Childcare Assistance
application form

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 [studylink.govt.nz](http://studylink.govt.nz) and search on *Childcare* or call us on 0800 88 99 00.

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

**Support we can give parents and caregivers**

Ww may be able to help with assistance towards childcare costs if:

- you’re the main caregiver of the child, and
- your family is on a low or middle income, and
- you’re 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.
Our commitment to YOU

We will get to know you, your situation and your needs
We will use your feedback to improve our service

We will make sure you understand everything you need to know
We will respect your privacy and be clear about how we use your information and who we share it with

We will let you know everything you may be eligible for
The information we give you will be accessible and consistent no matter how you contact us

We will help you however we can, as soon as we can
We will be honest about our mistakes and put them right

We will respect you and what is important to you
We will let you know your options, rights and obligations

Ka mōhio ki a koe
know you
Ka tautoko i a koe
support you
Ka mahi tahi ki a koe
with you

How did we do?
Let us know by visiting msd.govt.nz/feedback or call us on 0800 552 002
Childcare Assistance checklist

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

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

<table>
<thead>
<tr>
<th>What you need to send us</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Proof of who you are:**

<table>
<thead>
<tr>
<th>For you</th>
<th>For your partner (if you have one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you were born in New Zealand, send 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).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For you</th>
<th>For your partner (if you have one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you were born overseas, send 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).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For you</th>
<th>For your partner (if you have one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If your name has changed, send your marriage certificate, deed poll, or other proof of the name change.</td>
<td></td>
</tr>
</tbody>
</table>

**Other things you must send:**

<table>
<thead>
<tr>
<th>For you</th>
<th>For your partner (if you have one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A form or letter from Inland Revenue showing your tax number.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For you</th>
<th>For your partner (if you have one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full birth certificates for each dependent child in your care.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For you</th>
<th>For your partner (if you have one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your full set of business accounts, if you have your own business.</td>
<td></td>
</tr>
</tbody>
</table>

**Depending on answers, you may need to send:**

<table>
<thead>
<tr>
<th>For you</th>
<th>For your partner (if you have one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your marriage or civil union certificate, for a current relationship.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For you</th>
<th>For your partner (if you have one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of your wages or salary for the last 52 weeks (for example, payslips, a letter from your employer).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For you</th>
<th>For your partner (if you have one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of any other before-tax income for the last 52 weeks (for example, interest, child support, rental income, etc.).</td>
<td></td>
</tr>
</tbody>
</table>
Childcare Assistance applicant’s form

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’ve 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 the names you’ve 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
   
   Write them all out below
   
   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
   
   Write the full name

---

ATTACHMENT FOR Q1:
Send us proof of your identity. What you need to send is explained on page 3.

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

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

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 more about you**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What date were you born?</td>
<td></td>
</tr>
<tr>
<td>Day</td>
<td>Month</td>
</tr>
<tr>
<td>Are you:</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>What is your Inland Revenue tax number?</td>
<td></td>
</tr>
<tr>
<td>Send us a form or letter from Inland Revenue showing your tax number.</td>
<td></td>
</tr>
</tbody>
</table>

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

**Tell us how we can contact you**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where do you live?</td>
<td></td>
</tr>
<tr>
<td>Flat/House number</td>
<td>Street Name</td>
</tr>
<tr>
<td>Suburb</td>
<td></td>
</tr>
<tr>
<td>Town/City</td>
<td></td>
</tr>
<tr>
<td>Is your mailing address different from where you live?</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>How else can we contact you?</td>
<td></td>
</tr>
<tr>
<td>Home phone</td>
<td>(   )</td>
</tr>
<tr>
<td>Mobile phone</td>
<td>(   )</td>
</tr>
<tr>
<td>Other phone</td>
<td>(   )</td>
</tr>
</tbody>
</table>

**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 PO Box, rural delivery details, or C/O address.

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

**INFORMATION FOR Q11:**
If you give us your mobile number or email address we may use these to send you text messages or emails to let you know about important changes, appointment reminders or that it’s time to reapply if you’re continuing with your studies. This must be your own mobile number or email address. Don’t give the contact details of your education provider.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you agree to get emails from us?</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Tell us your ethnicity

INFORMATION FOR Q12:
We collect this information for statistics we use in research and future development work.

Tell us about your residence status

HOW TO ANSWER Q13:
This means you consider New Zealand your home, you’re a legal resident, you usually live here and you intend to stay.

Tell us about your ethnicity

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

Tell us about your residence status

Do you usually live in New Zealand?

☐ No
☐ Yes

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

Go to question 15

Day
Month
Year

☐ Granted permanent residency ➔ Date permanent residence granted

Go to question 15

Day
Month
Year

☐ Other ➔ What is your residence status?

When did you arrive in New Zealand?

Day
Month
Year

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 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’re applying**

Are you working?

- No  Go to question 22
- Yes

Who are you working for?

<table>
<thead>
<tr>
<th>Employer’s name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer’s address</td>
<td></td>
</tr>
<tr>
<td>Employer’s phone number (   )</td>
<td></td>
</tr>
<tr>
<td>Employer’s email or fax</td>
<td></td>
</tr>
</tbody>
</table>

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

[Blank]

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

[Blank]

Tell us about your education

Are you on a work-related course or studying?

- No  Go to question 30
- Yes

What are the details of the training organisation?

<table>
<thead>
<tr>
<th>Training organisation’s name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Phone number (   )</td>
<td></td>
</tr>
<tr>
<td>Email or fax</td>
<td></td>
</tr>
</tbody>
</table>
What is the name of your course?

Is the course NZQA accredited?

- No
- Yes

What are the start and finish dates of the course?

- Start date:
  - Day
  - Month
  - Year
- Finish date:
  - Day
  - Month
  - Year

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

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

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

Tell us about your activities

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

- No
- Yes

What type of activities are you doing?

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

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

Other reasons for childcare

Are you applying for childcare assistance because of medical reasons?

- No
- Yes

How long is the medical condition expected to last?

How many hours a week do you need childcare?
**Tell us about your income and assets**

**Tell us about your income**

**ATTACHMENT FOR Q36:**
You may need to provide proof of your income unless you’ve 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’re married to or in a civil union or relationship with, not a business partner.

---

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

Tick one box in each line below

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

**Important:** You must answer question 37
**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.

**Did you answer ‘yes’ or ‘jointly with partner’ to any of the sources of income listed in question 36?**

<table>
<thead>
<tr>
<th></th>
<th>You</th>
<th>Jointly with partner</th>
<th>How often do you expect the payment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where will the payment come from?</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
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<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

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

**How to Answer Q38:**
Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

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

<table>
<thead>
<tr>
<th>Type of payment</th>
<th>Where it come from?</th>
<th>Its value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
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<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**Please tell us about the type of payment and 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 send them with this application form.

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

**Child 1**
- Full name
- Date of birth: [ ] [ ] [ ]
- Relationship to you: [ ]
- Day Month Year

**Child 2**
- Full name
- Date of birth: [ ] [ ] [ ]
- Relationship to you: [ ]
- Day Month Year

**Child 3**
- Full name
- Date of birth: [ ] [ ] [ ]
- Relationship to you: [ ]
- Day Month Year

**Child 4**
- Full name
- Date of birth: [ ] [ ] [ ]
- Relationship to you: [ ]
- Day Month Year

**Child 5**
- Full name
- Date of birth: [ ] [ ] [ ]
- Relationship to you: [ ]
- Day Month Year

**Child 6**
- Full name
- Date of birth: [ ] [ ] [ ]
- Relationship to you: [ ]
- Day Month Year

**Child 7**
- Full name
- Date of birth: [ ] [ ] [ ]
- Relationship to you: [ ]
- Day Month Year

---

**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:**

Send us the birth certificate for each dependent child unless you’ve given them to us recently.
HOW TO ANSWER 40:
• If you have a 3 or 4 year old child, they may be able to get 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 get 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 get 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 get 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 get 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:
The Childcare Subsidy is for pre-school children aged either:
• under 5 years (or over 5 if they’re going to a school where new entrants start in groups) or
• under 6 years if you get a Child Disability Allowance for them.

Which children do you wish to get Childcare Subsidy for?

☐ None of my children

Child’s name ____________________________

INFORMATION FOR Q42:
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 get OSCAR Subsidy for?

☐ None of my children

Child’s name ____________________________

If you’re granted OSCAR subsidy, you’ll have to complete an OSCAR declaration for every term and holiday care.
**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’ll consider you to be in a relationship if you’re 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:
- are committed to each other emotionally for the foreseeable future, and
- are financially interdependent.

To give you a better idea of what we mean by this, think about whether your relationship includes some of the things below:
- you live together at the same address most of the time
- 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.

**Do you understand our definition of a relationship?**

☐ I understand the definition of a relationship for benefit purposes

If you don’t understand what we mean by a relationship please talk with us.

**Do you have a partner?**

By ‘partner’ we mean someone you’re in a relationship with. If you’re not sure, please talk to us.

☐ No   ☐ Yes

Your partner needs to complete the Partner form on page 16.

**What is your partner’s full name?**

**What date was your partner born?**

Day  Month  Year

**What is your relationship status with your partner?**

Please tick one of the following boxes:

☐ Married   ☐ In a civil union   ☐ In a relationship

Send us your marriage or civil union certificate for your current relationship.
Obligations, signature and checklist

Let us know when things change

You need to let us know about changes that might affect the Childcare Assistance, like:

- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
- the number of children in your care, including having another baby.

We also need to know if you:

- go into or come out of hospital
- are being held in custody or on remand.

Your rights

If you don’t think we have things right or there’s something you don’t understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at msd.govt.nz/reviews

Signature

- I’ve answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I’ve given you is true and complete
- I understand what you do with my personal information and how you protect my privacy (privacy information is on page 24).

Applicant’s name (print)  Applicant’s signature  Date

Day  Month  Year

Checklist

Tick when completed

- Have you answered all the questions you need to?  
- Have you initialled any changes you’ve 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?

Send us this form and documents to us. An appointment is not usually necessary.
Childcare Assistance partner’s form

Tell us about yourself
If you’ve 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’ve been known by

What is your full name?

Mr Mrs Ms Miss Other

First and middle names

Surname or family name

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

No Yes

Tell us the name that is on your birth certificate

First and middle names

Surname or family name

Have you ever been known by any other name?

No Yes

Write them all out below

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

Write the full name
Tell us more about you

What date were you born?

Day  Month  Year

Are you:

- Male
- Female
- Gender diverse

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

Tell us how we can contact you

Where do you live?

Flat/House number  Street Name

Suburb

Town/City

Is your mailing address different from where you live?

- No
- Yes

Tell us your mailing address

How else can we contact you?

Tick the best way for us to contact you

Home phone  ( )

Mobile phone  ( )

Other phone  ( )

Fax  ( )

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

INFORMATION FOR Q12:
We collect this information for statistics we use in research and future development work.

Tell us about your residence status

HOW TO ANSWER Q13:
This means you consider New Zealand your home, you’re a legal resident, you usually live here and you intend to stay.

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

Don’t want to answer

Do you usually live in New Zealand?

☐ No

☐ Yes

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

Go to question 15

Day Month Year

☐ Granted permanent residency

Date permanent residence granted

Go to question 15

Day Month Year

☐ Other

What is your residence status?

Go to question 17

When did you arrive in New Zealand?

Day Month Year

What country were you born in?
Tell us about your work, education and activities

Tell us about your work

HOW TO ANSWER Q17:

‘Other reasons’ include that you or your partner:

- are temporarily unable to keep working 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’re applying for medical reasons, you’ll need to provide proof from the doctor of the number of hours childcare that’s needed.

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’re applying

Are you working?

☐ No [Go to question 22] ☐ Yes

Who are you working for?

<table>
<thead>
<tr>
<th>Employer’s name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer’s address</td>
<td></td>
</tr>
<tr>
<td>Employer’s phone number ( )</td>
<td></td>
</tr>
<tr>
<td>Employer’s email or fax</td>
<td></td>
</tr>
</tbody>
</table>

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

☐

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

☐

Tell us about your education

Are you on a work-related course or studying?

☐ No [Go to question 30] ☐ Yes

What are the details of the training organisation?

<table>
<thead>
<tr>
<th>Training organisation’s name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Phone number ( )</td>
<td></td>
</tr>
<tr>
<td>Email or fax</td>
<td></td>
</tr>
</tbody>
</table>
What is the name of your course?

Is the course NZQA accredited?
- No
- Yes

What are the start and finish dates of the course?

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

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

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

Tell us about your activities

Are you doing activities arranged for you by Work and Income?
- No
- Yes [Go to question 34]

What type of activities are you doing?

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

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

Other reasons for childcare

Are you applying for childcare assistance because of medical reasons?
- No
- Yes [How long is the medical condition expected to last?]

How many hours a week do you need childcare?
Tell us about your income and assets

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
- Paid parental leave
- Termination pay
- Redundancy pay
- Accident compensation (e.g., ACC)
- Income insurance (replacement/protection)
- Farm or business income
- Payments from self-employment or contract work
- Interest from savings, investments, or bonds
- Dividends from shares, unit trusts, or managed funds
- Income from rents
- Payments from three or more boarders or flatmates
- Child Support payments
- Other income for a child
- Maintenance payments
- Payments from a former partner
- Student Allowance, scholarship, or Student Loan living cost payments
- Overseas pension, benefit or allowance payments
- Other superannuation or retirement scheme income (government or private)
- Income from an estate, if you've inherited money
- Income from trusts
- Other

Important: You must answer question 37
**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).

### Did you answer ‘yes’ or ‘jointly with partner’ to any of the sources of income listed in question 36?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th><strong>Please write the details below. Tell us the before-tax amounts</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Where will the payment come from?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>You $</td>
</tr>
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<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th><strong>Please tell us about the type of payment and its value</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Type of payment</td>
</tr>
<tr>
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</tr>
</tbody>
</table>
Obligations, signature and checklist

Let us know when things change

You need to let us know about changes that might affect the Childcare Assistance, like:
• starting, stopping or changing jobs
• starting or finishing part-time or full-time study
• changes to your pay or other income, including getting an overseas pension
• starting to run a business (for yourself or someone else).
Changes to information about you or your family, like:
• name, address, contact details or bank account number
• starting or ending a relationship, marriage, or civil union
• a partner passes away
• the number of children in your care, including having another baby.
We also need to know if you:
• go into or come out of hospital
• are being held in custody or on remand.

Your rights

If you don’t think we have things right or there’s something you don’t understand:
• call us – we can usually fix it over the phone
• you have the right to ask us to review the decision. Find out how at msd.govt.nz/reviews

Signature

• I’ve answered all the questions that apply to me and my situation
• I understand the changes I need to let you know about
• The information I’ve given you is true and complete
• I understand what you do with my personal information and how you protect my privacy (privacy information is on page 24).

Partner’s name (print)  Partner’s signature  Date

[  ] Day  [  ] Month  [  ] Year

Checklist

Tick when completed

Have you answered all the questions you need to?  [  ]

Have you initialled any changes you’ve 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?  [  ]

Send this form and documents to us. An appointment is not usually necessary.
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 Veteran’s 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.
Childcare Service/OSCAR Programme supervisor’s form

This form needs to be completed by the supervisor of the childcare or OSCAR programme. The information is required under section 298 of the Social Security Act 2018.

**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 |

**INFORMATION FOR Q4:**
If you offer 20 Hours ECE you can’t charge a fee for those hours. The Childcare Subsidy can’t 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
Please provide details of the care for each child.

Child 1
Child’s full name

- Hours of care (weekly total)
- Care start date
- Your hourly fee (before subsidy) $0

Child 2
Child’s full name

- Hours of care (weekly total)
- Care start date
- Your hourly fee (before subsidy) $0

Child 3
Child’s full name

- Hours of care (weekly total)
- Care start date
- Your hourly fee (before subsidy) $0

Child 4
Child’s full name

- Hours of care (weekly total)
- Care start date
- Your hourly fee (before subsidy) $0

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

Day  Month  Year
Childcare Service/OSCAR Programme supervisor’s form

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 298 of the Social Security Act 2018.

**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

4. **Does your childcare service offer 20 Hours ECE?**
   - [ ] No  [ ] Yes

5. **Do you charge a holding or absence fee?**
   - [ ] No  [ ] Yes

**INFORMATION FOR Q4:**

If you offer 20 Hours ECE you can’t charge a fee for those hours. The Childcare Subsidy can’t be used to cover any donations or optional charges that may be asked.
**HOW TO ANSWER Q6:**

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

If you don’t 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

<table>
<thead>
<tr>
<th>Hours of care (weekly total)</th>
<th>Hours of 20 Hours ECE received (weekly total)</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<table>
<thead>
<tr>
<th>Care start date</th>
<th>Care end date – OSCAR only</th>
</tr>
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<tbody>
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<td>/ /</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your hourly fee (before subsidy)</th>
<th>Total weekly fee (before subsidy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
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</table>

**Child 2**  
Child’s full name

<table>
<thead>
<tr>
<th>Hours of care (weekly total)</th>
<th>Hours of 20 Hours ECE received (weekly total)</th>
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</table>

<table>
<thead>
<tr>
<th>Care start date</th>
<th>Care end date – OSCAR only</th>
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</table>

<table>
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<tr>
<th>Your hourly fee (before subsidy)</th>
<th>Total weekly fee (before subsidy)</th>
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</table>

**Child 3**  
Child’s full name

<table>
<thead>
<tr>
<th>Hours of care (weekly total)</th>
<th>Hours of 20 Hours ECE received (weekly total)</th>
</tr>
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<table>
<thead>
<tr>
<th>Care start date</th>
<th>Care end date – OSCAR only</th>
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</table>

<table>
<thead>
<tr>
<th>Your hourly fee (before subsidy)</th>
<th>Total weekly fee (before subsidy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
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</table>

**Child 4**  
Child’s full name

<table>
<thead>
<tr>
<th>Hours of care (weekly total)</th>
<th>Hours of 20 Hours ECE received (weekly total)</th>
</tr>
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<table>
<thead>
<tr>
<th>Care start date</th>
<th>Care end date – OSCAR only</th>
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</table>

<table>
<thead>
<tr>
<th>Your hourly fee (before subsidy)</th>
<th>Total weekly fee (before subsidy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

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**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  
Day  
Month  
Year