# **OSCAR Subsidy Declaration**



A service of the Ministry of Social Developme	nt	C	LIENT NUMBE	R	_		ال				
Please read this before you start	holidays, you r programme. Yo If your child is details for each	n are going to conneed to complete our OSCAR Subsite attending more to be further forms	e this form and dy will stop if t than one progr are available fr	retu :he fo amm	rn it to orm is: e duri	o us be n't rete ng the	efore t urned. e holid	he child	d starts	s the ho	rate
	Please comple	te all questions.									
Client details	1. What is y	your name? (s)			Surna	me or fa	amily na	me			
Child details	2. What is y	your child's nam	e?		Surna	me or fa	ımily naı	ne			
	Yes Child's nam	S Please provide	details of the child	геп уо	u are re	ceiving	this allo	Date o		/ /	
School holiday childcare arrangements	centre du	child be attending the holiday  Go to Question  Please have the	rs?								
	5. Will you on holidays:  No Yes	▶ Go to Question	6	vith y	your c	urrent	empl	oymen	t durin	g the	
Next school term childcare arrangements	term arra	childcare arrang ngements?  Please have the									
		Please sign the		vith y	our c	urrent	empl	oymeni	t?		

Yes > Go to Question 8

Work details	8. What is the name of your and your partner's employer?  Your employer  Your partner's employer
<b>Q9 note:</b> Please provide verification of your wages /salary.	9. What is your gross weekly wage?  You \$ Your partner \$
	10. How many hours each week, including lunch breaks, do you spend at work?  You  Your partner
	11. How many hours each week do you spend travelling between the programme and work?  You  Your partner
Privacy statement	The Privacy Act 1993 requires us to tell you, the information you give us is collected under the authority and for the purposes of legislation administered by the Ministry of Social Development (MSD) and in particular for payment of the OSCAR subsidy. I understand that under the Privacy Act 1993 I have the right to access and correct any information held by the Ministry of Social Development about me.
Client statement	I have completed all questions on this OSCAR Subsidy declaration form, or this declaration has been completed for me, and the information I have given is true and complete.
Client's name (print)	Client's signature  Day Month Year

# OSCAR Programme Supervisor to complete

## Information for the **OSCAR Programme** service

This form needs to be completed by the OSCAR programme supervisor.

The information you provide will help us to work out the applicant is eligible for the OSCAR Subsidy.

OSCAR programmes are for children under 14 years of age (or 14-18 years of age if they receive the Child Disability Allowance) and include:

- before and after school care
- school holiday programmes.

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<b>Provid</b>	ler.	UE	ranie	ī
	_	-		

What is the programme name?

El Rancho Autumn Kids Camp 2025

What is the programme's Work and Income provider number?

0 0 0 0 4 9 16 4 1

Is your programme approved by the Ministry of Social Development? 3.

1	Yes	No	•	The programme cannot receive a subsidy unless it is approved by the Ministry of Social Development.
				Please call R agon see and ask for your local Children Cor

What type of programme is this?

School holiday programme Please complete Section 1.
Before/after school care programme Please complete Section 2.

### SECTION 1

School holiday childcare arrangements

_	To confirm the child's place	do vou require a	lump sum payment in	advance
· •	TO CONTINUE LINE CHILLY S PLACE	au vou reguire a	ı tunıp sum payment m	auvance

		1
No	/	Yes

Please confirm the details for each week you are claiming, in the table below:

1	17/
No	Yes
 110	 163

	Start date	End date	Hours enrolled	Fee
Week 1	12/04/2025	16/04/2025	96	\$ 155
Week 2	1 1	1 1		\$
Week 3	1 1	1 1		\$
Week 4	1 1	1 1		\$
Week 5	1 1	1 1		\$
Week 6				\$
Week 7	1 1	1 1		\$
Week 8	1 1	1 1		\$
Week 9	1 1	1 1		\$
Week 10	/ /	1 1		\$

#### **SECTION 2**

**Next school** term childcare arrangements

					1		
Programme start	12	64	2025	Programme finish date	16	04	2025
uate	Day	Month	Vear	date	Day	Month	Voor

Programme charge per week

\$ 155	

Total hours of attendance per week

96			
- 0			

**Supervisor's statement** The statement and answers I have given are true and complete.

This information is required under Section 12 of the Social Security Act 1964. Supervisor's name (print)

Rennie

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Date		
03	63	2025
Day	Month	Year

OFFICE USE ONLY		
WIFTT ACTION	Comments:	
CCSI/CCSC Screens		
CDTSA-enter holiday dates and/or next term school dates		
Care periods must be entered.		
	Processor's signature	Ť
	Processor's signature  Day Month	h Year
100% Critical data		h Year
6 100% Critical data	Day Month	h Year