CHILD DISABILITY ALLOWANCE
APPLICATION FORM

COMPLETE THIS FORM IF YOU WANT TO APPLY FOR CHILDCARE DISABILITY ALLOWANCE.

The Child Disability Allowance is a non-taxable, fortnightly payment made to the main carer of a child or young person with a serious disability. It’s paid to recognise the extra care and attention needed for that child.

The child needs to be assessed by their health practitioner as needing constant care and attention for at least 12 months because of a serious disability. You also need to meet some other conditions.

Other assistance, such as the Disability Allowance, may be available to help with the costs of treatment, medication or disability related expenses.

You can’t get this allowance if the child already gets a benefit (except for the Orphan’s or Unsupported Child’s Benefit), or if you get Board Payments for them from Oranga Tamariki.

We can grant Child Disability Allowance from the date you first contact us, if you complete your application within 20 days of that date.
BEFORE YOU START – READ THIS PAGE

HERE ARE SOME IMPORTANT THINGS YOU NEED TO KNOW BEFORE YOU COMPLETE YOUR APPLICATION.

USE BLUE OR BLACK INK ONLY

When completing your application you must only use blue or black ink. If your application is completed in any other colour we might get you to complete another one.

ANSWER ALL THE QUESTIONS

It’s important to answer every question in your application. If a question doesn’t apply to you, use ‘N/A’ or ‘nil’. Don’t leave the space blank, unless indicated on the form, as this could delay the process and you may not get paid on time.

YOU MAY NEED TO PROVIDE DOCUMENTS

You may need to provide certain documents with your application – these are listed on page 12.

All documents sent to StudyLink must be a verified copy. A verified copy is a copy of the original document which has been signed and dated by someone like a Solicitor/Lawyer, Notary Public, Court Registrar, an approved person at an education provider, school principal, StudyLink or Work and Income staff member or Justice of the Peace (listed in the Yellow Pages) who can confirm that the copy is the same as the original.

They must print their name and title on each page and write that it is a true copy and sign it.

The best way to send your documents to us is online using www.connect.co.nz. Please remember to include your name and client number with any documents that you send to us. For more information visit www.connect.co.nz

In most cases you won’t have to provide any document that StudyLink has already seen.

SIGN AND DATE THE FORM

Remember to sign and date this application on page 12 – and make sure anyone else who needs to sign it has done so.

HOW TO RETURN THIS FORM

The easiest and fastest way to return your completed form to us is online using www.connect.co.nz

Please remember to include your name and client number.

For more ways to contact us, visit our website www.studylink.govt.nz
## PART 1: PERSONAL DETAILS

1. **What is your client number?**
   
   This is a number issued to you by StudyLink or Work and Income. This is on your Community Services card if you have one. If you don’t have a client number or don’t know it, leave the question blank.

   **Client number**

   [ ] [ ] [ ] [ ] [ ] [ ]

2. **What is your name?**
   
   The applicant is the person caring for the child or young person. Where care is shared either parent can apply but not both.

   **First name** | **Middle name(s)** | **Surname or family name**
   | | |

3. **Are you known by or have you used any other names?**

   [ ] Yes  [ ] No

   If yes, please give us your other name(s):

   **First name** | **Middle name(s)** | **Surname or family name**
   | | |

4. **Are you:**

   [ ] Male  [ ] Female  [ ] Gender diverse

5. **What is your date of birth?**

   [ ] [ ] Day  [ ] [ ] Month  [ ] [ ] Year

6. **Where do you live?**

   | **Flat/House no.** | **Street address** |
   | | |

   | **Suburb** | **City** | **Country** |
   | | | New Zealand |

7. **What is your mailing address (if different from above)?**

   If you live at a rural address please include your rural delivery details here.

   | **Flat/House no.** | **Street address** |
   | | |

   | **Suburb** | **City** | **Country** |
   | | | New Zealand |

   **How can we contact you?**

   | **Home phone** | **Work phone** | **Mobile** |
   | | | |

   | **Email** |
   | |

8. **Are you currently receiving any type of benefit?**

   [ ] Yes  [ ] No
If yes, what type of benefit?

Have you ever received any type of benefit before?

- Yes
- No

If yes, what type of benefit?

9. What is your Inland Revenue tax number?

10. What bank account do you want the benefit paid into?

(Please note: This must be your bank account number, if you do not have your own bank account number then you will need to complete an Appointment of Agent form)

The account is in the name of:

Bank Branch Account Suffix

11. Were you born in New Zealand?

- Yes (Go to Q13)
- No

11a. What country were you born in?

11b. Are you a:

- Residence class visa holder
- Protected person
- New Zealand citizen
- Other (eg. Refugee)

12. If you are a residence class visa holder or New Zealand citizen, when were you granted residency/citizenship?

Day Month Year

WE NEED TO SEE A VERIFIED COPY OF YOUR BIRTH CERTIFICATE, PASSPORT OR LETTER FROM IMMIGRATION NEW ZEALAND TO PROVE YOUR RESIDENCE (UNLESS STUDYLINK HAS ALREADY SEEN IT).

12a. When did you come to New Zealand to live?

Day Month Year

13. Do you usually live in New Zealand?

- Yes
- No (It’s unlikely your application will be approved – call us on 0800 88 99 00 to discuss this)

14. The following information is only needed for statistical purposes. It’s up to you whether you answer this question. We’d appreciate it if you would tick the ethnic group(s) you belong to.

- NZ Pākehā/European
- Other European
- NZ Māori
- Samoan
- Cook Island Māori
- Tongan
- Niuean
- Tokelauan
- Fijian
- Pacific Island – other
- Southeast Asian
- Chinese
- Indian
- Asian – other
- Middle Eastern
- Latin American
- African
- Other (please provide details)

If you are NZ Māori, which iwi do you belong to?

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1. A residence class visa holder is someone who is entitled to reside in New Zealand indefinitely and holds a residence class visa under the Immigration Act 2009 (holders of resident permits and returning resident’s visas (RRVs) granted under the Immigration Act 1987 are deemed to hold a residence class visa under the Immigration Act 2009).
2. As defined under sections 130 and 131 of the Immigration Act 2009.
# PART 2: CHILD OR YOUNG PERSON’S DETAILS

1. **What is the name of the child or young person with a disability in your care?**

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<thead>
<tr>
<th>First name</th>
<th>Middle name(s)</th>
<th>Surname or family name</th>
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</table>

2. **What is the child or young person’s date of birth?**

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<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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</table>

3. **Was the child or young person born in New Zealand?**

- [ ] Yes (Go to Q4)
- [ ] No

3a. **What country was the child or young person born in?**

<table>
<thead>
<tr>
<th>Country</th>
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</tbody>
</table>

3b. **Is the child or young person a:**

- [ ] Residence class visa holder¹
- [ ] Protected person²
- [ ] New Zealand citizen
- [ ] Other (eg. Refugee)

3c. **If the child or young person is a residence class visa holder or New Zealand citizen, when was the child or young person granted residency/citizenship?**

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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**WE NEED TO SEE A VERIFIED COPY OF THE CHILD OR YOUNG PERSON’S BIRTH CERTIFICATE, PASSPORT OR LETTER FROM IMMIGRATION NEW ZEALAND TO PROVE THE CHILD OR YOUNG PERSON’S RESIDENCE (UNLESS STUDYLINK HAS ALREADY SEEN IT).**

3d. **What date did the child or young person come to New Zealand to live?**

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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</table>

4. **Where does the child or young person live?**

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<tr>
<th>Flat/House no.</th>
<th>Street address</th>
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<table>
<thead>
<tr>
<th>Suburb</th>
<th>City</th>
<th>Country</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>New Zealand</td>
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</table>

5. **Does the child or young person live in a residential home or hostel?**

The residential home or hostel must be run by a voluntary organisation where the child returns home for weekends or school holidays and where the client has to pay towards the child or young person’s care.

- [ ] Yes
- [ ] No (Go to Q9)

6. **What is the name and address of the residential home or hostel where they reside?**

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<tr>
<th>Residential home name</th>
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<table>
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<tr>
<th>Residential home address</th>
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¹ A residence class visa holder is someone who is entitled to reside in New Zealand indefinitely and holds a residence class visa under the Immigration Act 2009 (holders of resident permits and returning resident’s visas (RRVs) granted under the Immigration Act 1987 are deemed to hold a residence class visa under the Immigration Act 2009).

² As defined under sections 130 and 131 of the Immigration Act 2009.
7. How often do they return home? (For example, weekends, school holidays)


8. Do you pay towards the child or young person’s care in the residential home or hostel?
Financial support includes: board payments, personal items.

- [ ] Yes
- [ ] No
If yes, please give details of the support you provide.


9. Are you the child or young person’s parent?

- [ ] Yes (Go to Q11)
- [ ] No
If no, what is your relationship to the child?


10. Please give the full names and addresses of the natural parents below:

First parent

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<tr>
<th>First name</th>
<th>Middle name(s)</th>
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<th>Home phone</th>
<th>Work phone</th>
<th>Mobile</th>
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<th>Email</th>
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Second parent

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<tr>
<th>First name</th>
<th>Middle name(s)</th>
<th>Surname or family name</th>
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<th>Street address</th>
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11. Do you have primary responsibility for the day to day care of the child or young person?

☐ Yes ☐ No

If no, give details on who has primary responsibility for the day to day care of the child or young person.

12. Are you solely responsible for the financial support of the child or young person while they live with you?

☐ Yes ☐ No

If no, give details of other financial support the child or young person receives.

13. Does the child or young person receive any income?

Income includes: wages, ACC or insurance payment, family trust payments, maintenance payments, interest from bank accounts.

☐ Yes ☐ No

If yes, give us details of the income the child or young person receives.

OBLIGATIONS

When you get financial help from us you need to meet all your obligations. If you don’t, your payments could stop – and in some cases you could be prosecuted.

Here are your obligations.

If things change

You must tell us straight away if you or the child or young person:

• Intend to travel overseas.
• Have changes to your personal details (such as name, address).
• Have changes to your living situation, including:
  – the child or young person leaves your care
  – the child or young person enters residential care.
• Have any other changes that may affect entitlement to the Child Disability Allowance.

I have completed all the questions or they have been completed for me in this Child Disability Allowance application.

The information I have given is true and complete. The conditions for receiving this assistance have been explained to me and I understand these conditions.

I am also aware of and understand the Privacy Statement contained in this application and we may contact the child’s health practitioner or specialist about the child’s disability or medical condition.
The Child Disability Allowance is a non-taxable, fortnightly payment made to the main carer of a child or young person with a serious disability. It’s paid in recognition of the extra care and attention needed for that child.

The child needs to be assessed as needing constant care and attention for at least 12 months because of a serious disability.

Other assistance, such as the Disability Allowance, may be available to help with the costs of treatment, medication or disability related expenses.

The medical certificate should be completed by the health practitioner or specialist who provides the ongoing care of the child or young person.

1. Name of the child or young person:

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<th>First name</th>
<th>Middle name(s)</th>
<th>Surname or family name</th>
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2. What is their date of birth?

[ ] Day [ ] Month [ ] Year

3. Name of the main caregiver of the child or young person:

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<th>Middle name(s)</th>
<th>Surname or family name</th>
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4. What are the main clinical conditions affecting this child or young person?

Please list the diagnosis in order of their impact on the child or young person.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Covered by ACC?</th>
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<td>Yes/No</td>
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<td>3.</td>
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5. Does the child or young person have a serious disability?

Serious disability includes: physical, sensory, mental health, intellectual or developmental disability, or chronic medical condition.

[ ] Yes  [ ] No (Go to Q7)

6. Due to that serious disability, do they need constant care and attention as follows:

   6a. Frequent attention from another person in connection with bodily functions which is required as a consequence of the disability, and is substantially more than is normally required by a child or young person of the same age?

Bodily function includes activities such as toileting and eating.

[ ] Yes  [ ] No

OR:
6b. Attention and supervision substantially more than is normally required by a child or young person of the same age and sex?

Attention and supervision needs to be focused on functions such as: activities of daily living, mobility, learning, behaviour and/or health needs.

☐ Yes  ☐ No

OR:

6c. Regular supervision from another person in order to avoid substantial danger to themselves or others?

☐ Yes  ☐ No

6d. Are they likely to require such care and attention for a period exceeding 12 months?

☐ Yes  ☐ No (Go to Q8)

7. Is the child or young person currently in hospital?

☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>Name of hospital</th>
<th>Expected length of stay</th>
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8. Would you like us to contact you about the child or young person’s diagnosis or disability?

☐ Yes  ☐ No

9. Please provide any other relevant information that could help us work out the child or young person’s eligibility.

If the child or young person has a chronic or severe condition, it would help us to determine appropriate assistance if you could attach a copy of a recent report or referral letter.

10. When should the child or young person’s disability next be reassessed for entitlement to the Child Disability Allowance?

☐ 1 year  ☐ 2 years  ☐ 5 years  ☐ Never  OR  At what age?  

☐ 1 year  ☐ 2 years  ☐ 5 years  ☐ Never  OR  At what age?
HEALTH PRACTITIONER IDENTITY

Please print or stamp your full name, address, telephone number and HPI number. This information is required under the Social Security Act 2018.

HPI Number

Full name

Practice Address

Stamp

The person has been advised and understands that this information is required for benefit assessment purposes.

I understand that this information may be subject to audit and/or review.

SIGN HERE

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 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.
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 2018
- delivering superannuation services under the New Zealand Superannuation and Retirement Income Act 2001
- delivering assistance under the Veterans’ Support Act 2014
- providing services under the Residential Care and Disability Support Services Act 2018
- statistical and research purposes
- providing advice to Government
- providing support and services for you and your family
- providing education related services
- care and protection needs of children
- assessing eligibility for social housing and calculating income-related rents under the Housing Restructuring and Tenancy Matters Act 1992
- assessing whether you and/or your partner may be entitled to an overseas pension, benefit or allowance.

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

We may contact health practitioners
The Ministry of Social Development may contact health practitioners to check any health related information you give us.

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 under the Housing Restructuring and Tenancy Matters Act 1992, including reviewing your eligibility for social housing or your income-related rent. 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 compare the information you give us with information held by other agencies
The information you give us may be compared with information held by other agencies such as Inland Revenue, the Ministry of Justice, Department of Corrections, New Zealand Customs Service, Department of Internal Affairs, Accident Compensation Corporation, Housing New Zealand Corporation, Ministry of Health and Immigration New Zealand. It may also be compared with social security information (for example, pension or benefit information) held by other governments (including Australia, Malta and the Netherlands).

We may share information with Inland Revenue
Under the Tax Administration Act 1994, if you have dependent children, the information you give us 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, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
- disclose your personal information to your partner.

We may give information to service providers, employers, public housing providers and childcare providers
The Ministry of Social Development may:
- give employers information about you if you use our employment services
- share information with childcare centres to administer your entitlement to childcare assistance
- give information about you to the Tertiary Education Commission, Workbridge, training providers, career services or other agencies that have a formal agreement to provide services on behalf of the Ministry of Social Development, if you use our employment services
- share information about you with public housing providers (such as Housing New Zealand) to administer your housing-related assistance.

We may use your information to give you a better service
Other information that you give us that is not required to assess your entitlement may be used to provide a better service to you.

You have the right to see and correct your information
Under the Privacy Act 1993 you have the right to ask to see all information we hold about you and to ask us to correct that information.
DOCUMENTS TO PROVIDE
All documents sent to StudyLink must be a verified copy. A verified copy is a copy of the original document which has been signed and dated by someone like a Solicitor/Lawyer, Notary Public, Court Registrar, an approved person at an education provider, school principal, StudyLink or Work and Income staff member or Justice of the Peace (listed in the Yellow Pages) who can confirm that the copy is the same as the original.
They must print their name and title on each page and write that it is a true copy and sign it.
The best way to send your documents to us is online using www.connect.co.nz. Please remember to include your name and client number with any documents that you send to us. For more information visit www.connect.co.nz
Documents you need to provide if the student is applying for the first time and StudyLink hasn’t seen them before.

- Your birth certificate or passport.
- Evidence of your immigration status – if not born here. For example, your passport, residency documents, certificate of citizenship or letter from Immigration New Zealand.
- Evidence of any name change you’ve had – if the name you’re applying under is different from the name in the documents you’re providing. For example, marriage certificate or deed poll papers.
- Full birth certificates for the child or young person.
- A form or letter from Inland Revenue showing your IRD (tax) number.
- Evidence of bank account details.

SIGN HERE

INFORMATION RELATING TO ENTITLEMENT AND PLANNING
I agree that Work and Income can contact my health practitioner to get the information it needs:

- To check whether I qualify for income support
- To help plan for my future

<table>
<thead>
<tr>
<th>First name</th>
<th>Middle name(s)</th>
<th>Surname or family name</th>
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SIGN HERE

DECLARATION
The information I have provided is true and I have not left anything out. I have read and understood my obligations as set out on page 7. I understand that I could be prosecuted if I make a false statement.

Student’s signature

SIGN HERE
MyStudyLink – get it done online

- check out what financial assistance you may be able to get
- apply for your student finances
- check your Student Allowance and Student Loan application status
- view and update your personal details
- change the amount of your living cost payments and apply for your course-related costs
- view details of your next payment and previous transactions
- view your mail
- view and accept your Student Loan Contract.

www.studylink.govt.nz

HOW TO CONTACT US

Website: www.studylink.govt.nz
Phone: 0800 88 99 00

Using Connect

A quick and easy way to send us your documents

1. Create an account at www.connect.co.nz with your RealMe login
2. Upload your verified documents
3. Submit to StudyLink