verified by a Ministry of Social Development staff member then you'll need to give us copies that have been verified by someone who is officially able to do so, for example, a lawyer, Notary Public, court registrar or Justice of the Peace. They'll need to print their name and title on each page of the copy and write that it is a true copy of the original, and sign it.

When this form has been completed it will be scanned and kept on your file. You and your agent can see the completed form or ask for a copy at any time.

Privacy

The legislation administered by the Ministry of Social Development allows us to check the information that you give us. This may happen when you apply for assistance and at any time after that. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

Why we collect information

The information you give us or your contracted service provider (where you have one assigned to you) is collected under the authority of the legislation administered by the Ministry of Social Development. The information will be held by the Ministry of Social Development and/or your contracted service provider.

You are not required to give the Ministry of Social Development or your contracted service provider information, but if you don't give them, or us, all the information we ask for, your application for appointment of an agent may be declined.

You have the right to see and correct your information

Under the Privacy Act 1993 you have the right to ask to see all information we, or your contracted service provider, hold about you and to ask them, or us, to correct that information.

Before you start

If you need help filling in this form, please make an appointment to see us.

If you are filling in this form on behalf of the client, make sure you answer questions 16 and 17.

Appointment of an agent form



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Please complete this form if you'd like to appoint an agent to act for you when dealing with the Ministry of Social Development or a contracted service provider (if you have one assigned).

If you're a student and want to appoint an agent for dealing with StudyLink, you'll need to complete a different form. Go to studylink.govt.nz and search on *agent*.

Tell us about yourself

If you have received a benefit, pension 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 or SuperGold Card if you have one.

Client number

Tell us your details

1

What is your full name?

Mr

Mrs

Ms

Miss

Other

First and middle names

Surname or family name

2

What date were you born?

Day

Month

Year

Tell us about your agent

Tell us your agent's name

3

Who do you want to appoint as your agent?

Name of organisation

Mr

Mrs

Ms

Miss

Other

First and middle names

Surname or family name

HOW TO ANSWER Q3:
Your agent can be either a person or an organisation. If it's a person please give their full name. If it's an organisation only give the name of the organisation.

ATTACHMENT FOR Q3:
Bring proof of your agent's identity. What you need to bring is explained on page 2.

4 HOW TO ANSWER Q4:
Please tell us what your relationship is with the agent, for example, partner, friend, family member, support person.

What is your relationship to this agent?

5 HOW TO ANSWER Q5:
We don't need this if your agent is an organisation.

What date was your agent born?

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

6 Tell us how to contact your agent

6 HOW TO ANSWER Q6:
If your agent lives in a rural area, flat/house number could include their RAPID number, fire number, emergency services number.

What is your agent's address?

Flat/House number Street Name

Suburb

Town/City

7 HOW TO ANSWER Q7:
Mailing address can include a PO Box, rural delivery details, or C/O address.

Is your agent's mailing address different from above?

No Yes

8 HOW TO ANSWER Q8:
Please only give us contact details your agent would like us to use.

How else can we contact your agent?

Tick the best way for us to contact your agent

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

9 Tell us how long you want an agent for

How long do you want to have this agent for?

Until
Day Month Year

No end date - this person will be your agent until you tell us.

Tell us what rights and responsibilities you want your agent to have

10

What rights and responsibilities do you want to give your agent?

(Please tick the boxes that apply)

- Access to my files to get personal information about me (under the Privacy Act 1993).
- Give information about me to the Ministry of Social Development, such as income details, housing needs or changes in my circumstances.
- Change details in my personal file with the Ministry of Social Development.
- Receive all my mail from the Ministry of Social Development.
- Complete and sign forms on my behalf.
- Be allowed to deal with money I owe the Ministry of Social Development, which may include arranging repayments.
- Have authority over my affairs with the Ministry of Social Development, as granted by a current Power of Attorney.
- Speak or make enquiries on my behalf.
- Speak to community housing providers about a potential property match or offer.

ATTACHMENT FOR Q10:
Please provide the Power of Attorney if you have one.

Paying your benefit to an agent

If you want your agent to get paid part or all of your benefit or pension payments you will need to complete a *Redirection of Benefit Payment form*.

11

Are you on the community housing register or are you applying for community housing?

- No [Go to question 13](#)
- Yes

12

Do you want community housing providers to contact your agent when a property becomes available?

- No
- Yes

MSD will pass on your agent's details to community housing providers who may have properties available to offer you. The provider (not MSD) will decide whether they deal with your agent directly rather than you.

INFORMATION FOR Q13:
Agents are not able to access or update MyMSD on your behalf.
You can give your agent as many or as few rights and responsibilities as you want. For example, "my agent can only speak or make enquiries about my Childcare Subsidy".

13

Is there anything else you want your agent to do?

- No
- Yes [Please tell us below](#)

14

Is there anything you don't want your agent to do?

No

Yes **↓ Please tell us below**

15

Did you fill in this form yourself

No **Go to question 16**

Yes **Go to Client's Declaration on page 7**

Client is unable to sign this form

Client unable to sign this form

16

Why are you completing this form for your client?

If the client is unable to sign this form, and the form is being completed on their behalf by a person wishing to be appointed their agent, please tick the reason for this.

- I have authority over this client's affairs, as covered by the attached valid Enduring Power of Attorney or Court Order made under the Protection of Personal and Property Rights Act 1988.
- This client is temporarily unable to do things for themselves, and I wish to be appointed their agent for a short period of time to enable the Ministry of Social Development to meet the client's immediate needs.

ATTACHMENT FOR Q16:
Attach a copy of either the Enduring Power of Attorney or Court Order.

Attach evidence from a health practitioner. This needs to state the reason why the client cannot act for themselves and how long it is likely to last.

ATTACHMENT FOR Q17:

17

What is your relationship to this client?

Show us that you have a close, personal relationship to the client. For example, if the client is your wife, attach a copy of your marriage certificate.

HOW TO ANSWER Q17:
Please tell us what your relationship is with the client, for example, partner, friend, brother, family member or support person.

Client's declaration

By signing this form, you have agreed to these obligations, and the rights and responsibilities given to your agent.

- I wish to appoint the agent named in this form.
- The information I have provided on this form is true and complete.

I understand that:

- My agent will have the authority to act for me for the things I have agreed in the questions above.
- I still need to tell the Ministry of Social Development of any changes in my circumstances that may affect my eligibility and/or entitlement.
- I continue to have full responsibility for all matters concerning my benefit and social housing assessment, including any obligations.
- While my agent may be able to act for me in some circumstances, they cannot do any job search requirements I may have, or complete a social housing assessment for me unless there is very good reason.
- My agent cannot access MyMSD on my behalf.
- The Ministry of Social Development takes no responsibility for actions carried out by my agent.
- The agent will continue to represent me until I tell the Ministry of Social Development otherwise.

Your name (print)	Your signature	Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Day	Month	Year

Agent's declaration

By signing this form, you have agreed the rights and responsibilities given to you by the person named in question one.

- I/we agree to act as agent for the client named in this form.
- The information I/we have provided on this form is true and complete.

I/we understand that:

- I/we need to meet the responsibilities as an agent, as set out in this form.
- I/we must act in the best interest of the client at all times.
- I/we agree to receive emails from the Ministry of Social Development in matters regarding my/our client.
- I/we agree to advise the Ministry of Social Development if I/we change my/our address or contact details.
- While I/we may act on the client's behalf in some circumstances:
 - If the client has job search requirements, I cannot do these on the client's behalf.
 - If the client wishes to apply for community housing they must be present for the initial assessment, unless there is good reason.
- I/We understand that we cannot access MyMSD on behalf of the client.
- I/we have read and I/we understand the privacy statement.
- I/we understand that the client has full responsibility for all matters concerning their benefit and social housing assessment, including any obligations.
- If I/we wish to cease being this client's agent, I/we must inform the client **and** the Ministry of Social Development.

Agent's name (print)	Agent's signature	Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Day	Month	Year

Change of bank account form



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Client number

□□□□|□□□□|□□□□

Your client number can be found on your Community Services Card or SuperGold Card if you have one.

Your details

1

What is your full name?

First and middle names

Surname or family name

2

What date were you born?

Day Month Year

3

Where do you live?

Flat/House number Street name

Suburb

Town/City

4

Is your mailing address different from where you live?

No

Yes



Tell us your mailing address

5

How else can we contact you?

Tick the best way for us to first contact you

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

HOW TO ANSWER Q3:

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

HOW TO ANSWER Q4:

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

HOW TO ANSWER Q5:

Please only give us contact details you would like us to use.

ATTACHMENT FOR Q6:
You may need to provide proof of your bank account details, such as a bank statement or deposit slip.

6

What bank account do you want your payments to be paid into?

The account is in the name of:

The account number is:

Bank	Branch	Account number	Suffix

ATTACHMENT FOR Q7:
You may need to provide proof of your partner's bank account details, such as a bank statement or deposit slip.

7

What bank account does your partner want their payments to be paid into?

The account is in the name of:

The account number is:


Bank	Branch	Account number	Suffix

Change details

8

Please change my bank account for the following:

- Current benefit or pension
- Unsupported Child's Benefit
- Orphan's Benefit
- Child Disability Allowance
- Other

 Please provide details below

Declaration

The information I have provided is true and complete.

Your name (print)

Your signature

Date

Day	Month	Year

Partner's name (print)

Partner's signature

Date

Day	Month	Year

Change of Living Situation for seniors



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

If you get New Zealand Superannuation or Veteran's Pension we need you to tell us about changes to your living situation so we can pay you the right rate. You can give us this information by calling **0800 552 002** or by completing and returning this form.

If you meet our definition of living alone, we may be able to pay you a higher rate to recognise the cost of maintaining your home on your own. You may also get this if you have a partner who is in residential care, hospital or prison, or in some situations when you are not living on your own. You can have visitors stay with you for up to 13 weeks and still get the living alone rate.

In this form if we say 'your partner' we also mean 'your spouse', if you have one.

Write your client number here. It can be found on your SuperGold Card

Client number

Tell us about yourself

1

What is your full name?

Mr Mrs Ms Miss Other

First and middle names

Surname or family name

2

What date were you born?

Day Month Year

Tell us how we can contact you

3

Where do you live?

Flat/House number Street name

Suburb

Town/City

HOW TO ANSWER Q3:

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

HOW TO ANSWER Q4:

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

4

Is your mailing address different from where you live?

No Yes

If these addresses are different from what we already have for you, you'll also need to fill in our Change of Address/Accommodation Costs form, or update your own details using **MyMSD**.

HOW TO ANSWER Q5:

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

5

How else can we contact you?

Tick the best way for us to first contact you

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

6

Do you agree to get emails from us?

No Yes I don't have an email address

Tell us what has changed

7

What date did your living situation change?

/ /
 Day Month Year

8

What was the change?

- I started living alone
- My partner now lives in a rest home, hospital or prison
- I now have a partner
- I've stopped living alone, but don't have a partner

Tell us if you have a partner

9

What is your partner's full name?

First and middle names

Surname or family name

10

What is your partner's date of birth?

/ /
 Day Month Year

11

Where does your partner live?

- At the same address as me Public hospital
- Rest home Prison
- Private hospital
- Other

Tell us about your living situation

12

Please provide details about anyone you live with.

HOW TO ANSWER Q12:

Please don't include your partner (if you have one).

INFORMATION FOR Q12:

We don't need to know the name of each person.

ATTACHMENT FOR Q12:

If you need to include more than four people please write these details about each one on a separate sheet of paper, and bring it with this form.

Person 1

Relationship to you

Is this person 18 years or younger?

No

Go to next person or question 13

Yes

What is their date of birth?

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

Does this person attend school or a tertiary institution?

No Yes

Person 2

Relationship to you

Is this person 18 years or younger?

No

Go to next person or question 13

Yes

What is their date of birth?

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

Does this person attend school or a tertiary institution?

No Yes

Person 3

Relationship to you

Is this person 18 years or younger?

No

Go to next person or question 13

Yes

What is their date of birth?

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

Does this person attend school or a tertiary institution?

No Yes

Person 4

Relationship to you

Is this person 18 years or younger?

No

Go to next person or question 13

Yes

What is their date of birth?

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

Does this person attend school or a tertiary institution?

No Yes

13

Do you have visitors aged 18 or older who will be staying with you for 13 weeks or longer?

No Yes

INFORMATION FOR Q14:

14

What is your accommodation?

'Self-contained' for a granny flat or unit means there is a kitchen or a kitchenette and a bathroom.

'Self-contained' for a mobile home means it needs to have facilities for:

- day-to-day living
- sleeping
- preparing and cooking food.

It must also have a:

- sink
- toilet
- fresh water tank
- waste water tank.

- House or flat
 - Self-contained 'granny' flat
 - Self-contained unit in a retirement village or rest home
 - Mobile home - self-contained
 - A boat moored within New Zealand territorial waters
 - Accommodation in a caravan park
 - Other
- A room in a boarding house
 - Hotel or motel

Empty text box for providing details for 'Other' accommodation.

Client's declaration

The information I've provided on this form is true and complete.

Your name (print)

Your signature

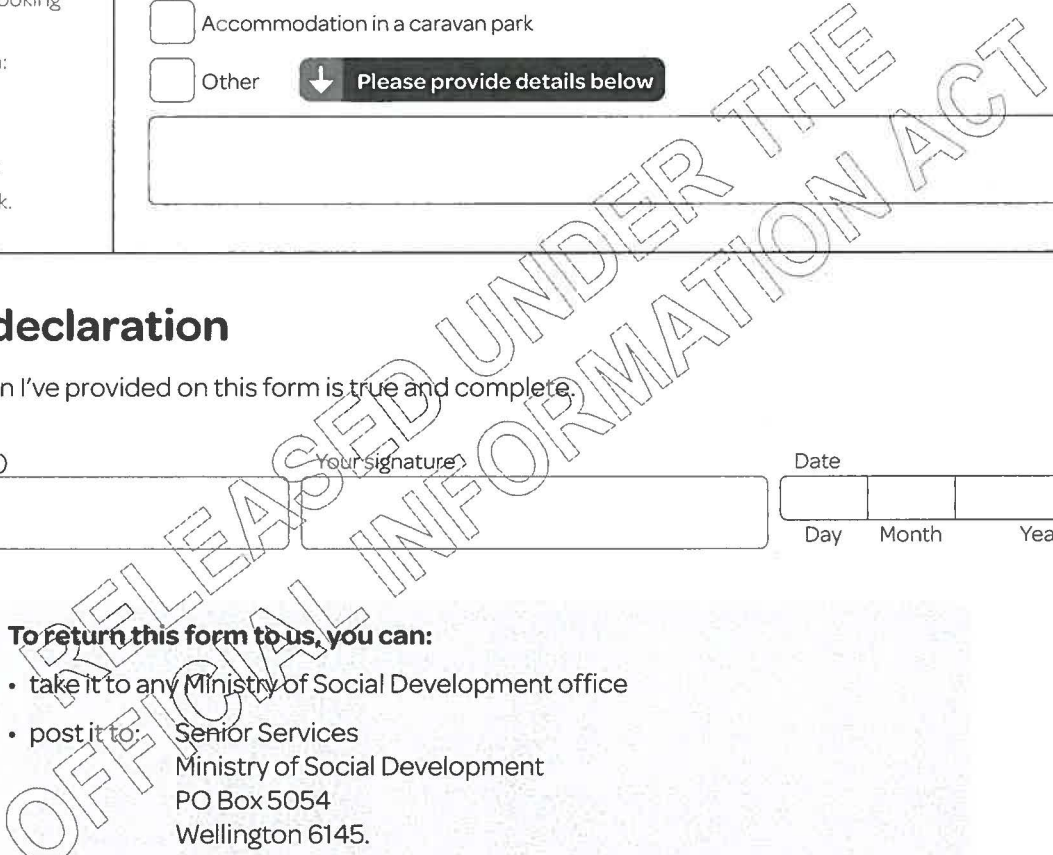
Date

Empty text box for name and signature.

Day	Month	Year

To return this form to us, you can:

- take it to any Ministry of Social Development office
- post it to: Senior Services
Ministry of Social Development
PO Box 5054
Wellington 6145.



Child Disability Allowance application form



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

The Child Disability Allowance is a non-taxable, fortnightly payment made to the main carer of a child or young person with a serious disability. It's paid to recognise the extra care and attention needed for that child.

The child needs to be assessed by their health practitioner as needing constant care and attention for at least 12 months because of a serious disability. You also need to meet some other conditions.

Other assistance, such as the Disability Allowance, may be available to help with the costs of treatment, medication or disability related expenses.

You can't get this allowance if the child already gets a benefit (except for the Orphan's or Unsupported Child's Benefit), or if you get Board Payments for them from Oranga Tamariki.

How to apply

Step 1 – Fill in the form

Fill in this application form, and take the medical certificate inside it to your child's health practitioner for them to complete.

Step 2 – Come in and see us

If you already get a benefit from us and your child is included, you can drop the form and documents we need to one of our service centres, or post them to us.

If you don't get any other help from us, please make an appointment to come and see us.

We can grant Child Disability Allowance from the date you first contact us, if you complete your application within 20 days of that date.

What you need to provide

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

If you were born in New Zealand, provide 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).

If you were born overseas, provide 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).

If your name has changed, provide your marriage certificate, deed poll, or other proof of the name change.

All people applying need to provide **two** more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).

One of the documents above must be at least two years old.

You also need to provide:

Full birth certificate for the dependent child this application is for.

Proof of your bank account details, such as a bank statement or deposit slip.

Our commitment to YOU



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

Ka mōhio
ki a koe
—
know
you

We will make sure you
understand everything
you need to know



We will use your
feedback to improve
our service

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

Ka tautoko
i a koe
—
support
you

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



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

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 
we do?

Let us know by visiting msd.govt.nz/feedback
or call us on 0800 559 009

Tell us how we can contact you

HOW TO ANSWER Q7:
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

HOW TO ANSWER Q8:
Mailing address can include a PO Box, rural delivery details, or C/O address.

HOW TO ANSWER Q9:
Please only give us contact details you'd like us to use.

7

Where do you live?

Flat/House number Street name

Suburb Town/City

8

Is your mailing address different from where you live?

No Yes

9

How else can we contact you?

Tick the best way for us to first contact you

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

10

Do you agree to get emails from us?

No Yes I don't have an email address

Tell us your ethnicity

INFORMATION FOR Q11:
We collect this information for statistics we use in research and future development work.

11

Tick the group(s) you most identify with.

Māori

New Zealand European Niuean Samoan Indian

Other European Tokelauan Tongan Chinese

Cook Island Māori Other Don't want to answer

Tell us about your residence status

HOW TO ANSWER Q12:

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

12

Do you usually live in New Zealand?

No Yes

13

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

New Zealand citizen by birth

Go to question 16

Granted New Zealand citizenship

→ Date citizenship granted

Day	Month	Year

Go to question 14

Granted permanent residency

→ Date permanent residence granted

Day	Month	Year

Go to question 14

Other

↓ What is your residence status?

14

When did you arrive in New Zealand?

Day	Month	Year

15

What country were you born in?

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Tell us about the child or young person

Tell us about your dependent children

ATTACHMENT FOR Q16:
Bring the child's birth certificate.

16

What is the name of the child or young person with a disability in your care?

First and middle names

Surname or family name

17

What is the child's or young person's date of birth?

Day Month Year

18

What best describes the child's or young person's residency status in New Zealand?

Tick only one box.

New Zealand citizen by birth

Go to question 21

Granted New Zealand citizenship

→ Date citizenship granted

Day Month Year

Go to question 19

Granted permanent residency

→ Date permanent residence granted

Day Month Year

Go to question 19

Other

↓ What is their residence status?

19

When did the child or young person arrive in New Zealand?

Day Month Year

20

What country was the child or young person born in?

Tell us where the child lives

INFORMATION FOR Q21:
The residential home or hostel must be run by a voluntary organisation where the child returns home for weekends or school holidays and where you have to pay towards the child's or young person's care.

21

Where does the child or young person live?

At the same address as me

In a residential home or hostel

↓ Please provide the name and address

Name of the residential home or hostel

Address of the residential home or hospital

HOW TO ANSWER Q22:

For example:

- weekends
- holidays.

22

How often does the child or young person return home?

23

Do you pay towards the child's or young person's care in the residential home or hostel?

No

Yes



Tell us what you pay for

24

Are you the child's or young person's parent?

No



What is your relationship to the child or young person?

Yes

25

What are the names and contact details of the child's or young person's parents?

Parent 1

First and middle names

Surname or family name

Address

Parent 2

First and middle names

Surname or family name

Address

26

Do you have primary responsibility for the day-to-day care of the child or young person?

No



Please provide details below

Yes

27

Are you solely responsible for the financial support of the child or young person while they live with you?

No



Please provide details below

Yes

28

Does the child or young person receive any income?

No

Yes



Please provide details below

INFORMATION FOR Q28:

Income includes but isn't limited to:

- wages
- ACC or insurance payments
- family trust payments
- maintenance payments
- interest from bank accounts.

What you need to do – obligations and signature



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Let us know when things change

You need to let us know about changes that might affect the amount you're paid.

Changes to the child or young person's situation, like:

- going into or coming out of hospital
- leaving your care
- going into residential care.

Changes to information about you and the child or young person, like:

- name, address, contact details or bank account number
- being held in custody or on remand.

If we have the wrong information we could pay you too much and you might have to pay us back.



Tell us if you or the child or young person is going overseas

If you're travelling overseas, you need to let us know as soon as possible.

You need to let us know before you leave New Zealand. If there's a good reason you can't, then you need to let us know as soon as you can.



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](https://www.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 9).

Applicant's name (print)

Applicant's signature

Date

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



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

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OFFICIAL INFORMATION ACT

Child Disability Allowance medical certificate



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Health practitioner to complete

The Child Disability Allowance is a non-taxable, fortnightly payment made to the main carer of a child or young person with a serious disability. It's paid recognition of the extra care and attention needed for that child.

The child needs to be assessed as needing constant care and attention for at least 12 months because of a serious disability. They also need to meet some other conditions.

Other assistance, such as the Disability Allowance, may be available to help with the costs of treatment, medication or disability related expenses.

This medical certificate should be completed by the health practitioner who provides the ongoing care of the child or young person.

For more information go to workandincome.govt.nz and search on *Child Disability Allowance*.

This information is required under the Social Security Act 2018

Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.

Client number

Child or young person's details

1

What is the child's or young person's full name?

First and middle names

Surname or family name

2

What date was the child born?

Day Month Year

3

Who is the main caregiver of the child or young person?

First and middle names

Surname or family name

Disability or medical condition information

4

What are the main clinical conditions affecting this child or young person?

Diagnosis

Is this covered by ACC?

- | | | | |
|----|----------------------|-----------------------------|------------------------------|
| 1. | <input type="text"/> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. | <input type="text"/> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. | <input type="text"/> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. | <input type="text"/> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. | <input type="text"/> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. | <input type="text"/> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

HOW TO ANSWER Q4:
Please list the diagnoses in order of their impact on the child or young person.

5 **INFORMATION FOR Q5:**
 Serious disability includes: physical, sensory, mental health, intellectual or developmental disability, or chronic medical condition.

6 **INFORMATION NOTE FOR A:**
 Bodily function includes activities such as toileting and eating.

7 **INFORMATION NOTE FOR B:**
 Attention and supervision needs to be focused on functions such as activities of daily living, mobility, learning, behaviour and/or health needs.

8 **INFORMATION NOTE FOR C:**
 Substantial danger needs to be as a consequence of the disability and pose a real threat of physical or mental harm.

9 **HOW TO ANSWER Q9:**
 If the child or young person has a chronic or severe condition, it would help Work and Income determine appropriate assistance if you could attach a copy of a recent report or referral letter.

10 **HOW TO ANSWER Q10:**
 Where the need for constant care and attention is likely to reduce over time, a review should be undertaken at regular intervals.

5 Does the child or young person or young person have a serious disability?

No
 Yes

6 Due to that serious disability, do they need constant care and attention as follows?

A. Frequent attention from another person in connection with bodily functions which is required as a consequence of the disability, and is in excess of that normally required by a child or young person of the same age?

No Yes

OR

B. Attention and supervision substantially in excess of that normally required by a child or young person of the same age and sex?

No Yes

OR

C. Regular supervision from another person in order to avoid **substantial** danger to themselves or others?

No Yes

7 Are they likely to require such care and attention for more than 12 months?

No Yes

8 Is the child or young person currently in hospital?

No Yes

9 Would you like the Ministry of Social Development to contact you about the child's or young person's diagnosis or disability?

No Yes

Please provide any other relevant information that could help us work out the child's or young person's eligibility for the Child Disability Allowance.

10 When should the child's or young person's disability next be reassessed for entitlement to the Child Disability Allowance? (select one)

1 year 2 years 5 years Never **OR** At what age?

Health practitioner's details

Please print your details below.

HPI number |

Health practitioner's full name

Practice name and address

Telephone number ()

Health practitioner's signature

Date
 Day Month Year

Child Inclusion form



If a child has come into your care and you already get a benefit from us, you need to fill in this form.

If the child was cared for by someone else, you need to provide a letter from the previous caregiver telling us:

- when the child left their care
- why the child left their care
- how long the child will be with you, even if the child is your own.

If you and your partner are both under 20 years old and you have dependent children, you may qualify for Young Parent Payment. Please talk to us about this.

Tell us about yourself

Write your client number here if you know it. This number can be found on your Community Services Card.

Client number

Tell us your details

1

What is your full name?

First and middle names

Surname or family name

2

What date were you born?

Day Month Year

3

Where do you live?

Flat/House number

Street name

Suburb

Town/City

HOW TO ANSWER Q3:

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

4

Is your mailing address different from where you live?

No

Yes



Tell us your mailing address

HOW TO ANSWER Q4:

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

5

How else can we contact you?

Tick the best way for us to first contact you

Home phone	()	
Mobile phone	()	
Email		

HOW TO ANSWER Q5:

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

6

If you qualify for any Working for Families tax credits do you want them paid with your benefit?

No

Yes

If you tick 'Yes', we'll tell Inland Revenue for you - so you do not need to.

Tell us about the dependent children you wish to include

A dependent child is a child that you support financially and who lives with you as a member of your family, including your own children, adopted children, stepchildren, children at boarding school and grandchildren/mokopuna.

Child 1

ATTACHMENT FOR CHILD 1:
Bring the birth certificate for this dependent child.

7

What is the child's full name?

First and middle names

Surname or family name

8

Has the child ever been known by any other name?

 No Yes

↓ Write them all out below

9

What date did the child come into your care?

Day Month Year

10

What is the child's relationship to you?

11

What date was the child born?

Day Month Year

12

Who are the child's parents?

Parent 1: Full name

Parent 2: Full name

13

Are there previous caregivers for this child?

 No Yes

↓ Give their names below

Parent 1: Full name

Parent 2: Full name

14

Do you have a shared custody arrangement for this child?

 No Yes

↓ Please provide details below

Hours a week in your care

Name of the person you have shared custody with

15

Have you applied, or will you apply, for Paid Parental Leave?

 No Yes

↓ Please provide details below

What date will it end?

Day Month Year

16

Are there more children you wish to include?

 No

Go to the declaration on page 4

 Yes

Go to question 17

INFORMATION FOR Q15:
Paid Parental Leave is paid to eligible parents to care for their newborn or newly adopted child. It's paid by Inland Revenue. You may get Best Start tax credits when the Paid Parental Leave ends.

Child 2

ATTACHMENT FOR CHILD 2:
Bring the birth certificate for this dependent child.

17

What is the child's full name?

First and middle names

Surname or family name

18

Has the child ever been known by any other name?

No

Yes



Write them all out below

19

What date did the child come into your care?

Day Month Year

20

What is the child's relationship to you?

21

What date was the child born?

Day Month Year

22

Who are the child's parents?

Parent 1: Full name

Parent 2: Full name

23

Are there previous caregivers for this child?

No

Yes



Give their names below

Parent 1: Full name

Parent 2: Full name

24

Do you have a shared custody arrangement for this child?

No

Yes



Please provide details below

Hours a week in your care

Name of the person you have shared custody with

25

Have you applied, or will you apply, for Paid Parental Leave?

No

Yes



Please provide details below

What date will it end?

Day Month Year

26

Are there more children you wish to include?

No

Go to the declaration on page 4

Yes

Go to question 27

INFORMATION FOR Q25:
Paid Parental Leave is paid to eligible parents to care for their newborn or newly adopted child. It's paid by Inland Revenue. You may get Best Start tax credits when the Paid Parental Leave ends.

Child 3

27

What is the child's full name?

First and middle names

Surname or family name

28

Has the child ever been known by any other name?

 No Yes

↓ Write them all out below

29

What date did the child come into your care?

Day Month Year

30

What is the child's relationship to you?

31

What date was the child born?

Day Month Year

32

Who are the child's parents?

Parent 1: Full name

Parent 2: Full name

33

Are there previous caregivers for this child?

 No Yes

↓ Give their names below

Parent 1: Full name

Parent 2: Full name

34

Do you have a shared custody arrangement for this child?

 No Yes

↓ Please provide details below

Hours a week in your care

Name of the person you have shared custody with

35

Have you applied, or will you apply, for Paid Parental Leave?

 No Yes

↓ Please provide details below

What date will it end?

Day Month Year

ATTACHMENT FOR CHILD 3:

Bring the birth certificate for this dependent child.

INFORMATION FOR Q35:

Paid Parental Leave is paid to eligible parents to care for their newborn or newly adopted child. It's paid by Inland Revenue.

You may get Best Start tax credits when the Paid Parental Leave ends.

Declaration and signature

I understand that my or my partner's obligations for receiving a benefit may change when a child is included.

The information I've provided is true and complete.

I understand if there are any changes in either my circumstances or the child's circumstances, I must let Work and Income know.

Applicant's name (print)

Applicant's signature

Date

Day Month Year

The Family Violence Intervention Programme is available to any Work and Income clients affected by family violence (victim, perpetrator or witness). Case managers can provide you with information about local family violence support services or stopping violence services so you can seek support. If you have any concerns about your safety or the safety of your children please talk to us about how we can help you.