

Domestic Purposes Benefit – Care of Sick or Infirm Application



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

If you need help with this form call us on ☎ **0800 559 009**.

Who can get this benefit

If you need help filling in this form, please ask at your nearest Work and Income Service Centre.

Mehemea e hiahia me awhina a koe ki te whakaki i tenei panui, haere patai ki te poari o te Work and Income tata tonu ki a koe.

Afai e te mana'omia se fesoasoani i le faatumuina o so'o se pepa talosaga e uiga i penefiti, faamolemole faafesoata'i le ofisa o le Work and Income.

To be eligible for the Domestic Purposes Benefit for Care of Sick or Infirm, you must:

- be 16 years and over **and**
- be caring full-time for someone (but not your spouse or partner) who would otherwise require rest home care, residential disability care, extended care provided for severely disabled children and young people, hospital care, or care of a similar kind.

You must also:

- have lived in New Zealand continuously for two years at any one time since becoming a New Zealand citizen or permanent resident **and**
- usually live in New Zealand.

If you are 16 or 17 we need to look at your family situation before you can get this benefit. We will talk to you about this.

If you are caring for your spouse or partner, you may be able to get an Emergency Benefit. Please ask us about this.

This is an income tested benefit.

What to bring

Please ask Work and Income staff for help if:

- you do not have any of the documents we have asked for
- you think there could be a delay in providing this information
- you would like to know about extra help.

What other help can you get?

If you have dependent children and they attend either a childcare service, or before or after school care programme, please talk to us about how we can help with childcare assistance.

You may also be able to get the Child Disability Allowance. Please talk to us about this.

If you are finding it difficult to meet some of your daily living costs, such as food, power, accommodation or medical expenses, we may be able to help. There are different types of extra help we offer. How we can help you depends on your own individual situation. If you'd like to know more please read our brochure "How can we help you" or call us on

☎ **0800 559 009**.

When you apply for the Domestic Purposes Benefit – Care of Sick or Infirm, you will need to complete this application form and provide the following for both you and your partner (if you have one):

- For New Zealand born people, one form of government-issued documentation stating your full legal name and date of birth (eg your birth certificate, passport, driver licence, firearms licence, deed poll, etc)
- For people born overseas, proof of your lawful residence in New Zealand (eg New Zealand passport, other country passport with residence class visa or residence permit, citizenship certificate, etc)
- Two more documents supporting your identity. These could include your marriage certificate, bank statement, phone or power account, driver licence, etc)

Note: One of the documents requested above must be at least 2 years old.

- Full birth certificates for your children.
- Proof of any name change.
- Marriage or civil union certificate (if you have one).
- A form or letter from Inland Revenue showing your IRD (tax) number.
- Gross income details (eg weekly gross wage and gross holiday pay) for the 52 week period immediately before application **and** details of your last 26 weeks gross income.
- Proof of any accommodation costs.
- Proof of bank account details.
- Your school leaving certificate (only if you have recently left school).
- A medical certificate completed by a registered medical practitioner – in most cases the supported person's usual doctor.

Privacy Statement

The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form.

This may happen when you apply for a benefit and at any time after that.

The Privacy Act 1993 requires us to tell you that:

- The information you give us 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.
- The information is collected for the purposes of the legislation administered by the Ministry of Social Development (including Work and Income, Child, Youth and Family and other service lines of the Ministry), and in particular for:
 - granting benefits and other assistance under the Social Security Act 1964
 - providing employment related services
 - statistical and research purposes
 - providing advice to Government
 - care and protection needs of children
 - providing support and services for you and your family
 - providing education related services.
- Work and Income may contact health providers to verify any health related information you give us.
- Work and Income may give employers information about you to find you employment. Where Work and Income refer you to a job vacancy, we may also contact the employer to discuss the result of any job interview that you attend.
- Work and Income may share information you have given us with childcare centres to administer your entitlement to childcare assistance.
- Other information that you give us on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by the Ministry of Social Development.
- The information you give us may be compared with information held by Inland Revenue, the Ministry of Justice, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the Accident Compensation Corporation, Housing New Zealand Corporation, 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 and the Netherlands).
- 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 Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
 - disclose your personal information to your partner.
- 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.
- You are not required to give us information, but if you do not give us all the information we ask for, your application for benefits may be declined.

Obligations

Work situation changes include starting part-time, casual or full-time work, whether paid or unpaid.

Changes in your living situation include:

- marriage or separation
- starting or ending a civil union
- starting or ending a de facto relationship with someone of the same or opposite sex
- change in the number of children supported
- change in accommodation costs.

I must tell Work and Income immediately if either my partner or I:

- have a change in work situation
- become self employed / start to run a business
- have changes to my/our income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account details)
- have changes to my/our living situation
- am imprisoned / held in custody on remand
- am admitted to or discharged from hospital
- have been granted an overseas pension
- have any other changes that may affect my/our benefit entitlement or rate.

Important

I understand that:

- if I have made a false statement **or**
- if I have failed to answer all the questions in full **or**
- if I do not tell Work and Income about changes in my life that might affect my entitlement or rate **then**
 - my benefit may be reviewed and cancelled **and**
 - I may have to pay back the total amount of any overpayment that I have received **and**
 - Work and Income may impose a penalty (up to three times the value of the overpayment) **or**
 - I may be prosecuted and fined or imprisoned.

Additional information

Your client number is:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Information required by

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

Contact name

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

Domestic Purposes Benefit – Care of Sick or Infirm Application



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CLIENT NUMBER

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Please read this before you start

Please check that you have all relevant “What to bring” items on the front of this form.

Please complete all questions – if not applicable write N/A.

Name

1. What is your name?

First name(s)

Surname or family name

Q2 note: Give any other names that you use now or have used in the past (including your maiden name).

2. Are you known by or have you used any other names?

No Yes ▶ Please provide details below:

1.
2.

3. Are you: Male Female

Q4 note: Please tick one box to show the title you want to be known by.

4. What do you want to be called?

Mrs Miss Ms Mr No title Other

Birth date

5. What is your date of birth?

Day	Month	Year

Address

Q6 note: If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

Q7 note: Mailing address includes:

- postal box (PO Box)
- rural delivery details
- C/O address.

6. Where do you live?

Flat/house no. Street name

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Suburb

City

--	--

7. What is your mailing address (if different from above)?

If you live at a rural address please include your rural delivery details here:

8. How can we contact you?

Work phone

Home phone

Mobile phone

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Email

Fax

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Past benefits

9. Are you currently receiving any type of benefit?

No Yes ▶ What type of benefit?

10. Have you ever received any type of benefit before?

No ▶ Go to Question 12 Yes ▶ What type of benefit?

11. What was your client number?

Residency

Q12 note: Tick one box.

12. Indicate which describes your residency situation:

New Zealand citizen (by birth) ▶ Go to Question 16

New Zealand citizen (other) ▶ Go to Question 14
Date of citizenship
Day Month Year

Permanent resident ▶ Go to Question 14
Date permanent residence granted
Day Month Year

Other ▶ Go to Question 13

13. What is your residency status?

14. When did you arrive in New Zealand?

Day Month Year

15. Where were you born?

16. Have you lived in New Zealand continuously for two years at any one time since becoming a New Zealand citizen or permanent resident?

No ▶ Talk to us about other assistance you may be able to get Yes

Q17 note: This means that you consider New Zealand your home, you are a legal resident, usually live here and intend to stay permanently.

17. Do you usually live in New Zealand?

No Yes

18. Have you lived in any countries outside New Zealand?

No Yes ▶ Please fill in the Overseas Residence Details section of this form on page 30

Ethnic group

Q19 note: You don't have to answer this question if you don't want to.

This information is for statistics and will be used for research and future development work.

19. To what ethnic group do you believe you belong?

New Zealand Maori ▶ Which tribe(s)/iwi?

New Zealand European Niuean Samoan Indian

Other European Tokelauan Tongan Chinese

Cook Island Maori Other ▶ Please specify below:

War/Veteran's pension entitlement

20. Have you served with the New Zealand Armed Forces?

No Yes ▶ You may be entitled to:

- ▶ War Disablement, Surviving Spouse or Partner pension. For more information call ☎ 0800 4 VETERAN (0800 4 838 372), and/or
- ▶ Veteran's Pension. For more information call ☎ 0800 650 656.

Tax number

21. What is your Inland Revenue tax number?

Bank details

Office use only

Verified by

22. What bank account do you want the benefit paid into?

Name of bank (eg ANZ):

Name of branch (eg Lower Hutt):

The account is in the name of:

The account number is:

Bank			Branch			Account number									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment

Q23 note: Paid employment includes employment for which you receive non-monetary benefits, eg free board, payments in kind, or drawings from an unprofitable business.

Q25 note: Give the name, telephone number and address of the firm or person you work for.

Q26 note: Give gross (before tax) amount of wages and the value of any non-monetary benefits received, eg free board or any drawings, whether or not the business makes a profit.

Q28 note: Give the name, telephone number and address of the firm or person you worked for.

Q29 note: Give gross (before tax) and net (after tax) amounts.

Q32 note: Give gross (before tax) amount.

23. Are you working or have you been working in the last 52 weeks?

No ▶ Go to Question 28 Yes

24. Are you still working?

No ▶ Go to Question 28

Yes ▶ Is the job: Full-time Part-time Casual
 Seasonal Voluntary Self employment

25. Who are you working for?

1
2

26. How much is your gross weekly wage? \$

27. Have you had any other employment in the last 52 weeks?

No ▶ Go to Question 34 Yes

28. Who did you last work for and what sort of work did you do?

29. What was your weekly wage in your last job?

Gross	Net
\$ <input type="text"/>	\$ <input type="text"/>

30. How long did you work for?

Start date			Finish date		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year	Day	Month	Year

31. Why did you leave your last job?

32. Did you get holiday pay when you left the job?

No Yes ▶ Please provide gross amount: \$

Q33 note: Give the name and address of your employer, and the start and end dates of your employment.

33. Have you had any other employment in the last 52 weeks apart from that answered in Questions 27–32?

No Yes ▶ Please provide details below:

Q34 note: Give type of payments, eg long service leave, payments in lieu of notice, etc.

34. Did you get any redundancy / termination-type payment in the last 52 weeks?

No Yes ▶ Please provide details below:

Gross amount	Payment type	Date paid
\$		/ /
\$		/ /
\$		/ /

Other income

Q35 note: Examples of income from other sources:

- wages or salary
- accident compensation
- farm or business income (include drawings)
- self employment
- interest from savings or investments
- dividends from shares
- income from rents
- redundancy or termination type payments
- Child Support
- maintenance payments
- boarders
- Student Allowance, scholarship or Student Loan living cost payments
- any other income, eg family trusts, overseas payments.

Give gross (before tax) amount.

35. Did you get income from any other source in the last 52 weeks?

No Yes ▶ Please provide details below:

Source (eg bank account number)	Gross income (eg interest)
	\$
	\$
	\$

36. Do you expect to get other income in the next 52 weeks?

No Yes ▶ Please provide details below:

Source (eg bank account number)	Gross income (eg interest)
	\$
	\$
	\$

Dependent children currently in your care

Q37 note: Please give the names of any children that you financially support and are living with you as a member of your family, including:

- stepchildren
- children at boarding school
- adopted children
- grandchildren
- mokopuna.

If you are caring for a child who is not your own you may be able to get other forms of assistance. Please ask us about this.

You can get family tax credit if the children are 18 or under and not supporting themselves or in full-time employment.

You'll usually qualify for family tax credit if you qualify for a benefit – and depending on your circumstances you can choose to have your family tax credit paid with your benefit. We can arrange this for you.

If your child(ren) attend either a childcare service or before or after school care programme, please talk to us about how we can help with Childcare Assistance.

Q40 note: We'll tell Inland Revenue about your choice – so you don't need to.

Dependent children previously in your care

37. Do you have dependent children in your care?

No ▶ Go to Question 41 Yes ▶ Please provide details below:

Child's full name	Date of birth
1	/ /

Relationship to you	Other parent's name

Child's full name	Date of birth
2	/ /

Relationship to you	Other parent's name

Child's full name	Date of birth
3	/ /

Relationship to you	Other parent's name

38. Do you get income for any of these children?

No Yes ▶ Please provide details below:

Child's full name	Type of income

39. Do you have a shared custody arrangement for any of these children?

No ▶ Go to Question 40 Yes ▶ Please provide details below:

Child's full name	Hours per week in your care	Name and address of person you share custody with

40. Do you want to have your family tax credit paid with your benefit?

No Yes

41. Have you had any other dependent children in your care in the last 52 weeks who are no longer dependent on you?

No Yes ▶ Please provide details below:

Child's full name	Date of birth	Date the child left your care or was no longer dependent
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /

Partner

Q42 note: A partner is your spouse (husband or wife), your civil union partner, or a person of the same or opposite sex with whom you have a de facto relationship.

42. Do you have a partner?

- No ▶ Are you: Single Living apart/ separated Divorced
 Widowed Civil union dissolved
- Yes ▶ Are you: Married In a civil union In a relationship
- ▶ Go to Accommodation Supplement section on page 21
▶ Please provide details below:

43. What is your partner's name?

44. What is your partner's date of birth?

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

Please ask your partner to fill in the Partner's Details section on page 13. Please go to the Accommodation Supplement section on page 21 and complete the rest of the application.

Details of the person you are caring for

Q45 note: You must be caring full-time at home for this person.

You must also provide a Medical Certificate from the person's doctor.

Please note that 16 and 17 year old carers have additional criteria to meet.

45. What is the full name of the sick or infirm person you are or will be caring for full-time?

46. What is their date of birth?

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

47. What is their relationship to you?

48. Is there anyone else in the house able to care for this person?

- No Yes

49. What date did you start caring for this person?

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



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CARER CLIENT NUMBER | |

Information for medical practitioners

For more information on this benefit, refer to the *Domestic Purposes Benefit – Care of Sick or Infirm: Guide for Medical Practitioners*.

The medical practitioner completing this form should generally be the supported person's usual medical practitioner.

CARER – the person who will be providing care and attention to a supported person.

SUPPORTED PERSON – the person who will be receiving care and attention.

To be eligible for this benefit:

- the applicant must be the carer of a sick or infirm person (except their spouse or partner) and be providing full-time care and attention at home **and**
- the supported person would otherwise have to receive either:
 - rest home care
 - residential disability care
 - extended care services for severely disabled children and young people
 - hospital care (in-patient or residential hospital care)
 - care equivalent to any of these kinds of care.

The carer named in this application is applying for financial assistance while they are supporting your patient. Please provide relevant medical details about the supported person, your patient, to enable Work and Income to establish the carer's entitlement to this assistance.

Please complete all questions on the form.

Personal details

Q1 note: The supported person is the person who will be receiving care and attention.

Where the person is known by more than one name, please provide the person's name as it appears on their passport or birth certificate.

Q3 note: The carer is the person who will be providing care and attention to a supported person.

1. Supported person's name

First name(s) Surname or family name

2. Supported person's date of birth

Day Month Year

3. Carer's name

First name(s) Surname or family name

Medical details

Q4 note: Work and Income may arrange a second opinion.

4. Who do you consider best placed to provide this information?

Yourself Second opinion
 Other ▶

5. Are you the supported person's usual medical practitioner?

No Yes

6. When did you last see the supported person? (Including today)

Date last seen: Never
Day Month Year

7. Please indicate what information this assessment is based on:

8. What are the supported person's main diagnoses?

READ Code	Description	Covered by ACC? (No/Yes)
1.		
2.		
3.		
4.		

Q8 note: Please list the diagnoses in the order of their impact, starting with the most significant.

The READ Code is optional if the description is provided.

Medical details – continued

Q9 note: A Needs Assessment and Service Coordination (NASC) assessment is not required for this benefit. However, a NASC assessment may provide you with useful information to assist with your assessment of the level of care otherwise required.

Q11 note: Not all factors will apply for children and young people, eg shopping.

Factors should only be indicated if the person requires support over and above what is ordinarily needed by someone of the same age or what is developmentally appropriate.

9. Has the supported person had a recent Needs Assessment and Service Coordination (NASC) assessment?

No ▶ Go to Question 11 Yes

10. Did the NASC assessment indicate the need for a level of care consistent with the requirements of this benefit (see above)?

No Yes I did not receive a copy of the assessment

11. Indicate the main factors that determine the supported person's need for care and attention? (Please tick all applicable boxes)

Type	Description
Physiological / health related	<input type="checkbox"/> Physical limitations <input type="checkbox"/> Psychiatric / psychological condition <input type="checkbox"/> Cognitive / neurological condition <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Undergoing current treatment <input type="checkbox"/> Frequent hospitalisation / treatment demands <input type="checkbox"/> Terminal illness <input type="checkbox"/> High levels of physical support <input type="checkbox"/> Mobility restrictions <input type="checkbox"/> Chronic pain
Safety	<input type="checkbox"/> Respiratory support <input type="checkbox"/> Risk to life / life threatening condition <input type="checkbox"/> Falls risk <input type="checkbox"/> Home safety / security <input type="checkbox"/> Wandering
Personal care / household management	<input type="checkbox"/> Hygiene / grooming – including dressing and showering or bathing <input type="checkbox"/> Toileting / continence <input type="checkbox"/> Eating / drinking <input type="checkbox"/> Medication <input type="checkbox"/> Meal preparation <input type="checkbox"/> Shopping <input type="checkbox"/> Housework / laundry <input type="checkbox"/> Finances
Memory, cognition and behaviour	<input type="checkbox"/> Memory loss <input type="checkbox"/> Poor orientation to surroundings <input type="checkbox"/> Delusions / hallucinations <input type="checkbox"/> Mood / anxiety <input type="checkbox"/> Inappropriate social behaviour <input type="checkbox"/> Limited insight
Other (please specify):	

Medical details – continued

12. Comment on how these factors impact on the supported person's need for care and attention:

i Full-time Care and Attention

Full-time care and attention means that the person will require 24-hour **access** to care and attention. This does not mean the carer is expected to give 24-hour care, but they must be available if required. The level of care and attention must be over and above the ordinary care and attention required by someone of the same age.

A carer can be away from the home for a few hours a day, and still be considered to be providing full-time care, if arrangements are made for the supported person's care and their safety is not compromised. The carer's absence could be for a number of reasons including part-time employment or study.

The carer must provide the care and attention at home. The home can be that of the supported person or of the carer.

'Care and attention' is the terminology used in the Social Security Act (1964) which sets out the criteria for this assistance.

13. Does the supported person require full-time care and attention?

No Yes

i Levels of Care

Rest Home Care

Rest home care is the level of care provided for the care and attention of people whose needs cannot be met in their own home with home-based services, generally because of their age-related needs. This relates to the full continuum of residential rest home care.

Residential Disability Care

Residential disability care is the level of care provided for the care and attention of children, young people and adults whose needs cannot be met in their own home with home-based services, generally because of their disability/impairment related needs.

Extended Care Services for Severely Disabled Children and Young People

Extended care is the level of care provided for the care and attention of a child or young person where the extent of their disability is such that suitable care can be provided only by an approved organisation or body. In some cases, the extended care arrangement may be an approved foster care placement.

Hospital Care

Hospital care is the level of care provided by a non-government organisation (NGO) or District Health Board (DHB) as in-patient or residential hospital care, including geriatric hospital-level care.

Hospital care exceeds the level of care provided if a person is solely under the care of a hospital specialist or receiving out-patient care.

Equivalent Care

This is any type of care which is equivalent to:

- rest home care
- residential disability care
- extended care services for severely disabled children and young people
- hospital care (in-patient or residential hospital care).

14. What level of care would the supported person otherwise need if they were not cared for at home? (Please tick the applicable box)

- Rest home care
- Residential disability care
- Extended care services for severely disabled children and young people
- Hospital care (in-patient or residential hospital care)
- Other form of care equivalent to levels above (please specify)

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- Does not require care of the levels above

15. Is the need for care and attention time limited or permanent?

- Time limited (please specify the expected duration)

--

- Permanent

Registered medical practitioner verification

I have discussed the information contained in this form with the supported person (or their guardian or their legal representative).

No ▶ Please state reason below: Yes

HPI Number

Medical practitioner's full name

Practice address

Telephone number ()

Medical Practitioner's signature

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

This information is required under the Social Security Act 1964.

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

Partner's Details



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A service of the Ministry of Social Development

PARTNER CLIENT NUMBER

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Please ask your partner to complete all questions.

Name

1. What is your name?

First name(s)

Surname or family name

Q2 note: Give any other names that you use now or have used in the past (including your maiden name).

2. Are you known by or have you used any other names?

No Yes ▶ Please provide details below:

1.
2.

3. Are you: Male Female

Q4 note: Please tick one box to show the title you want to be known by.

4. What do you want to be called?

Mrs Miss Ms Mr No title Other

Birth date

5. What is your date of birth?

Day	Month	Year

Past benefits

6. Are you currently receiving any type of benefit?

No Yes ▶ What type of benefit?

7. Have you ever received any type of benefit before?

No ▶ Go to Question 9 Yes ▶ What type of benefit?

8. What was your client number?

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Tax number

9. What is your Inland Revenue tax number?

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Ethnic group

Q10 note: You don't have to answer this question if you don't want to.

This information is for statistics and will be used for research and future development work.

10. To what ethnic group do you believe you belong?

New Zealand Maori ▶ Which tribe(s)/iwi?

New Zealand European

Niuean

Samoan

Indian

Other European

Tokelauan

Tongan

Chinese

Cook Island Maori

Other ▶ Please specify below:

Residency

Q11 note: Tick one box.

11. Indicate which describes your residency situation:

- New Zealand citizen (by birth) ▶ Go to Question 15
- New Zealand citizen (other)
 - Date of citizenship ▶ Go to Question 13
Day Month Year
 - Date permanent residence granted ▶ Go to Question 13
Day Month Year
- Permanent resident
- Other ▶ Go to Question 12

12. What is your residency status?

13. When did you arrive in New Zealand?

Day Month Year

14. Where were you born?

15. Have you lived in New Zealand continuously for two years at any one time since becoming a New Zealand citizen or permanent resident?

- No ▶ Talk to us about other assistance you may be able to get Yes

16. Do you usually live in New Zealand?

- No Yes

Q16 note: This means that you consider New Zealand your home, you are a legal resident, usually live here and intend to stay permanently.

Periods of overseas residence

17. Have you lived in any countries outside New Zealand?

- No Yes ▶ Please provide details below:

Name of country	Entry date	Exit date	Purpose (eg working, immigration)
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	


Overseas pensions and benefits

18. Are you receiving a social security pension or pension of a similar nature from the government of a country other than New Zealand?

No Yes

19. If 'Yes', what type of social security pension or pension of a similar nature are you receiving from another country or countries?

Retirement or old age War service Disability or invalidity
 War widow Widow or survivor War restitution
 Superannuation War injury Child or dependant
 Other payments

 Please attach any documents to your completed application form that confirm the payment(s), eg pension certificates.

If you receive more than four payments, please attach a separate sheet showing the details.

If you ticked any of the boxes above, please give details about the type of payment you receive below:

Your payment details	Pension 1	Pension 2	Pension 3	Pension 4
Country the payment comes from:				
How much do you receive in each payment? (in overseas currency):				
Is this amount before or after tax?:				
How often do you receive this payment? (eg weekly, monthly, annually):				
Overseas payment reference number:				
Name of your pension, benefit or allowance:				

Employment

Q20 note: Paid employment includes employment for which you receive non-monetary benefits, eg free board, payments in kind, or drawings from an unprofitable business.

Q21 note: Give the name, telephone number and address of the firm or person you work for.

Q22 note: Give gross (before tax) amount of wages and the value of any non-monetary benefits received, eg free board or any drawings, whether or not the business makes a profit.

20. Are you working?

No ▶ Go to Question 23
 Yes ▶ Is the job: Full-time Part-time Casual
 Seasonal Voluntary Self employment

21. Who are you working for?

1
2

22. How much is your gross weekly wage?

\$

23. Have you had any other employment in the last 52 weeks?

No Yes ▶ Please provide details below:

Other income

Q24 note: Examples of income from other sources:

- wages or salary
- accident compensation
- farm or business income (include drawings)
- self employment
- interest from savings or investments
- dividends from shares
- income from rents
- redundancy or termination type payments
- Child Support
- maintenance payments
- boarders
- Student Allowance, scholarship or Student Loan living cost payments
- any other income, eg family trusts, overseas payments.

Give gross (before tax) amount.

24. Did you get income from any other source in the last 52 weeks?

No Yes ▶ Please provide details below:

Source (eg bank account number)	Gross income (eg interest)
	\$
	\$
	\$

25. Do you expect to get other income in the next 52 weeks?

No Yes ▶ Please provide details below:

Source (eg bank account number)	Gross income (eg interest)
	\$
	\$
	\$

Please read this statement carefully and sign.

I must tell Work and Income immediately if either my partner or I:

- have a change in work situation (such as starting part-time, casual or full-time work, whether paid or unpaid)
- become self-employed / start to run a business
- have changes to my / our income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account number)
- have changes to my / our living situation (such as marriage or separation, entering or ending a civil union, starting or ending a de facto relationship with someone of the same or opposite sex, change in the number of children supported, change in accommodation costs)
- are imprisoned / held in custody on remand
- are admitted to or discharged from hospital
- have been granted an overseas pension
- have any other change that may affect my / our benefit entitlement or rate.

I have completed all the questions or they have been completed for me in this application.

The information I have given is true and complete. The conditions for receiving this assistance have been explained to me and I understand these conditions.

I am also aware of and understand the Privacy Act statement contained in this application form.

Partner's name (print)

Partner's signature

Day	Month	Year

PARTNER CLIENT NUMBER

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Privacy Statement

The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form.

This may happen when you apply for a benefit and at any time after that.

The Privacy Act 1993 requires us to tell you that:

- The information you give us 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.
- The information is collected for the purposes of the legislation administered by the Ministry of Social Development (including Work and Income, Child, Youth and Family and other service lines of the Ministry), and in particular for:
 - granting benefits and other assistance under the Social Security Act 1964
 - providing employment related services
 - statistical and research purposes
 - providing advice to Government
 - care and protection needs of children
 - providing support and services for you and your family
 - providing education related services.
- Work and Income may contact health providers to verify any health related information you give us.
- Work and Income may give employers information about you to find you employment. Where Work and Income refer you to a job vacancy, we may also contact the employer to discuss the result of any job interview that you attend.
- Work and Income may share information you have given us with childcare centres to administer your entitlement to childcare assistance.
- Other information that you give us on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by the Ministry of Social Development.
- The information you give us may be compared with information held by Inland Revenue, the Ministry of Justice, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the Accident Compensation Corporation, Housing New Zealand Corporation, 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 and the Netherlands).
- 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 Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
 - disclose your personal information to your partner.
- 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.
- You are not required to give us information, but if you do not give us all the information we ask for, your application for benefits may be declined.

Important

I understand that:

- if I have made a false statement **or**
- if I have failed to answer all the questions in full **or**
- if I do not tell Work and Income about changes in my life that might affect my entitlement or rate

then

- my benefit may be reviewed and cancelled **and**
- I may have to pay back the total amount of any overpayment that I have received **and**
- Work and Income may impose a penalty (up to three times the value of the overpayment) **or**
- I may be prosecuted and fined or imprisoned.

Obligations

Please read this statement carefully and sign.

I must tell Work and Income immediately if either my partner or I:

- have a change in work situation (such as starting part-time, casual or full-time work, whether paid or unpaid)
- become self-employed / start to run a business
- have changes to my / our income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account number)
- have changes to my / our living situation (such as marriage or separation, entering or ending a civil union, starting or ending a de facto relationship with someone of the same or opposite sex, change in the number of children supported, change in accommodation costs)
- are imprisoned / held in custody on remand
- are admitted to or discharged from hospital
- have been granted an overseas pension
- have any other change that may affect my / our benefit entitlement or rate.

Additional information

Information required by

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Day Month Year

Contact name

Accommodation Supplement

Who can get Accommodation Supplement?

If you are renting, boarding or own your own home, you may be able to get extra help through Accommodation Supplement.

50. Do you want to apply for Accommodation Supplement?

Yes ▶ Please provide details below: No ▶ Please go to page 23, Disability Allowance section

Living situation

51. Do you live alone?

Yes No ▶ Please provide the names of the others you live with below:

First name	Surname	Relationship to you

Assets

Q52 note: Examples of cash assets:

- money in bank or savings organisation
- money lent to other people or organisations
- money in Bonus Bonds, shares, debentures or government stock.

52. Do you or your partner have any cash assets?

No Yes ▶ Please provide details below:

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


Q53 note: Examples of non-cash assets:

- leisure boats
- caravans
- land or buildings other than your home, eg holiday homes.


53. Do you or your partner have any non-cash assets?

No Yes ▶ Please provide details below:

Type of asset	Total value	Money owing
	\$	\$
	\$	\$
	\$	\$

 You may be required to show proof of these details.

Rent

 You may be asked to bring something that proves how much you pay, eg rent book, tenancy agreement.

54. Do you pay rent?

No ▶ Go to Question 59 Yes ▶ Please provide details below:

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


56. How much of this do you pay for yourself and your family?

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

58. Do you live in a property owned or managed by Housing New Zealand?

No ▶ Go to Question 59 Yes ▶ You are not entitled to receive an Accommodation Supplement

Board

 Please bring something that proves how much you pay.

Board includes:

- food
- power
- cost of room
- telephone.

59. Do you pay board?


No ▶ Go to Question 62

Yes ▶ Please provide details below:

60. What is the total amount of board you pay for yourself and your family each week?

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

Home owner


 Please bring something that proves how much you pay for mortgage, insurance, etc.

Please only include mortgages that relate to the purchase or alteration of the home.

Include both interest and principal.

Do not include contents insurance.

Include water rates if you pay them separately.

 Please bring in receipts for repairs and maintenance.

62. Do you own the home you live in?

No ▶ Go to Question 66

Yes ▶ Please provide details below:

	Name of company	Amount of payment	How often is the payment (weekly, monthly, 2-monthly, 6-monthly, yearly)?
First mortgage	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other mortgage	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
House insurance	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Ground lease	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Mortgage insurance	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Rates	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Water rates	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

63. What was the total cost of repairs and maintenance in the last 12 months?

64. If you have a Housing New Zealand mortgage, what is your interest rate? %

65. Have you received a Rates Rebate?

Yes ▶ Amount

Rating year 1 July

No

to 30 June

Disability Allowance Application

Please complete all questions – if not applicable write N/A.

Who can get Disability Allowance?

If you, or a family member, have a disability, likely to continue for at least six months, you may be able to get extra help through a Disability Allowance.

We may be able to help with costs such as ongoing visits to the doctor, medicines, medical alarms and travel.

Your doctor or specialist will need to complete the Disability Certificate.

66. Do you want to apply for Disability Allowance?

Yes ▶ Please provide details below: No ▶ Please go to page 27, Temporary Additional Support section

Disability Allowance

Q67 note: Please tick one box only.

You may be able to get Child Disability Allowance for the same dependent child. Please talk to us about this.

67. Who are you applying for?

- Yourself ▶ Go to Question 68
- Your partner ▶ Please provide their full name below:
- Your dependent child ▶ Please provide their full name below:

First name(s)	Surname	Relationship to you

Entitlements

68. Is this disability covered by private medical insurance?

No Yes ▶ Please provide details below:

69. Is this disability covered by ACC or War Disablement Pension?

No Yes ▶ If 'Yes', you may not be entitled to a Disability Allowance

Expenses

Q70 note: You must provide invoices, receipts, quotes or printouts for each additional expense before they can be considered as an ongoing cost for Disability Allowance. These must be attached to this form when you have completed it.

All of these expenses must be directly related to the disability and verified as necessary by a registered medical practitioner.

Do not include costs that are covered by a War Disablement Pension.

70. What additional expenses are paid for as a result of the disability?

List pharmaceuticals/items/services/treatments (eg medical costs, gardening, transport, medical alarms)	Cost?	How often (eg daily, weekly, monthly)?	Verification provided (please tick ✓)
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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Please read this before you start

The Disability Allowance is available for reimbursement of additional costs arising from a Disability where the following criteria is met:

1. The person has a disability which is likely to continue for not less than six months; and
2. The disability has resulted in a reduction of the person's independent function to the extent that:
 - the person requires ongoing support to undertake the normal functions of life, or
 - the person requires ongoing supervision or treatment by a registered health professional.

For the purposes of qualifying for Disability Allowance, a disability means:

- physical disability or impairment
- physical illness
- psychiatric illness
- intellectual or psychological disability or impairment
- any other loss or abnormality of psychological, physiological, or anatomical structure or function (including sensory impairment)
- reliance on a guide dog, wheelchair, or other remedial means
- the presence of the body of organisms capable of causing illness.

For more information about Disability Allowance, refer to the "Guide for Medical Practitioners – Disability Allowance" brochure.

Name

1. What is the client's name:

First name(s)

Surname or family name

Disability details

2. Does the person have a disability that meets the Disability Allowance criteria?

- Yes ▶ Please provide details below:
 No ▶ Please go to Registered Medical Practitioner Verification

3. What is the nature of the person's disability? Please tick the major disabilities or specify below:

Psychological or psychiatric conditions

- Stress (160)
 Depression (161)
 Bipolar disorder (162)
 Schizophrenia (163)
 Other psychological/psychiatric (165)

Nervous system disorders

- Epilepsy (120)
 Multiple sclerosis (121)
 Parkinson's disease (122)
 Muscular dystrophy (123)
 Other nervous system disorders (124)

Cardio-vascular disorders

- Heart disease (130)
 Stroke (131)
 Other cardio-vascular (132)

Immune system disorders

- HIV / Aids (140)
 Other immune system disorders (141)

Metabolic and endocrine disorders

- Diabetes (150)
 Other metabolic or endocrine disorders (151)

Substance Abuse

- Alcohol (170)
 Drug (171)
 Other substance abuse (172)

Sensory disorders

- Blindness (180)
 Other visual / eye (181)
 Hearing / ear (182)
 Other sensory disorders (183)

continued overleaf ...

Accident

- Burns (190)
- Fractures, dislocations, soft tissue injury (191)
- Poisoning, toxic effects (192)
- Internal injuries (193)
- Injury to the nervous system (194)
- Back pain / injury (195)
- Overuse injury [RSI] (196)
- Complications of medical or surgical care (197)
- Other injury (198)

Other disorders

- Congenital conditions (103)
- Intellectual disability (164)
- Cancer (104)
- Infectious / parasitic diseases (105)
- Musculo-skeletal system disorder (106)
- Respiratory disorders (107)
- Genito-urinary disorders (108)
- Blood and blood forming organs (109)
- Skin disorders (110)
- Digestive system disorder (111)

4. Please indicate the expected duration of the disability:

- Less than 6 months ▶ There may be no entitlement to Disability Allowance
- 6 to 12 months 1 to 2 years 2 to 3 years Permanent ▶ Never reassess

Verification of doctor or specialist visits

5. Please list the type, cost and how often visits to doctors or specialists are necessary and result from the stated disability:

Type of consultation	Cost	How often (eg daily, weekly, monthly)?	Registered Medical Practitioner's initials
	\$		
	\$		
	\$		

Items / services / treatments / pharmaceuticals

6. Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:

Item / service / treatment / pharmaceutical	Registered Medical Practitioner's initials

Registered Medical Practitioner's verification

Please print your details below.

HPI number

Medical Practitioner's full name

Practice name and address

Telephone number ()

Medical Practitioner's signature

Day Month Year

This information is required under the Social Security Act 1964.

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

Temporary Additional Support Application

Who can get Temporary Additional Support?

If you are finding it hard financially, extra help with essential costs may be available through Temporary Additional Support.

It's important that you take all necessary steps to get other assistance towards costs and take reasonable steps to increase income and reduce costs where possible.

To get Temporary Additional Support, your cash assets will need to be below a certain level.

71. Do you want to apply for Temporary Additional Support?

Yes ▶ Please provide details below: No ▶ Please go to page 30, Overseas Residence Details section

Assets

Q72 note: Examples of cash assets:

- money in bank or savings organisation
- money lent to other people or organisations
- money in Bonus Bonds, shares, debentures or government stock.

Q73 note: Examples of non-cash assets:

- leisure boats
- caravans
- land or buildings other than your home, eg holiday homes.

 You may be required to show proof of these details.

72. Do you and/or your partner have any cash assets?

No Yes ▶ Please provide details below:

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

73. Do you and/or your partner have any non-cash assets?

No Yes ▶ Please provide details below:

Type of asset	Total value	Money owing
	\$	\$
	\$	\$
	\$	\$

Working for Families Tax Credits

Q74 note: Working for Families Tax Credits payments include:

- family tax credit
- in-work payment
- minimum family tax credit
- child tax credit
- parental tax credit.

74. Do you and/or your partner receive any Working for Families Tax Credits payments from Inland Revenue?


No Yes ▶ Please provide details below and provide a Certificate of Entitlement from Inland Revenue. You can get a Certificate of Entitlement by calling Inland Revenue on **0800 257 720**. Please have your IRD number available

Type of payment	You	Your partner	How often (weekly, fortnightly etc)?
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Employment costs

Q75 note: Employment costs include:

- vehicle running costs or public transport to employment
- childcare if the caregiver is working
- telephone if it is a condition for employment.

 You may be required to show proof of these costs.

75. Do you and/or your partner have any essential employment costs?

No Yes ▶ Please provide details below:

Employment cost	Amount	How often (weekly, fortnightly etc)?
	\$	
	\$	
	\$	
	\$	

Temporary Additional Support Application

Accommodation costs

Q77 note: If you don't have a cost, write 'nil'.

 Please provide proof of these costs.

76. Do you or your partner have any accommodation costs?

No ▶ Go to Question 79 Yes ▶ Please complete details below if you have not applied for the Accommodation Supplement

77. Please give details of your costs.

	Name of company or person you pay	Your cost	How often (weekly, fortnight etc)?
Rent		\$	
Board		\$	
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Ground lease		\$	
Mortgage insurance		\$	
Rates		\$	
Water rates		\$	
Cost of essential repairs and maintenance for the last 12 months		\$	

78. Have you received a Rates Rebate?

Yes ▶ Amount \$ Rating year 1 July

No to 30 June

Credit sales (hire purchases) and regular costs

Q79 note: Essential items that may be included:

- beds, dining suites, fridge / freezer, portable heaters, lounge suite, stove, television
- vehicle repayments
- washing machine (or laundrette costs)
- dryer (disability)
- childcare costs (disability).

79. Do you and/or your partner have any essential credit sales (hire purchases) or regular costs?

Item	Amount	How often (weekly, fortnight etc)?	Start / purchase date	End date
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			

Please talk to us if you, your partner or any dependent children have disability costs but have not applied for a Disability Allowance.

Temporary Additional Support Application

Personal safety and special family circumstances

Q80 note: Telephone costs for personal safety or security need to be verified by either the Police, court orders, Women's Refuge, previous history held by Work and Income, Child Youth and Family, or any other relevant organisation.



You will need to provide proof of your circumstances and your telephone rental costs (excluding toll or call charges and mobile phones) if we do not have these details already.

80. Do you and/or your partner need a telephone for safety or security reasons, or because of special family circumstances?

No

Yes

▶ Please provide details below:

Details of circumstances

Amount

\$

How often (weekly, fortnightly etc)?

Necessary and reasonable steps

Q81 note: Temporary Additional Support is last resort financial assistance. You and your partner must take all necessary steps to get other assistance towards costs and take reasonable steps to increase income and reduce costs where possible.

81. Please indicate what steps you and/or your partner have taken to get other assistance, reduce costs or increase income:

We will talk to you about what other steps you might be able to take.

Overseas Residence Details

Periods of overseas residence

Q82 note: Periods of overseas residence may affect entitlement to some benefits.

This information is required to assess eligibility to any overseas benefits and pensions.

For more information call International Services on ☎ 0800 777 227.

82. Have you lived in any countries outside New Zealand?

No Yes ▶ Please provide details below:

Name of country	Entry date	Exit date	Purpose (eg working, immigration)
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

Overseas pensions and benefits

83. Are you receiving a social security pension or pension of a similar nature from the government of a country other than New Zealand?


No Yes

If 'Yes', what type of social security pension or pension of a similar nature are you receiving from another country or countries?

- Retirement or old age
 War service
 Disability or invalidity
 War widow
 Widow or survivor
 War restitution
 Superannuation
 War injury
 Child or dependant
 Other payments

If you ticked any of the boxes above, please give details about the type of payment you receive below:

Your payment details	Pension 1	Pension 2	Pension 3	Pension 4
Country the payment comes from:				
How much do you receive in each payment? (in overseas currency):				
Is this amount before or after tax?:				
How often do you receive this payment? (eg weekly, monthly, annually):				
Overseas payment reference number:				
Name of your pension, benefit or allowance:				

 Please attach any documents to your completed application form that confirm the payment(s), eg pension certificates. If you receive more than four payments, please attach a separate sheet showing the details.

Client's Obligations

Please read this statement carefully and sign.

I must tell Work and Income immediately if either my partner or I:

- have a change in work situation (such as starting part-time, casual or full-time work, whether paid or unpaid)
- become self-employed / start to run a business
- have changes to my / our income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account number)
- have changes to my / our living situation (such as marriage or separation, entering or ending a civil union, starting or ending a de facto relationship with someone of the same or opposite sex, change in the number of children supported, change in accommodation costs)
- are imprisoned / held in custody on remand
- are admitted to or discharged from hospital
- have been granted an overseas pension
- have any other change that may affect my / our benefit entitlement or rate.

I have completed all the questions or they have been completed for me.

The information I have given is true and complete. The conditions for receiving this assistance have been explained to me and I understand these conditions.

I am also aware of and understand the Privacy Act statement contained in this application form.

Client's name (print)

Client's signature

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

OFFICE USE ONLY

Statement by Interviewing / Interpreting Officer

I have explained the conditions for receiving a benefit and explained what the client's obligations mean and the reason for them. The client has indicated that he / she understands and accepts responsibility to provide true and complete information and to advise immediately of any changes in circumstances. All questions have been completed.

Interviewer's name (print)

Interviewer's signature

Day	Month	Year

Additional information:

Decision:

Processor's signature

Day	Month	Year

Authenticator's signature

Day	Month	Year

10% 100% Critical data

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Checker's signature

Day	Month	Year

Bring up

B	F
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Day	Month	Year