## OSCAR Subsidy Declaration



A service of the Ministry of Social Develo	pment	CLIENT	IUMBER	
Please read this before you start	hol pro If ye det	your children are going to continue to lidays, you need to complete this for ogramme. Your OSCAR Subsidy will so your child is attending more than one tails for each. Further forms are available complete all questions.	rm and return it to us be stop if the form isn't retu e programme during the	fore the child starts the holiday irned. holidays, we require separate
Client details	1.	What is your name? First name(s)	Surname or far	mily name
Child details	2.	What is your child's name?  First name(s)  Are you receiving Child Disabilit	Surname or far	
		No  Yes ▶ Please provide details of Child's name	the children you are receiving t	this allowance for:  Date of birth  / /  / /
School holiday childcare arrangements	<b>4. 5.</b>	Will your child be attending an a centre during the holidays?  No ▶ Go to Question 6  Yes ▶ Please have the Program  Will you or your partner be continuous?  No ▶ Go to Question 6  Yes ▶ Go to Question 8	me Administrator complete the	OSCAR Programme Supervisor Section
Next school erm childcare arrangements	6.	Are your childcare arrangements term arrangements?  No  Yes Please have the Programments arrangements.	ne Administrator complete the	OSCAR Programme Supervisor Section
		No ▶ Please sign the Client star  Yes ▶ Go to Question 8	tement	

R18 - DEC 2011

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?
	11.	How many hours each week do you spend travelling between the programme and work?  You  Your partner
Privacy statement	the a Deve unde	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 elopment (MSD) and in particular for payment of the OSCAR subsidy. I understand that er the Privacy Act 1993 I have the right to access and correct any information held by the istry of Social Development about me.
Client statement	I hav	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.

				- 10	_		
D	rov	id	Or	а	12	п	C
	LUV	ш		ш			

What is the programme name?

El Rancho Summer Kids Camp

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

900049641

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

V	Yes	No	The programme cannot receive a subsidy unless it is approved by the Ministry of Social Development.
			Please call <b>@ oBoo 559 009</b> and ask for your local Childcare Coordinator.

4. What type of programme is this?

School holiday programme Please complete Section 1.
Before lefter school care programs A. Bl

End date

#### SECTION 1

School holiday childcare arrangements

5. To confirm the child's place, do you require a lump sum payment in advance?

		No	7	Yes
П	(I)	1		

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

No	Ye
Start date	

Week 1	13/01/202	5 17/61/2025	90	\$ 255
Week 2	11	1 1		\$
Week 3	1 1	1 1		\$
Week 4	1 1	1 1		\$
Week 5	1 1	1 1		\$
Week 6	1 1	1 1		\$
Week 7	1 1	1 1		\$
Week 8	1 1	1 1		\$
Week 9	/ /	/ /		\$
Week 10	1 1	1 1		4

#### **SECTION 2**

Next school term childcare arrangements Programme start

13 01 2625

Programme finish date

Hours enrolled

17 61 2025 Day Month Year

Programme charge per week \$

\$ 255

Total hours of attendance per week

90

**Supervisor's statement** 

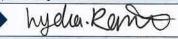
The statement and answers I have given are true and complete.

This information is required under Section 12 of the Social Security Act 1964.

Supervisor's name (print)

Lydia Rennie

Supervisor's signature



Date

31	10	2024
Day	Month	Year

### 

Printed in New Zealand on paper sourced from well-managed sustainable forests using mineral oil free, soy-based vegetable inks