DISABILITY ALLOWANCE APPLICATION FORM

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

If you, or a family member has a health condition, injury or disability lasting more than six months, you may be able to get extra help through a Disability Allowance.

We may be able to help with costs such as ongoing visits to the doctor, medicines, medical alarms and travel.

Your health practitioner or specialist will need to complete the Disability Certificate.

To be able to receive a Disability Allowance you must:

- meet an income test
- have a disability which is likely to last at least 6 months
- have ongoing, additional costs arising from that disability
- be a New Zealand citizen, or hold a Residence Class Visa (not be in New Zealand unlawfully, here on a temporary entry class visa or a temporary permit) and,
- generally be ordinarily resident in New Zealand.
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 24.
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 24 – 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?**
   
   This is your legal name as it appears on your Passport or Birth Certificate.
   
   **First name** | **Middle name(s)** | **Surname or family name**

3. **Have you at any time used any other name(s)?**
   
   [ ] 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. **Where do you live?**
   
   **Flat/House no.** | **Street address**

   **Suburb** | **City** | **Country**

   New Zealand

6. **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

7. **How can we contact you?**
   
   **Home phone**  **Work phone**  **Mobile**
   **Email**

8. **What is your date of birth?**
   
   [ ] Day  [ ] Month  [ ] Year
9. Were you born in New Zealand?
   [ ] Yes (Go to Q11)   [ ] No

9a. What country were you born in?

9b. Are you a:
   [ ] Residence class visa holder¹  [ ] Protected person²  [ ] New Zealand citizen
   [ ] Other (eg. Refugee)

10. 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).

10a. What date did you come to New Zealand to live?
   [ ] Day   [ ] Month   [ ] Year

11. 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)

12. 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?

13. What is your Inland Revenue tax number?

14. 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

15. Are you working or have you been working in the last 52 weeks?
    Paid employment includes employment for which you receive non-monetary benefits, eg free board, payments in kind, or drawings from an unprofitable business.
   [ ] Yes   [ ] No (Go to Q18)

   If yes, please specify.

   Is the job:   [ ] Full time   [ ] Part time   [ ] Casual
   [ ] Seasonal   [ ] Voluntary   [ ] Self-employment

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.

PAGE 4  DISABILITY ALLOWANCE APPLICATION
16. Who are you working for?

<table>
<thead>
<tr>
<th>Employer’s name</th>
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<table>
<thead>
<tr>
<th>Business site address</th>
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<tbody>
<tr>
<td>Suburb</td>
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<tr>
<td>---------</td>
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<table>
<thead>
<tr>
<th>Work phone</th>
<th>Mobile</th>
<th>Fax</th>
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<table>
<thead>
<tr>
<th>Email</th>
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</table>

17. How much is your gross weekly wage?

Give gross (before tax) amount of wages and the value of any non-monetary benefits received, eg free board or any drawings, whether or not the business makes a profit.

$  

18. Do you expect to get other income in the next 52 weeks?

Examples of income from other sources: wages or salary, accident compensation, farm or business income (include drawings), self employment, interest from savings or investments, dividends from shares, income from rents, redundancy or termination type payments, Child Support, maintenance payments, boarders, Student Allowance, scholarship or Student Loan living cost payments, any other income, eg family trusts, overseas payments. Give gross (before tax) amount.

<table>
<thead>
<tr>
<th>Income source (List jobs and other sources of income)</th>
<th>Gross income (eg interest)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Yes (Provide details below)  No

19. Are you receiving a social security pension or pension of a similar nature from the government of a country other than New Zealand?

Yes  No
20. If 'Yes', what type of social security pension or pension of a similar nature are you receiving from another country or countries?

- [ ] Retirement of old age
- [ ] War service
- [ ] Disability or invalidity
- [ ] War widow
- [ ] Widow or survivor
- [ ] War restitution
- [ ] Superannuation
- [ ] War injury
- [ ] Child or dependant
- [ ] Other payments

If you ticked any of the boxes above, please give details about the type of payment you receive below:

Please attach any documents to your completed application form that confirm the payment(s), eg pension certificates. If you receive more than four payments, please attach a separate sheet showing the details.

<table>
<thead>
<tr>
<th>Your payment details</th>
<th>Pension 1</th>
<th>Pension 2</th>
<th>Pension 3</th>
<th>Pension 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country the payment comes from:</td>
<td></td>
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<tr>
<td>How much do you receive in each payment? (in overseas currency):</td>
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<tr>
<td>Is this amount before or after tax?:</td>
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<tr>
<td>How often do you receive this payment? (eg weekly, monthly, annually):</td>
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<tr>
<td>Overseas payment reference number:</td>
<td></td>
<td></td>
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<tr>
<td>Name of your pension, benefit or allowance:</td>
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</tr>
</tbody>
</table>

21. Are you a full-time student?

- [ ] Yes
- [ ] No

22. Do you receive a student allowance, scholarship or student loan living cost payments?

If you are unsure, please go to [www.studylink.govt.nz](http://www.studylink.govt.nz) for more information.

- [ ] Yes
- [ ] No

23. Do you have any dependent children in your care?

This means any children that you financially support and are living with you as a member of your family, including: stepchildren, children at boarding school, adopted children, grandchildren, mokopuna.

If you are caring for a child who is not your own you may be able to get other forms of assistance. Please ask us about this.

- [ ] Yes (Provide details below)
- [ ] No (Go to Q24)

<table>
<thead>
<tr>
<th>Child’s full name</th>
<th>Relationship to you</th>
<th>Other parent’s name</th>
</tr>
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</table>

<table>
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<tr>
<th>Child’s date of birth</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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<table>
<thead>
<tr>
<th>Child’s full name</th>
<th>Relationship to you</th>
<th>Other parent’s name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Child’s date of birth</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>
24. Do you have a partner?
A partner is your spouse, your civil union partner, or a person with whom you have a de facto relationship.

[ ] Yes  [ ] No
If yes, your partner must complete Part 2: Partner’s details on page 9.

25. Who are you applying for?
You may be able to get Child Disability Allowance for the same dependent child. Please talk to us about this.

[ ] Yourself  [ ] Your partner  [ ] Your dependent child
If you are applying for your partner and/or your dependent child, provide their full name/s below.

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

26. Is this disability covered by private medical insurance?

[ ] Yes (Provide details below)  [ ] No

27. Is this disability covered by ACC or War Disablement Pension?

[ ] Yes  [ ] No
If ‘Yes’, you may not be entitled to a Disability Allowance
28. What additional expenses are paid for as a result of the disability?

You must provide invoices, receipts, quotes or printouts for each additional expense before they can be considered as an ongoing cost for disability allowance. These must be attached to this form when you have completed it.

All of these expenses must be directly related to the disability and verified as necessary by a health practitioner.

**Do not include costs that are covered by a war disablement pension.**

<table>
<thead>
<tr>
<th>List pharmaceuticals/items/services/treatments (eg medical costs, gardening, transport, medical alarms)</th>
<th>Cost</th>
<th>How often (weekly, fortnightly, etc)</th>
<th>Verification provided (please tick)</th>
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</tbody>
</table>
PART 2: PARTNER’S DETAILS

THIS SECTION IS TO BE COMPLETED BY THE PARTNER OF THE PERSON APPLYING FOR DISABILITY ALLOWANCE.

1. What is your name?
This is your legal name as it appears on your Passport or Birth Certificate.

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

2. Have you at any time used any other name(s)?

☐ Yes ☐ No
If yes, please give us your other name(s):

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

3. Are you:

☐ Male ☐ Female ☐ Gender diverse

4. What is your date of birth?

☐ □ □ □ Day ☐ □ □ □ Month ☐ □ □ □ Year

5. Do you live with your partner?

☐ Yes ☐ No
If no, where do you live?

<table>
<thead>
<tr>
<th>Flat/House no.</th>
<th>Street address</th>
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<tbody>
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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>
</tr>
</tbody>
</table>

6. How can we contact you?

<table>
<thead>
<tr>
<th>Home phone</th>
<th>Work phone</th>
<th>Mobile</th>
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<thead>
<tr>
<th>Email</th>
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</tbody>
</table>

7. Were you born in New Zealand?

☐ Yes (Go to Q9) ☐ No

7a. What country were you born in?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
</table>
7b. Are you a:
- Residence class visa holder
- Protected person
- New Zealand citizen
- Other (eg. Refugee)

8. 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).

8a. What date did you come to New Zealand to live?
- Day
- Month
- Year

9. Do you usually live in New Zealand?
- Yes
- No

10. 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?

11. What is your Inland Revenue tax number?

12. 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

13. Are you working?

Paid employment includes employment for which you receive non-monetary benefits, eg free board, payments in kind, or drawings from an unprofitable business.

- Yes
- No (Go to Q16)

If yes, please specify.
- Full time
- Part time
- Casual
- Seasonal
- Voluntary
- Self-employment

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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.
14. **Who are you working for?**

**Employer’s name**

**Business site address**

<table>
<thead>
<tr>
<th>Suburb</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>New Zealand</td>
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**Work phone**

**Mobile**

**Fax**

**Email:**

15. **How much is your gross weekly wage?**

Give gross (before tax) amount of wages and the value of any non-monetary benefits received, eg free board or any drawings, whether or not the business makes a profit.

$ 

16. **Do you expect to get other income in the next 52 weeks?**

Examples of income from other sources: wages or salary, accident compensation, farm or business income (include drawings), self employment, interest from savings or investments, dividends from shares, income from rents, redundancy or termination type payments, Child Support, maintenance payments, boarders, Student Allowance, scholarship or Student Loan living cost payments, any other income, eg family trusts, overseas payments. Give gross (before tax) amount.

[ ] Yes (Provide details below)  [ ] No

<table>
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<tr>
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</tr>
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<tbody>
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</tbody>
</table>
17. Are you receiving a social security pension or pension of a similar nature from the government of a country other than New Zealand?

☐ Yes  ☐ No

18. If ‘Yes’, what type of social security pension or pension of a similar nature are you receiving from another country or countries?

☐ Retirement of old age  ☐ War service  ☐ Disability or invalidity

☐ War widow  ☐ Widow or survivor  ☐ War restitution

☐ Superannuation  ☐ War injury  ☐ Child or dependant

☐ Other payments

If you ticked any of the boxes above, please give details about the type of payment you receive below:

Please attach any documents to your completed application form that confirm the payment(s), eg pension certificates. If you receive more than four payments, please attach a separate sheet showing the details.

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<tr>
<td>Country the payment comes from:</td>
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<td>How much do you receive in each payment? (in overseas currency):</td>
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<td>Name of your pension, benefit or allowance:</td>
<td></td>
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</tbody>
</table>

19. Are you a full-time student?

☐ Yes  ☐ No

20. Do you receive a student allowance, scholarship or student loan living cost payments?

If you are unsure, please go to www.studylink.govt.nz for more information.

☐ Yes  ☐ No
PARTNER’S OBLIGATIONS

When the student gets financial help from us you also have obligations to meet. If you don’t meet them, your and/or the student’s payments could stop – and in some cases you and/or the student could be prosecuted.

Here are your obligations.

If things change
You must tell us straight away if you:

• Have a change in your work situation (such as starting part-time, casual or full-time work).
• Intend to travel overseas.
• Have changes to your living situation, including:
  – starting or ending a marriage, a civil union or a de facto relationship with someone or
  – separation or
  – a change in the number of children you support
  – change in accommodation costs.
• Have changes to your personal details (such as name, address or bank account number).
• Become self employed or start to run a business.
• Have changes to my/our income or financial circumstances.
• Start or finish part-time or full-time study.
• Become imprisoned/held in custody on remand.
• Admitted to or discharged from hospital.
• Have been granted an overseas pension.
• Have any other changes that may affect my/our benefit entitlement or rate.

Be honest with us
When you sign this form you are acknowledging that the information you give us is true and you have not left anything out. You understand that your payments may be reviewed and cancelled if you:

• make a false statement or
• don’t answer all the questions fully or
• don’t tell us about changes in your circumstances that could affect your (and your partner’s) eligibility and/or entitlement.

If this happens, you understand that you or your partner will have to pay back the total amount of any overpayments plus collection costs, and you may be prosecuted.
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.
PARTNER’S 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 the student’s 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. For example, marriage certificate or deed poll papers.

☐ Evidence of any gross income and/or assets you get.

☐ Evidence of bank account details.

☐ A form or letter from Inland Revenue showing your IRD (tax) number.

SIGN HERE

PARTNER’S DECLARATION

The information I have given is true and complete. I have read and understood my obligations. I understand that I could be prosecuted if I make a false statement.

Partner’s signature

SIGN HERE

Day Month Year
PART 3: HEALTH PRACTITIONER TO COMPLETE

The Disability Allowance is available for reimbursement of additional costs arising from a Disability where the following criteria is met:

1. The person has a disability which is likely to continue for not less than six months; and
2. The disability has resulted in a reduction of the person’s independent function to the extent that:
   - the person requires ongoing support to undertake the everyday functions of life, or
   - the person requires ongoing supervision or treatment by a health practitioner.

For the purposes of qualifying for Disability Allowance, a disability means:

- physical disability or impairment
- physical illness
- psychiatric illness
- intellectual or psychological disability or impairment
- any other loss or abnormality of psychological, physiological, or anatomical structure or function (including sensory impairment)
- reliance on a guide dog, wheelchair, or other remedial means
- the presence of the body of organisms capable of causing illness.

1. What is the client’s name?

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

2. Does the person have a disability that meets the Disability Allowance criteria?

- Yes (Provide details below)
- No (Please go to Health Practitioner Verification on page 18)

3. What is the nature of the person’s disability? Please tick the major disabilities or specify below:

- Psychological or psychiatric conditions
  - Stress (160)
  - Bipolar disorder (162)
  - Other psychological/psychiatric (165)

- Immune system disorders
  - HIV / Aids (140)
  - Other immune system disorders (141)

- Metabolic and endocrine disorders
  - Diabetes (150)
  - Other metabolic or endocrine disorders (151)

- Nervous system disorders
  - Epilepsy (120)
  - Parkinson’s disease (122)
  - Other nervous system disorders (124)

- Substance Abuse
  - Alcohol (170)
  - Other substance abuse (172)
Cardio-vascular disorders
- [ ] Heart disease (130)
- [ ] Other cardio-vascular (132)

Sensory disorders
- [ ] Blindness (180)
- [ ] Hearing/ear (182)
- [ ] Other visual / eye (181)
- [ ] Other sensory disorders (183)

Accident
- [ ] Burns (190)
- [ ] Poisoning, toxic effects (192)
- [ ] Injury to the nervous system (194)
- [ ] Overuse injury [RSI] (196)
- [ ] Fractures, dislocations, soft tissue injury (191)
- [ ] Internal injuries (193)
- [ ] Back pain / injury (195)
- [ ] Complications of medical or surgical care (197)
- [ ] Other injury (198)

Other disorders
- [ ] Congenital conditions (103)
- [ ] Intellectual disability (164)
- [ ] Cancer (104)
- [ ] Infectious/parasitic diseases (105)
- [ ] Musculo-skeletal system disorder (106)
- [ ] Respiratory disorders (107)
- [ ] Genito-urinary disorders (108)
- [ ] Blood and blood forming organs (109)
- [ ] Skin disorders (110)
- [ ] Digestive system disorder (111)

4. Please indicate the expected duration of the disability:
- [ ] Less than 6 months (There may be no entitlement to Disability Allowance)
- [ ] 6 to 12 months
- [ ] 1 to 2 years
- [ ] 2 to 3 years
- [ ] Permanent (Never reassess)

5. Please list the type, cost and how often visits to doctors or specialists are necessary and result from the stated disability:

<table>
<thead>
<tr>
<th>Type of consultation</th>
<th>Cost</th>
<th>Frequency (weekly, fortnightly, etc)</th>
<th>Health Practitioner’s Initials</th>
</tr>
</thead>
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</tbody>
</table>
6. Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:

<table>
<thead>
<tr>
<th>Items/Services/Treatments/Pharmaceuticals</th>
<th>Health Practitioner’s initials</th>
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</thead>
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**SIGN HERE**

**HEALTH PRACTITIONER VERIFICATION**

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

<table>
<thead>
<tr>
<th>HPI Number</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Full name</th>
<th></th>
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<table>
<thead>
<tr>
<th>Practice Address</th>
<th>Stamp</th>
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</table>

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
PART 4: DISABILITY STATEMENT – COUNSELLING

Applicant to complete

1. What is your name?
This is your legal name as it appears on your Passport or Birth Certificate.

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

2. Where do you live?

<table>
<thead>
<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>
</tr>
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<tr>
<td></td>
<td></td>
<td>New Zealand</td>
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</table>

3. I wish to apply for assistance to help with the cost of counselling. Please tick one:

- [ ] First application for counselling assistance
- [ ] Application for additional sessions

4. Have you applied for help with the cost of counselling from another agency?

- [ ] Yes (Please tick one)
- [ ] No (Please sign below)

- [ ] Health
- [ ] Special education
- [ ] Oranga Tamariki
- [ ] ACC
- [ ] Other

5. Does the agency meet the full costs?

- [ ] Yes – (You will not qualify to have counselling costs included in your Disability Allowance. You do not need to complete the rest of this form.)
- [ ] No – How much does this agency help you with your counselling costs per visit? $ __________

SIGN HERE

DECLARATION
I understand that I must advise StudyLink if:

- I stop attending counselling; or
- the frequency or cost of my counselling session changes.

Signature

[ ] Day    [ ] Month    [ ] Year
PART 5: COUNSELLOR’S STATEMENT

Counsellor to complete

1. Start date for counselling

| Day | Month | Year |

Please note: If you are applying for extra counselling sessions, the maximum amount we StudyLink can cover is up to 20 additional sessions. Please ensure the date used is the start of the extra sessions.

2. Visits

Cost per visit $ 

Number of visits recommended 

Frequency

- Weekly
- Fortnightly
- Monthly

SIGN HERE

COUNSELLOR’S IDENTITY

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

| Full name |
| Practice Address | Stamp |

SIGN HERE

Day Month Year

CRITERIA FOR COUNSELLING:

Disability Allowance can be paid for counselling FEES if the:

- need for counselling is directly related to the person’s disability
- full cost of counselling is not met by another agency (for example: Health, Oranga Tamariki, ACC)
- the counselling is provided by a counsellor, psychotherapist or psychologist who is a member (or an applicant or a provisional member) of one of the counselling organisations listed on our website.

Note

- Assistance can also be provided for the cost of transport to counselling if the need for counselling is directly related to the person’s disability.
- Disability Allowance assistance for counselling is limited to a maximum of 10 sessions in the first instance.
- Assistance for up to a further 20 additional counselling sessions can be considered on the recommendation of the person’s registered medical practitioner.
- Assistance with counselling is generally limited to a maximum of 30 sessions. This can be extended if a client is assessed as needing further counselling sessions.
PART 6: HEALTH PRACTITIONER’S STATEMENT – COUNSELLING

Health practitioner to complete

1. **Nature of disability**

☐ I certify that counselling is necessary and of therapeutic value to the client because of the stated disability.

☐ I consider that the additional counselling sessions are necessary and of therapeutic value to the client because of the stated disability.

**SIGN HERE**

**HEALTH PRACTITIONER’S IDENTITY**

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

<table>
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<table>
<thead>
<tr>
<th>Full name</th>
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<table>
<thead>
<tr>
<th>Practice Address</th>
<th>Stamp</th>
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</table>

**SIGN HERE**

**CRITERIA FOR COUNSELLING:**

Disability Allowance can be paid for counselling FEES if the:

- need for counselling is directly related to the person’s disability
- full cost of counselling is not met by another agency (for example: Health, Oranga Tamariki, ACC)
- the counselling is provided by a counsellor, psychotherapist or psychologist who is a member (or an applicant or a provisional member) of one of the counselling organisations listed on our website.

Note

- Assistance can also be provided for the cost of transport to counselling if the need for counselling is directly related to the person’s disability.
- Disability Allowance assistance for counselling is limited to a maximum of 10 sessions in the first instance.
- Assistance for up to a further 20 additional counselling sessions can be considered on the recommendation of the person’s registered medical practitioner.
- Assistance with counselling is generally limited to a maximum of 30 sessions. This can be extended if a client is assessed as needing further counselling sessions.
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
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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.
STUDENT’S 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:

• Have a change in your work situation (such as starting part-time, casual or full-time work).
• Intend to travel overseas.
• Have changes to your living situation, including:
  – starting or ending a marriage, a civil union or a de facto relationship with someone or
  – separation or
  – a change in the number of children you support
  – change in accommodation costs.
• Have changes to your personal details (such as name, address or bank account number).
• Become self employed or start to run a business.
• Have changes to my/our income or financial circumstances.
• Start or finish part-time or full-time study.
• Become imprisoned/held in custody on remand.
• Admitted to or discharged from hospital.
• Have been granted an overseas pension.
• Have any other changes that may affect my/our benefit entitlement or rate.

Be honest with us

When you sign this form you are acknowledging that the information you give us is true and you have not left anything out. You understand that your payments may be reviewed and cancelled if you:

• make a false statement or
• don’t answer all the questions fully or
• don’t tell us about changes in your circumstances that could affect your (and your partner’s) eligibility and/or entitlement.

If this happens, you understand that you or your partner will have to pay back the total amount of any overpayments plus collection costs, and you may be prosecuted.
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.

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Documents you need to provide if you’re 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 your children.

☐ Marriage or civil union certificate – if you have one.

☐ A form or letter from Inland Revenue showing your IRD (tax) number.

☐ Gross income details.

☐ Evidence of your bank account details.

☐ Evidence or quotes for any expenses relating to your disability.

SIGN HERE

DECLARATION

All the information I have provided is true and I have not left anything out. I have read and understood the Privacy Statement and my obligations as set out above. I understand that my payments may be reduced or stopped if I make a false statement, or don’t tell StudyLink of a change in any circumstances, or fail to meet my obligations. If this happens I will have to pay back any overpayments plus collection costs, and I could be prosecuted.

Signature

SIGN HERE

Day Month Year
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