### OSCAR Subsidy Declaration



| Work and Income Te Hiranga Tangata  A service of the Ministry of Social Development |   | CLIENT NUMBER   |                              |  |  |  |  |
|---|---|---|------------------------------|--|--|--|--|
| before you start  | If your children are going to continue to attend an OSCAR programme over the school holidays, you need to complete this form and return it to us before the child starts the holiday programme. Your OSCAR Subsidy will stop if the form isn't returned.  If your child is attending more than one programme during the holidays, we require separate details for each. Further forms are available from your local Work and Income Service Centre.  Please complete all questions. |   |                              |  |  |  |  |
| Client details  | 1.  | What is your name?  First name(s)  Surname or family name   | e                            |  |  |  |  |
|   | 2.  | What is your child's name?  First name(s)  Surname or family name  Are you receiving Child Disability Allowance for any of your child No  |                              |  |  |  |  |
|   |   | Yes ▶ Please provide details of the children you are receiving this allow  Child's name   | Date of birth  / / / / / / / |  |  |  |  |
| childcare<br>arrangements   | 4.  | Will your child be attending an approved school holiday prograticentre during the holidays?  No ▶ Go to Question 6  Yes ▶ Please have the Programme Administrator complete the OSCAR Will you or your partner be continuing with your current employed. | Programme Supervisor Section |  |  |  |  |
|   |   | holidays?  No ▶ Go to Question 6  Yes ▶ Go to Question 8  |                              |  |  |  |  |
| Next school<br>term childcare<br>arrangements                                       | 6.  | Are your childcare arrangements next term going to be different term arrangements?  No  Yes Please have the Programme Administrator complete the OSCAR F  |                              |  |  |  |  |
|   | 7.  | Will you or your partner be continuing with your current employ  No ▶ Please sign the Client statement  Yes ▶ Go to Question 8  | yment?                       |  |  |  |  |

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| 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 \$  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 a<br>Deve<br>unde | e Privacy Act 1993 requires us to tell you, the information you give us is collected under authority and for the purposes of legislation administered by the Ministry of Social velopment (MSD) and in particular for payment of the OSCAR subsidy. I understand that der the Privacy Act 1993 I have the right to access and correct any information held by the nistry of Social Development about me. |  |  |  |  |  |
| Client statement   |                       | ve completed all questions on this OSCAR Subsidy declaration form, or this declaration 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.

|   |     | • 1  |    |    |      |     |
|---|-----|------|----|----|------|-----|
| U | rni | /1 A | Or |    | etai | ıc  |
|   | IUV | ΛU   |    | ·u | CLAI | 1.2 |

| 1 W | /hat is | : the | programme | name? |
|-----|---------|-------|-----------|-------|

El Rancho Summer Kids Camp 2019

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

| 9 | 0 | 0 | 0 | 4 | 9 | 6 | 4 | 1 |
|---|---|---|---|---|---|---|---|---|
|---|---|---|---|---|---|---|---|---|

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

| <u> </u> | Yes | No | • | The programme cannot receive a subsidy unless it is approved by the Ministry of Social Development. |
|----------|-----|----|---|---|
|          |     |    |   | Please call  on one and ask for your local Childcare Cook   |

4. What type of programme is this?

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

#### **SECTION 1**

## School holiday childcare arrangements

| 5. | To confirm the child's | place, do | you requ | ire a lump | sum pa | yment in | advance? |
|----|------------------------|-----------|----------|------------|--------|----------|----------|
|    |                        |           |          |            |        |          |          |

|        | No | Yes |
|--------|----|-----|
| $\vee$ |    |     |

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

|  |  | No |  | Yes |
|--|--|----|--|-----|
|--|--|----|--|-----|

|         | Start date |        | End date |          | Hours enrolled | Fee       |
|---------|------------|--------|----------|----------|----------------|-----------|
| Week 1  | 14 / 01    | / 2019 | 18 / 01  | l / 2019 | 91             | \$ 225.00 |
| Week 2  | /          | 1      | /        | 1        |                | \$        |
| Week 3  | /          | 1      | /        | 1        |                | \$        |
| Week 4  | /          | 1      | /        | 1        |                | \$        |
| Week 5  | /          | 1      | /        | 1        |                | \$        |
| Week 6  | /          | 1      | /        | 1        |                | \$        |
| Week 7  | /          | 1      | /        | 1        |                | \$        |
| Week 8  | /          | 1      | /        | 1        |                | \$        |
| Week 9  | /          | 1      | /        | 1        |                | \$        |
| Week 10 | /          | /      | /        | /        |                | \$        |

#### **SECTION 2**

Next school term childcare arrangements

| rogramme start<br>ate |     |       |      | Programme finish date |     |       | I |
|-----------------------|-----|-------|------|-----------------------|-----|-------|---|
|                       | Day | Month | Year | uate                  | Day | Month | Ī |

Programme charge per week \$

Total hours of attendance per week

#### **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)

Supervisor's signature

Emily Matla

Supervisor's signature

Thirty M

| 25  | 10    | 2018 |
|-----|-------|------|
| Day | Month | Year |

- DEC 2011

| OFFICE USE ONLY  |                       |
|--|-----------------------|
| SWIFTT ACTION  • CCSI/CCSC Screens  • CDTSA-enter holiday dates and/or next term school dates  • Care periods must be entered. | Comments:             |
|  | Processor's signature |
| 10% 100% Critical data   | Checker's signature   |
|  | Day Month Year        |

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