

# Childcare Assistance application form



Work and Income  
Te Hiranga Tangata

A service of the Ministry of Social Development

Use this application to apply for:

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

If you need more information go to [www.workandincome.govt.nz](http://www.workandincome.govt.nz) and search using the key word *Childcare* or call us on **0800 559 009**.

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

## Support we can give parents and caregivers

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

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

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

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

## Apply now - before your child starts the programme.

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

## What you will find in this application form

This application form is made up of:

- an applicant's form – this is for you to fill out (pages 5 to 15)
- a partner form – this is for your partner (if you have one) to fill out (pages 16–23)
- Privacy Statement – this is what we do with the information you give us (page 24)
- a form for your childcare provider to complete. If you have more than one childcare provider, you can use the second provider form (pages 25–28).


## How to fill in this application form

Tick the small square boxes. For example, if your answer to a question is 'Yes', tick the box next to the word 'Yes'.

No  Yes

**Write** in the longer boxes. If you do not have enough room to write the answer to a question, use another piece of paper and attach it to the form.




### Often this form tells you what to do next

If you see  **Text tells you what to do next** we want you to answer in the following spaces.

If you see **Go to question #** go to the question number given.

**If we do not give you a question number to go to, answer the next question.**

### We use the following to show when we need documents and to help you answer questions

-  Documents you need to bring.
-  Information about a question.
-  How to answer a question.

### You must give us all the information we need.

If you do not have all the information we need, talk with us and we may be able to help.

**If we find out later that any information you give us is not true, or that you knew information you should have told us and did not tell us, we may stop paying your subsidy. You might need to pay money back, we may impose a penalty, and you could be prosecuted.**

# Childcare Assistance checklist

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

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

## What you need to bring

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

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



# Childcare Assistance applicant's form



Work and Income  
Te Hiranga Tangata

A service of the Ministry of Social Development

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

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

## Tell us about yourself

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

Client number

 |  | 

### Tell us the names you have been known by

**ATTACHMENT FOR Q1:**  
Bring proof of your identity. What you need to bring is explained on page 3.

**HOW TO ANSWER Q3:**  
For example, have you had married names, English names, changes by deed poll, or aliases?

**ATTACHMENT FOR Q3:**  
Bring your marriage certificate, deed poll, or other proof of any name change.

1

#### What is your full name?

 Mr  Mrs  Ms  Miss  Other 

First and middle names

Surname or family name

2

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

 No   Yes

First and middle names

Surname or family name

3

#### Have you ever been known by any other name?

 No  Yes 

1.

2.

4

#### What name would you like us to call you?

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

## Tell us more about you

5

What date were you born?

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

6

Are you:

Male  Female

7

What is your Inland Revenue tax number?

|                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|



### ATTACHMENT FOR Q7:

Bring a form or letter from Inland Revenue showing your tax number.

## Tell us how we can contact you

8

Where do you live?

Flat/House number Street Name

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

Suburb

Town/City



### HOW TO ANSWER Q8:

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



### HOW TO ANSWER Q9:

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

9

Is your mailing address different from where you live?

No  Yes



Tell us your mailing address


### HOW TO ANSWER Q10:

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

10

How else can we contact you?

Tick the best way for us to contact you

|              |     |  |
|--------------|-----|--|
| Home phone   | ( ) |  |
| Mobile phone | ( ) |  |
| Other phone  | ( ) |  |
| Fax          | ( ) |  |



### INFORMATION FOR Q11:

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

11

Do you agree to get emails from us?

No  Yes



Tell us your mailing address

I don't have an email address

## Tell us your ethnicity

12

### INFORMATION FOR Q12:

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

Tick the group(s) you most identify with.

- Māori → **Which tribe(s) or iwi?**
- New Zealand European     Niuean     Samoan     Indian
- Other European     Tokelauan     Tongan     Chinese
- Cook Island Māori     Other ↓ **Please write below**  Do not want to answer

## Tell us about your residence status

13

Do you usually live in New Zealand?

- No     Yes

14

### HOW TO ANSWER Q13:

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

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

- New Zealand citizen by birth    **Go to question 17**
- Granted New Zealand citizenship    Date citizenship granted        
Day    Month    Year
- Granted permanent residency    Date permanent residence granted        
Day    Month    Year
- Other    ↓ **What is your residence status?**

15

When did you arrive in New Zealand?

Day    Month    Year

16

What country were you born in?

# Tell us about your work, education and activities

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

## Tell us about your work

17

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

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

↓ **Please explain why you are applying**

18

**Are you working?**

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

19

**Who are you working for?**

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

20

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

21

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

## Tell us about your education

22

**Are you on a work-related course or studying?**

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

23

**What are the details of the training organisation?**

Training organisation's name

Training organisation's address

Training organisation's phone number

Training organisation's email

**HOW TO ANSWER Q17:**  
'Other reasons' include that you or your partner:

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

**ATTACHMENT FOR Q17:**  
If you are applying for medical reasons, you will need to provide proof from the doctor of the number of hours childcare that is needed.



24

What is the name of your course?

25

Is the course NZQA accredited?

 No  Yes

26

What are the start and finish dates of the course?

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

27

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

28

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

29

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


## Tell us about your activities

30

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

 No  Yes

[Go to question 34](#)

31

What type of activities are you doing?

32

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

33

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


## Other reasons for childcare

34

Are you applying for childcare assistance because of medical reasons?

 No  Yes


How long is the medical condition expected to last?

35

How many hours a week do you need childcare?

### ATTACHMENT FOR Q34 AND 35:

You will need to provide proof from a medical practitioner of the childcare that is required and how long you need it for.

# Tell us about your income and assets

## Tell us about your income

36

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

**Tick one box in each line below**

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

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

Provide a copy of your full set of business accounts.

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

**HOW TO ANSWER Q37:**

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

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

**37**

**Did you answer 'Yes' or 'Jointly with partner' to any of the sources of income listed in question 36?**

No  Yes



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

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

**HOW TO ANSWER Q38:**

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

**38**

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

No  Yes



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

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

# Tell us about your dependent children

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

## Tell us about your dependent children

39

### Who are the dependent children in your care?

#### Child 1

Full name

Date of birth

Day

Month

Year

Relationship to you

#### Child 2

Full name

Date of birth

Day

Month

Year

Relationship to you

#### Child 3

Full name

Date of birth

Day

Month

Year

Relationship to you

#### Child 4

Full name

Date of birth

Day

Month

Year

Relationship to you

#### Child 5

Full name

Date of birth

Day

Month

Year

Relationship to you

#### Child 6

Full name

Date of birth

Day

Month

Year

Relationship to you

#### Child 7

Full name

Date of birth

Day

Month

Year

Relationship to you

#### HOW TO ANSWER Q39

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

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

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

#### ATTACHMENT FOR Q39:

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

**HOW TO ANSWER 40:**

**40**

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

**Which children receive 20 hours ECE from any childcare service?**

None of my children

**Child 1**

Child's name

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

How many hours are received per week in total?

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

**Child 2**

Child's name

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

How many hours are received per week in total?

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

**Child 3**

Child's name

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

How many hours are received per week in total?

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

**Child 4**

Child's name

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

How many hours are received per week in total?

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

**INFORMATION FOR Q41:**

**41**

The Childcare Subsidy is for children aged either:

- under 5 years (or over 5 if the school has advised they can't start until the beginning of the term straight after their fifth birthday) or
- under 6 years if you get a Child Disability Allowance for them.

**Which children do you wish to receive Childcare Subsidy for?**

None of my children

Child's name

**INFORMATION FOR Q42:**

**42**

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

**Which children do you wish to receive OSCAR Subsidy for?**

None of my children

Child's name

If you are granted OSCAR subsidy, you will have to complete an OSCAR declaration for every term and holiday care.

# Tell us about your relationship status

## Definition of a relationship for benefit purposes

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

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

By degree of companionship, we mean two people (of the same or opposite sex):

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

To give you a better idea of what we mean by this, think about whether:

- you live together at the same address most of the time
- you live separately but stay overnight at each other's place a few nights a week
- you share responsibilities, for example bringing up children (if any)
- you socialise and holiday together
- you share money, bank accounts or credit cards
- you share household bills
- you have a sexual relationship
- people think of you as a couple
- you give each other emotional support and companionship
- your partner would be willing to financially support you if you couldn't support yourself.

### HOW TO ANSWER Q43:

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

If you do not understand what we mean by a relationship please talk with us.

43

## Do you understand our definition of a relationship?

I understand the definition of a relationship for benefit purposes

44

## Do you have a partner?

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

No [Go to page 15](#)

Yes [Your partner needs to complete the Partner form on page 16](#)

45

## What is your partner's full name?

46

## What date was your partner born?

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

47

## What is your relationship status with your partner?

↓ Please tick one of the following boxes

Married  In a civil union  In a relationship

### ATTACHMENT FOR Q47:

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

# Obligations and signature

## Change of circumstances

**I must tell Work and Income or my Contracted Service Provider (where I have one assigned to me) 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, 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)
- 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 subsidy entitlement or rate.

## Not telling us about changes in your circumstances

**I understand that if I do not tell Work and Income or my Contracted Service provider (where I have one assigned to me) about changes in my life that might affect my subsidy entitlement, or rate, that:**

- my subsidy 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.

## By signing this application form, you agree to the following

- I understand my responsibility to let Work and Income or my Contracted Service provider (where I have one assigned to me) know about any changes in my circumstances and what will happen if I do not do this
- The information I have provided is true and complete
- I have read (or had explained to me) and understood the Privacy Statement contained in this application form.

## Checklist

- Have you answered all the questions you need to?
- Have you initialled any changes you have made on the form?
- Has the childcare provider completed their section (from page 25)?
- Has your partner (if you have one) completed their section of the form (from page 16)?
- Have you gathered the other documents you need to provide?
- Have you signed your application?

Tick when completed

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

Applicant's name (print)

Applicant's signature

Date

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

# Childcare Assistance partner's form



Work and Income  
Te Hiranga Tangata

A service of the Ministry of Social Development

## Tell us about yourself

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

Client number

### Tell us the names you have been known by

1

#### What is your full name?

 Mr  Mrs  Ms  Miss  Other 

First and middle names

Surname or family name

2

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

 No   Yes

First and middle names

Surname or family name

3

#### Have you ever been known by any other name?

 No  Yes 

1.

2.

#### What name would you like us to call you?

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

#### ATTACHMENT FOR Q1:

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

#### HOW TO ANSWER Q3:

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

#### ATTACHMENT FOR Q3:

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

4



## Tell us more about you

5

What date were you born?

|     |       |      |
|-----|-------|------|
|     |       |      |
| Day | Month | Year |

6

Are you:

Male
  Female

**ATTACHMENT FOR Q7:**  
Bring a form or letter from Inland Revenue showing your tax number.

7

What is your Inland Revenue tax number?

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

## Tell us how we can contact you

8

Where do you live?

Flat/House number Street Name

|  |  |
|--|--|
|  |  |
|--|--|

Suburb

|  |
|--|
|  |
|--|

Town/City

|  |
|--|
|  |
|--|

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

**HOW TO ANSWER Q9:**  
Mailing address can include a postal box (PO Box), rural delivery details, or C/O address.

9

Is your mailing address different from where you live?

No
  Yes
 [↓ Tell us your mailing address](#)

|  |
|--|
|  |
|  |

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

10

How else can we contact you?

Tick the best way for us to contact you

|              |        |  |
|--------------|--------|--|
| Home phone   | (    ) |  |
| Mobile phone | (    ) |  |
| Other phone  | (    ) |  |
| Fax          | (    ) |  |

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

11

Do you agree to get emails from us?

No
  Yes
 [↓ Tell us your mailing address](#)
 I don't have an email address

|  |
|--|
|  |
|--|

## Tell us your ethnicity

12

Tick the group(s) you most identify with.

Māori → **Which tribe(s) or iwi?**

New Zealand European  Niuean  Samoan  Indian

Other European  Tokelauan  Tongan  Chinese

Cook Island Māori  Other ↓ **Please write below**  Do not want to answer

### INFORMATION FOR Q12:

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

## Tell us about your residence status

13

Do you usually live in New Zealand?

No  Yes

14

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

New Zealand citizen by birth **Go to question 17**

Granted New Zealand citizenship Date citizenship granted     
Day Month Year

**Go to question 15**

Granted permanent residency Date permanent residence granted     
Day Month Year

**Go to question 15**

Other ↓ **What is your residence status?**

### HOW TO ANSWER Q13:

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

15

When did you arrive in New Zealand?

Day Month Year

16

What country were you born in?

# Tell us about your work, education and activities

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

## Tell us about your work

**HOW TO ANSWER Q17:**  
'Other reasons' include that you or your partner:

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

**ATTACHMENT FOR Q17:**  
If you are applying for medical reasons, you will need to provide proof from the doctor of the number of hours childcare that is needed.

17

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

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

↓ **Please explain why you are applying**

18

**Are you working?**

- No **Go to question 22**  Yes

19

**Who are you working for?**

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

20

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

21

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

## Tell us about your education

22

**Are you on a work-related course or studying?**

- No **Go to question 30**  Yes

23

**What are the details of the training organisation?**

Training organisation's name

Training organisation's address

Training organisation's phone number

Training organisation's email

**24** What is the name of your course?

**25** Is the course NZQA accredited?

No  Yes

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

Start date                      Finish date

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

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

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

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

### Tell us about your activities

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

No  Yes [Go to question 34](#)

**31** What type of activities are you doing?

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

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

### Other reasons for childcare

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

No  Yes [How long is the medical condition expected to last?](#)

**35** How many hours a week do you need childcare?

**ATTACHMENT FOR Q34 AND 35:**

You will need to provide proof from a medical practitioner of the childcare that is required and how long you need it for.

# Tell us about your income and assets

## Tell us about your income

36

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

Tick one box in each line below

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

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

Provide a copy of your full set of business accounts.

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

37

**Did you answer 'Yes' or 'Jointly with partner' to any of the sources of income listed in question 36?**

No  Yes



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

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

38

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

No  Yes



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

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

**HOW TO ANSWER Q37:**

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

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

**HOW TO ANSWER Q38:**

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

# Obligations and signature

## Change of circumstances

**I must tell Work and Income or my Contracted Service Provider (where I have one assigned to me) 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, 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)
- 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 subsidy entitlement or rate.

## Not telling us about changes in your circumstances

**I understand that if I do not tell Work and Income or my Contracted Service provider (where I have one assigned to me) about changes in my life that might affect my subsidy entitlement, or rate, that:**

- my subsidy 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.

## By signing this application form, you agree to the following

- I understand my responsibility to let Work and Income or my Contracted Service provider (where I have one assigned to me) know about any changes in my circumstances and what will happen if I do not do this
- The information I have provided is true and complete
- I have read (or had explained to me) and understood the Privacy Statement contained in this application form.

## Checklist

- Have you answered all the questions you need to?
- Have you initialled any changes you have made on the form.
- Have you gathered the other documents you need to provide?
- Have you signed your application?

Tick when completed

Partner's name (print)

Partner's signature

Date

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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 or your Contracted Service Provider<sup>1</sup> 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 and/or your Contracted Service Provider.

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 1964
- granting student loans and student allowances under the Education Act 1989
- delivering superannuation services under the New Zealand Superannuation and Retirement Income Act 2001 and the Veterans' Support Act 2014
- assessing eligibility for public housing and calculating income-related rents under the Housing Restructuring and Tenancy Matters Act 1992
- providing support and services for you and your family in relation to employment, education and housing
- assessing whether you and/or your partner (if you have one) may be entitled to an overseas pension, benefit or allowance.

MSD may also use the information for statistical and research purposes, and for providing advice to Government.

The Ministry of Social Development and your Contracted Service Provider will exchange information about you in order to provide you with your correct financial assistance and other services. Your Contracted Service Provider may collect information from other agencies where that information is relevant to the services that the Contracted Service Provider is providing you.

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

<sup>1</sup> The term Contracted Service Provider has the meaning given by section 125A(1), Social Security Act 1964, and references to Contracted Service Provider in this privacy statement only apply where one has been assigned to you.

## 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<sup>2</sup> under the Housing Restructuring and Tenancy Matters Act 1992, including reviewing your eligibility for public housing or your income-related rent.

<sup>2</sup> Public housing is subsidised housing available to people in the greatest need of housing for the duration of their need. It is provided by Housing New Zealand and approved community housing providers.

## We may contact health providers

The Ministry of Social Development or your Contracted Service Provider may contact health providers to check any health related information you give us.

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

The information you give us, or your Contracted Service Provider, may be compared with information held by other agencies such as Inland Revenue, the Ministry of Education, Ministry of Justice, New Zealand Defence Force, Department of Corrections, New Zealand Customs Service, Department of Internal Affairs, Accident Compensation Corporation, Housing New Zealand Corporation, Ministry of Health, Immigration New Zealand, New Zealand Qualifications Authority, Tertiary Education Commission, Student Job Search and education providers. It may also be compared with social security information (for example, pension or benefit information) held by other governments (including Australia, the Netherlands and Malta).

## We may share information with Inland Revenue

Under the Tax Administration Act 1994, if you have dependent children, the information you give us, or your Contracted Service Provider, 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, Ministry of Justice, Accident Compensation Corporation, and Ministry of Education
- disclose your personal information to your partner.

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

The Ministry of Social Development or your Contracted Service Provider may:

- give employers (and recruitment agencies, immigration advisors and immigration consultants acting on behalf of employers) information about you to find you employment and contact the employer to discuss the result of any job interview that you are referred to
- share information with childcare centres to administer your entitlement to childcare assistance
- give information about you to the Tertiary Education Commission, Workbridge, training providers, education providers, career services or other agencies that have a formal agreement to provide services on behalf of the Ministry of Social Development
- share information about you with public housing providers (such as Housing New Zealand Corporation) to administer your housing-related assistance.

## We may use your information to give you a better service

Other information you give us or your Contracted Service Provider (for example, on your skills, aspirations, family circumstances) that is not required to assess your entitlement to a benefit may be used by us or your Contracted Service Provider to provide a better service to you.

## You have the right to see your information and ask for it to be corrected

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.



# Childcare Service/OSCAR Programme supervisor's form



Work and Income  
Te Hiranga Tangata

A service of the Ministry of Social Development

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

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

## Childcare service/OSCAR programme details

### Keep this application moving

So the subsidy can start from the day the child starts the programme, we need the application before the child's first day. This is especially important for school holidays.

Your childcare service or OSCAR programme must already be approved to provide childcare and have a Work and Income childcare service/OSCAR provider number.

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

El Rancho Spring Kids Camp 2018

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

9 0 0 | 0 4 9 | 6 4 1

#### 3 What are your organisation's contact details?

|              |                              |
|--------------|------------------------------|
| Work phone   | ( 04 ) 902 6287              |
| Mobile phone | ( )                          |
| Email        | programmeinfo@elrancho.co.nz |

#### INFORMATION FOR Q4:

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

#### 4 Does your childcare service offer 20 Hours ECE?

No  Yes

#### 5 Do you charge a holding or absence fee?

No  Yes

**HOW TO ANSWER Q6:**

**6**

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

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

**Please provide details of the care for each child.**

**Child 1**

Child's full name

|                                  |   |   |   |
|----------------------------------|---|---|---|
| Hours of care (weekly total)     | <input type="text" value="91"/>             | Hours of 20 Hours ECE received (weekly total) | <input type="text" value="—"/>              |
| Care start date                  | <input type="text" value="08 / 10 / 2018"/> | Care end date – OSCAR only                    | <input type="text" value="12 / 10 / 2018"/> |
| Your hourly fee (before subsidy) | <input type="text" value="\$ —"/>           | Total weekly fee (before subsidy)             | <input type="text" value="\$ 202.00"/>      |

**Child 2**

Child's full name

|                                  |   |   |   |
|----------------------------------|---|---|---|
| Hours of care (weekly total)     | <input type="text" value="91"/>             | Hours of 20 Hours ECE received (weekly total) | <input type="text" value="—"/>              |
| Care start date                  | <input type="text" value="08 / 10 / 2018"/> | Care end date – OSCAR only                    | <input type="text" value="12 / 10 / 2018"/> |
| Your hourly fee (before subsidy) | <input type="text" value="\$ —"/>           | Total weekly fee (before subsidy)             | <input type="text" value="\$ 202.00"/>      |

**Child 3**

Child's full name

|                                  |   |   |   |
|----------------------------------|---|---|---|
| Hours of care (weekly total)     | <input type="text" value="91"/>             | Hours of 20 Hours ECE received (weekly total) | <input type="text" value="—"/>              |
| Care start date                  | <input type="text" value="08 / 10 / 2018"/> | Care end date – OSCAR only                    | <input type="text" value="12 / 10 / 2018"/> |
| Your hourly fee (before subsidy) | <input type="text" value="\$ —"/>           | Total weekly fee (before subsidy)             | <input type="text" value="\$ 202.00"/>      |

**Child 4**

Child's full name

|                                  |   |   |   |
|----------------------------------|---|---|---|
| Hours of care (weekly total)     | <input type="text" value="91"/>             | Hours of 20 Hours ECE received (weekly total) | <input type="text" value="—"/>              |
| Care start date                  | <input type="text" value="08 / 10 / 2018"/> | Care end date – OSCAR only                    | <input type="text" value="12 / 10 / 2018"/> |
| Your hourly fee (before subsidy) | <input type="text" value="\$ —"/>           | Total weekly fee (before subsidy)             | <input type="text" value="\$ 202.00"/>      |

**Supervisor's statement**

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

Supervisor's name (print)

Supervisor's signature

Date

|                                 |                                 |                                   |
|---------------------------------|---------------------------------|-----------------------------------|
| <input type="text" value="19"/> | <input type="text" value="07"/> | <input type="text" value="2018"/> |
| Day                             | Month                           | Year                              |

# Childcare Service/OSCAR Programme supervisor's form



Work and Income  
Te Hirainga Tangata

A service of the Ministry of Social Development

This is an extra form in case you need it or if your children go to more than one childcare provider. This form needs to be completed by the supervisor of the childcare or OSCAR programme. The information is required under section 12 of the Social Security Act 1964.

## Childcare service/OSCAR programme details

### Keep this application moving

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

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

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

 |  | 

#### 3 What are your organisation's contact details?

|              |        |
|--------------|--------|
| Work phone   | (    ) |
| Mobile phone | (    ) |
| Email        |        |

#### ① INFORMATION FOR Q4:

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

#### 4 Does your childcare service offer 20 Hours ECE?

 No     Yes

#### 5 Do you charge a holding or absence fee?

 No     Yes

**HOW TO ANSWER Q6:**

**6**

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

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

**Please provide details of the care for each child.**

**Child 1**

Child's full name

Hours of care (weekly total)

Hours of 20 Hours ECE received (weekly total)

Care start date

Care end date – OSCAR only

Your hourly fee (before subsidy)

Total weekly fee (before subsidy)

**Child 2**

Child's full name

Hours of care (weekly total)

Hours of 20 Hours ECE received (weekly total)

Care start date

Care end date – OSCAR only

Your hourly fee (before subsidy)

Total weekly fee (before subsidy)

**Child 3**

Child's full name

Hours of care (weekly total)

Hours of 20 Hours ECE received (weekly total)

Care start date

Care end date – OSCAR only

Your hourly fee (before subsidy)

Total weekly fee (before subsidy)

**Child 4**

Child's full name

Hours of care (weekly total)

Hours of 20 Hours ECE received (weekly total)

Care start date

Care end date – OSCAR only

Your hourly fee (before subsidy)

Total weekly fee (before subsidy)

**Supervisor's statement**

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

Supervisor's name (print)

Supervisor's signature

Date

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