OSCAR Subsidy Declaration



Te Hiranga Tangata A service of the Ministry of Social Develop	ment	CLIENT NUMBER	
Please read this before you start	hol pro If y det	our children are going to continue to attend an OSCAR lidays, you need to complete this form and return it to gramme. Your OSCAR Subsidy will stop if the form isn' our child is attending more than one programme during ails for each. Further forms are available from your locates complete all questions.	us before the child starts the holiday t returned. g the holidays, we require separate
Client details	1.	What is your name? First name(s) Surnam	ne or family name
Child details	2.	What is your child's name? First name(s) Surnam	e or family name
	3.	Are you receiving Child Disability Allowance for an No Yes Please provide details of the children you are reconciled in	
School holiday childcare arrangements	4. 5.	Will your child be attending an approved school hocentre during the holidays? No ▶ Go to Question 6 Yes ▶ Please have the Programme Administrator complewill you or your partner be continuing with your cuholidays? No ▶ Go to Question 6	ete the OSCAR Programme Supervisor Section
lext school erm childcare rrangements	6.	Are your childcare arrangements next term going to term arrangements? No Yes ▶ Please have the Programme Administrator complete.	
	7.	Will you or your partner be continuing with your cu No ▶ Please sign the Client statement Yes ▶ Go to Question 8	rrent employment?

R18 - DEC 2011

Work details	8. What is the name of your and your partner's employer? Your employer
	Your partner's employer
Q9 note: 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?
	Your partner 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.

Provider	details	5
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1. What is the programme name?

	7P	Carr	Kids	Spring	Rancho	EI
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2. What is the programme's Work and Income provider number?

000	049	
	UPM	101411

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

Yes No	The programme cannot receive a subsidy unless it is approved by the Ministry of Social Development. Please call 22 0800 559 009 and ask for your local Childcare Coordinator
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4. 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

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

_		_	/
	No	./	Ye
		(1,00

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

No Y

	Start date		End date	Hours enfolled	ree
Week 1	07/10	12024	11/10/2024	90	\$ 245
Week 2	1	1	1 1		\$
Week 3	/	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	1	1	1 1		\$
Week 10	1	1	1 1		\$

SECTION 2

Next school term childcare arrangements

Programme start

07 10 2024 Day Month Year Programme finish

11 10 2024 Day Month Year

Programme charge per week | \$

\$ 245

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

hydh. Renut

Date 28 C

08 2021 Month Year

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

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