Disability Allowance application

If you, or a family member have a health condition, injury or disability likely to continue for at least six months, you may be able to get extra help for your costs.

We may be able to help with costs such as ongoing visits to the doctor, medicines, household costs, some travel costs, counselling, and many other things. Your income needs to be under certain limits and there are some other conditions.

Your doctor or specialist will need to complete the Disability Certificate in the form. If you’re applying for help with counselling costs there’s an extra form in the application that needs to be completed with your counsellor.

For more information about the all the costs we cover, and how we help with counselling, go to studylink.govt.nz and search on ‘Disability’.

What you need to do next

1. Complete this application form.
2. Make sure your doctor, specialist and counsellor (if applicable) have completed their sections.
3. Collect the documents you need to provide. There’s a checklist over the page to help you.
4. Return your completed form to us online using connect.co.nz.

All the documents you send must be verified copies.

INFORMATION NOTE:
A verified copy is a copy of the original document which has been signed and dated by someone who can confirm it’s the same as the original. For more information about who can do this, go to studylink.govt.nz and search on ‘verified documents’.

You must give us all the information we need.

If you don’t have all the information we need, talk with us and we may be able to help.

If we find out later that any information you give us is not true, or that you knew information you should have told us and did not tell us, we may stop your payments. You might need to pay money back. In some cases you could even be prosecuted.
Use this checklist to tick off all the documents you need to give to us. 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.

### What you need to give us

<table>
<thead>
<tr>
<th>Proof of who you are:</th>
<th>For you</th>
<th>For your partner (if you have one)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you were born in New Zealand</strong>, provide 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>
<td></td>
</tr>
<tr>
<td><strong>If you were born overseas</strong>, provide 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>
<td></td>
</tr>
<tr>
<td><strong>If your name has changed</strong>, provide your marriage certificate, deed poll, or other proof of the name change.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>All people applying</strong> need to provide two more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Proof of your bank account details, such as a bank statement.

**If you’re using identification that has expired, it must not be more than two years past the expiry date.**

### Depending on answers you may need to provide:

<table>
<thead>
<tr>
<th>For you</th>
<th>For your partner (if you have one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proof of payments, if you receive a benefit, allowance or pension from overseas.</td>
<td></td>
</tr>
<tr>
<td>Full birth certificates for each dependent child in your care.</td>
<td></td>
</tr>
<tr>
<td>Your marriage or civil union certificate, for a current relationship.</td>
<td></td>
</tr>
<tr>
<td>Your business accounts, if you have your own business.</td>
<td></td>
</tr>
<tr>
<td>Proof of any before-tax income for the 52 weeks before the application (for example, wages, holiday pay and any other income) and details of your income for the last 26 weeks.</td>
<td></td>
</tr>
<tr>
<td>Trust documents, if you’re involved in a trust (for example, trust deed, deed of debt, gift statements, accounts).</td>
<td></td>
</tr>
<tr>
<td>Proof of health-related costs.</td>
<td></td>
</tr>
<tr>
<td>A Disability Allowance medical certificate for each person you apply for.</td>
<td></td>
</tr>
<tr>
<td>If you’re applying for counselling, the form completed by the counsellor.</td>
<td></td>
</tr>
</tbody>
</table>
Disability Allowance application

In the applicant form, ‘you’, ‘your’, and ‘yourself’ means the person applying for Extra Help. If we say ‘your partner’ this only applies to you if you have one.

Tell us about yourself

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

If no, 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

If 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

If other, write the full name
Tell us more about you

5. What date were you born?
   Day  
   Month  
   Year  

6. Are you:
   [ ] Male  
   [ ] Female  
   [ ] Gender diverse  

7. What is your Inland Revenue tax number?
   

8. ATTACHMENT FOR Q8:
   You need to provide proof of your bank account details, such as a bank statement.

   What bank account would you want your payments to be paid into?
   The account is in the name of:
   
   The account number is:
   Bank  Branch  Account number  Suffix  

Tell us how we can contact you

9. Where do you live?
   Flat/House number  Street name  
   Suburb  
   Town/City  

10. Is your mailing address different from where you live?
    [ ] No  
    [ ] Yes  

11. How else can we contact you?
    Tick the best way for us to first contact you
    [ ] Home phone  (  )  
    [ ] Mobile phone  (  )  
    [ ] Other phone  (  )  

12. Do you agree to get emails from us?
    [ ] No  
    [ ] Yes  
    [ ] I don’t have an email address  

Tell us your ethnicity

INFORMATION FOR Q13:
We collect this information for statistics we use in research and future development work.

Tell us about your residence status

HOW TO ANSWER Q14:
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
- If other, 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 18
- Granted New Zealand citizenship
- Go to question 16
- Date citizenship granted
- Day
- Month
- Year
- Granted permanent residency
- Date permanent residence granted
- Go to question 16
- Other
- If other, what is your residence status?

When did you arrive in New Zealand?

Day
Month
Year

What country were you born in?


Tell us if you’ve lived or worked overseas

INFORMATION FOR Q18:
Periods of overseas residence may:
• affect entitlement to some benefits
• mean you’re eligible for an overseas benefit or pension.
For more information, phone 0800 777 227.

HOW TO ANSWER Q18:
Your reason for being in a country may be that you were there for a working holiday, you were living there, you were born there.

Have you ever lived or worked in any countries outside of New Zealand?

| No | Go to question 21 |
| Yes | If yes, please list details below |

Name of country | Date you entered this country | Date you left this country | Reason for being in this country
--- | --- | --- | ---
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Do you receive or qualify for a social security benefit, pension or allowance from overseas?

| No | Go to question 21 |
| Yes | If yes, tick the box that best describes your benefit, pension or allowance |

- Retirement or old age
- Superannuation
- Disability or health condition
- Widow or survivor
- Child or dependent
- War related
- Other | If other, please provide details below |

If you ticked ‘Yes’ for question 19, please give details of the payments you get.

<table>
<thead>
<tr>
<th>Payment 1</th>
<th>Payment 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>What country does the payment come from?</td>
<td></td>
</tr>
<tr>
<td>How much do you get each time the payment is made (in overseas currency)?</td>
<td></td>
</tr>
<tr>
<td>Is this amount before or after tax?</td>
<td></td>
</tr>
<tr>
<td>How often do you get the payment (for example, weekly, fortnightly, monthly)?</td>
<td></td>
</tr>
<tr>
<td>What is the name of your pension, allowance or benefit?</td>
<td></td>
</tr>
<tr>
<td>What is the payment reference number?</td>
<td></td>
</tr>
</tbody>
</table>

Tell us if you’re studying

Are you a full time student?

| No | Yes |
Tell us about the people in your household

Tell us about your dependent children

**HOW TO ANSWER Q22:**
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.
The child's name should be the same as on the child's birth certificate. Tell us the names of all parents of each child.

**ATTACHMENT FOR Q22:**
Provide the birth certificate for each dependent child.

<table>
<thead>
<tr>
<th>Child 1</th>
<th>Full name</th>
<th>Date of birth</th>
<th>Relationship to you</th>
<th>Parent 1: Full name</th>
<th>Parent 2: Full name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child 2</th>
<th>Full name</th>
<th>Date of birth</th>
<th>Relationship to you</th>
<th>Parent 1: Full name</th>
<th>Parent 2: Full name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child 3</th>
<th>Full name</th>
<th>Date of birth</th>
<th>Relationship to you</th>
<th>Parent 1: Full name</th>
<th>Parent 2: Full name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child 4</th>
<th>Full name</th>
<th>Date of birth</th>
<th>Relationship to you</th>
<th>Parent 1: Full name</th>
<th>Parent 2: Full name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you need to include more than four children in your application, please write these details about each one on a separate sheet of paper, and provide them with this application form.

---

Do you have dependent children in your care?

[ ] No  [ ] Go to page 8  [ ] Yes  **If yes, please provide details below**

---

22
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 work out 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

Do you have a partner?

By ‘partner’ we mean someone you’re in a relationship with. If you’re not sure, please leave this section blank until you talk to us. In the meantime, go to question 28.

☐ No    Go to question 28   ☐ Yes    Your partner needs to complete the Partner form on page 18.

What is your partner’s full name?

What is your partner’s date of birth?

Day  Month  Year

What is your relationship status with your partner?

Tick one of the following boxes

☐ Married       ☐ In a civil union       ☐ In a relationship

ATTACHMENT FOR Q27:
Provide your marriage or civil union certificate for your current relationship.
Tell us about your work

By ‘work’ we mean any employment you get paid or get other advantages for, such as free or subsidised board, payments in kind, or drawings from a business.

Are you working?

☐ No  Go to question 32  ☐ Yes

What type of work do you do?

☐ Full-time  ☐ Part-time  ☐ Casual

☐ Seasonal  ☐ Self-employed  ☐ Voluntary

Who are you working for?

Employer’s name

Employer’s contact details

Address

Phone number (   )

Email

How much are you paid each week?

<table>
<thead>
<tr>
<th>Type of payment (include goods or services)</th>
<th>Amount before tax</th>
<th>Amount after tax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

HOW TO ANSWER Q29:
By full-time, we mean you generally work at least 30 hours a week.

INFORMATION FOR Q29:
If you have more than one job please record details of your other employers on a separate sheet of paper.

For each job include the information asked for in questions 29, 30 and 31.

HOW TO ANSWER Q31:
Include the amount you’re paid and also the value of things you get from your employer instead of money.

If your income varies week to week – provide an average (for example, the average of your last four weeks pay).
Tell us about your income and assets

Did you get income from any of the following sources in the last 52 weeks?

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

ATTACHMENT FOR Q33: You need to show us proof of income you’ve received in the last 52 weeks.

Did you answer ‘yes’ or ‘jointly with partner’ to any of the sources of income listed in question 32?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, tell us the total before-tax amounts, for the last 52 weeks

<table>
<thead>
<tr>
<th>Where did the income come from?</th>
<th>You</th>
<th>Payment made to?</th>
<th>Jointly with partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
34

**HOW TO ANSWER Q34:**

Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

**Did you get other types of payment apart from money in the last 52 weeks?**

<table>
<thead>
<tr>
<th>Type of payment</th>
<th>Where did 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>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, tell us about the type of payment and its value.

35

**HOW TO ANSWER Q35:**

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.

**Do you expect to get income or other payments in the next 52 weeks?**

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

If yes, write the details below. Tell us the before-tax amounts.

36

**Are you involved in a trust?**

You’ll need to show us trust documents, such as the trust deed, deed of debt, gift statements, accounts.

**ATTACHMENT FOR Q36:**

Are you involved in a trust, or have you ever been involved in a trust?

’Involved’ means one or more of the following:

- you’ve set up a trust, usually by making a gift of assets or property
- you’ve transferred assets to a trust
- you make decisions about managing a trust
- you benefit from a trust, for example, by receiving income such as trust distributions.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>If yes, please write the name of the trust</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, please write the name of the trust.

SLDAW – JUL 2023
Tell us about the person you’re applying for

**ATTACHMENT FOR Q37:**
You need to provide a Disability Allowance medical certificate for each person you’re applying for.

**INFORMATION FOR Q37:**
You may be able to get a Child Disability Allowance for the same child. Please ask us.

### Who in your family has health-related costs?

- [ ] You
- [ ] Your partner
- [ ] Your dependent child

Tell us the name of the children you’re applying for

<table>
<thead>
<tr>
<th>First name</th>
<th>Surname or family name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Do you or they get payments from private medical insurance for any health-related needs?

- [ ] No
- [ ] Yes

If yes, please write the details below

<table>
<thead>
<tr>
<th>What cost is covered</th>
<th>How much is paid?</th>
<th>Name of person the payment is for</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Is this health condition covered by ACC or War Disablement Pension?

- [ ] No
- [ ] Yes

If ‘yes’, you may not be entitled to a Disability Allowance

### Describe the extra costs

**HOW TO ANSWER Q40:**
Extra costs must be directly related to the health condition. Costs can include medical and prescription costs, medical alarms, lawn mowing, extra power or gas, transport and special equipment.

**ATTACHMENT FOR Q40:**
You’ll need to show proof of these costs.

**What extra health-related costs do you or they have?**

<table>
<thead>
<tr>
<th>Type of cost</th>
<th>Cost</th>
<th>How often (such as weekly, monthly, yearly)</th>
<th>Name of person costs relate to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Tell us about counselling

41. Are you applying for help with the cost of counselling? Please tick one.
   - No
   - Yes
   - If yes, please tick which applies:
     - This is my first application for counselling assistance
     - I’m applying for additional sessions

42. Have you applied for or received help with the cost of counselling from another agency?
   - No
   - Yes
   - If yes, please tick which agency below:
     - Health
     - Special Education
     - ACC
     - Oranga Tamariki
     - Other
       - Please provide details

43. Does the other agency meet the full costs?
   - No
   - Yes
   - Go to question 44
   - You won’t qualify to have counselling costs included in your Disability Allowance.
     You don’t need to complete the rest of this application form.

44. How much does this agency help you with your counselling costs per visit?
   - $
The Disability Allowance is available for reimbursement of additional costs arising from a disability where the following criteria are met:

1. The person has a disability which is likely to continue for at least 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 normal 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 in the body of organisms capable of causing illness.

The information you provide below is covered by our Privacy Statement which lets clients know we may contact health providers to check the health-related information they give us. For more information go to workandincome.govt.nz and search on Disability Allowance.

---

**Client details**

1. **Client number**
2. **Client’s name**
   - First names
   - Surname

---

**Disability details**

3. **Does the person have a disability that meets the Disability Allowance criteria?**
   - Yes
   - No
4. **What is the nature of the person’s disability?**
   - Please tick the major disabilities or specify below

   - Psychological or psychiatric conditions
     - Stress (160)
     - Depression (161)
     - Bipolar disorder (162)
     - Schizophrenia (163)
     - Other psychological/psychiatric (165)
   - Nervous system disorders
     - Epilepsy (120)
     - Multiple sclerosis (121)
     - Parkinson’s disease (122)
     - Muscular dystrophy (123)
     - Other nervous system disorders (124)
   - Cardio-vascular disorders
     - Heart disease (130)
     - Stroke (131)
     - Other cardio-vascular (132)
   - Immune system disorders
     - HIV / Aids (140)
     - Other immune system disorders (141)
   - Metabolic and endocrine disorders
     - Diabetes (150)
     - Other metabolic or endocrine disorders (151)
   - Substance abuse
     - Alcohol (170)
     - Drug (171)
     - Other substance abuse (172)
   - Sensory disorders
     - Blindness (180)
     - Other visual / eye (181)
     - Hearing / ear (182)
     - Other sensory disorders (183)
Accident
- Burns (190)
- Fractures, dislocations, soft tissue injury (191)
- Poisoning, toxic effects (192)
- Internal injuries (193)
- Injury to the nervous system (194)
- Back pain / injury (195)
- Overuse injury [RSI] (196)
- 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)

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) [ ]

Verification of doctor, specialist or nurse practitioner visits

Please list the type, cost and how often visits to doctors, specialists or nurse practitioners are necessary because of the stated disability:

<table>
<thead>
<tr>
<th>Type of consultation</th>
<th>Cost</th>
<th>How often (eg daily, weekly, monthly)</th>
<th>Health practitioner’s initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Items, services, treatments, pharmaceuticals

Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:

<table>
<thead>
<tr>
<th>Item / service / treatment / pharmaceutical</th>
<th>Health practitioner’s initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Health practitioner’s verification

Please print your details below.

HPI number [ ]

Health practitioner’s full name

Practice name and address

Telephone number ( )

Health practitioner’s signature

Day Month Year
Disability Allowance
medical certificate – counselling
Health practitioner and counsellor to complete

1. Client number

Client’s name
First names
Surname

To be completed by the health practitioner

2. What is the client’s health condition or disability?

Please tick one

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

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

Please print your details below.

HPI number
Health practitioner’s full name
Practice name and address
Telephone number (  )
Health practitioner’s signature

Day Month Year
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>What is the recommended frequency of visits?</td>
<td>🗼 Weekly 🗼 Fortnightly 🗼 Monthly</td>
</tr>
<tr>
<td>4</td>
<td>What is the recommended number of visits?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>What is the start date for the visits?</td>
<td>Day Month Year</td>
</tr>
<tr>
<td>6</td>
<td>What is the cost per visit?</td>
<td>$</td>
</tr>
</tbody>
</table>

Please print your details below.

- **Counsellor’s full name**
- **Professional membership of**
- **Practice name and contact details**
  - Address
  - Phone number (   )
  - Email

**Counsellor’s signature**

Day Month Year
Disability Allowance partner’s form

This form should be completed by the partner of the person applying for Extra Help. If you don’t have a partner please go to page 25.

In this form, ‘you’, ‘your’, and ‘yourself’ means the partner of the person applying for Extra Help.

Tell us about yourself

Write your client number here if you know it. This number can be found on your Community Services Card if you have one.

<table>
<thead>
<tr>
<th>Client number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Tell us the names you’ve been known by

**ATTACHMENT FOR Q1:** Provide proof of who you are. What you need to provide is explained on page 2.

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  
  - [ ] If no, tell us the name that is on your birth certificate
- [ ] Yes

First and middle names

Surname or family name

**ATTACHMENT FOR Q3:**

Provide your marriage certificate, deed poll, or other proof of any name change.

Have you ever been known by any other name?

- [ ] No
- [ ] Yes  
  - [ ] If yes, write them all out below

1. 
2. 

**ATTACHMENT FOR Q3:**

Provide your marriage certificate, deed poll, or other proof of any name change.

What name would you like us to call you?

- [ ] The name I wrote in Question 1
- [ ] The name I wrote in Question 2
- [ ] Other  
  - [ ] If other, write the full name
Tell us more about you

What date were you born?
Day
Month
Year

Are you:
□ Male  □ Female  □ Gender diverse

What is your Inland Revenue tax number?

ATTACHMENT FOR Q8: You need to provide proof of your bank account details, such as a bank statement or deposit slip.

What bank account would you want your payments to be paid into?
The account is in the name of:
The account number is:
Bank  Branch  Account number  Suffix

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  If yes, tell us your mailing address

How else can we contact you?
Tick the best way for us to first contact you
Home phone
Mobile phone
Other phone

Do you agree to get emails from us?
□ No  □ Yes  If yes, tell us your email address  □ I don’t have an email address
Tell us your ethnicity

INFORMATION FOR Q13:
We collect this information for statistics we use in research and future development work.

Tick the group(s) you most identify with.

- Māori
- New Zealand European
- Other European
- Cook Island Māori
- Niuean
- Samoan
- Tokelauan
- Tongan
- Chinese
- Other European
- Tokelauan
- Tongan
- Cook Island Māori
- Other

If other, write below:

Don’t want to answer

Tell us about your residence status

HOW TO ANSWER Q14:
This means you consider New Zealand your home, you’re a legal resident, you usually live here and you intend to stay.

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
- Granted New Zealand citizenship
- Granted permanent residency
- Other

When did you arrive in New Zealand?

Day Month Year

What country were you born in?

Day Month Year
Tell us if you’ve lived or worked overseas

**INFORMATION FOR Q18:**
Periods of overseas residence may:
- affect entitlement to some benefits
- mean you’re eligible for an overseas benefit or pension.
For more information, phone 0800 777 227.

**HOW TO ANSWER Q18:**
Your reason for being in a country may be that you were there for a working holiday, you were living there, you were born there.

---

### Have you ever lived or worked in any countries outside of New Zealand?

<table>
<thead>
<tr>
<th>No</th>
<th>Go to question 21</th>
<th>Yes</th>
<th>If yes, please list details below</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of country</th>
<th>Date you entered this country</th>
<th>Date you left this country</th>
<th>Reason for being in this country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/ /</td>
<td>/ /</td>
<td></td>
</tr>
<tr>
<td></td>
<td>/ /</td>
<td>/ /</td>
<td></td>
</tr>
<tr>
<td></td>
<td>/ /</td>
<td>/ /</td>
<td></td>
</tr>
<tr>
<td></td>
<td>/ /</td>
<td>/ /</td>
<td></td>
</tr>
<tr>
<td></td>
<td>/ /</td>
<td>/ /</td>
<td></td>
</tr>
<tr>
<td></td>
<td>/ /</td>
<td>/ /</td>
<td></td>
</tr>
</tbody>
</table>

---

### Do you receive or qualify for a social security benefit, pension or allowance from overseas?

<table>
<thead>
<tr>
<th>No</th>
<th>Go to question 21</th>
<th>Yes</th>
<th>If yes, tick the box that best describes your benefit, pension or allowance</th>
</tr>
</thead>
</table>

- Retirement or old age
- Superannuation
- Disability or health condition
- Widow or survivor
- Child or dependent
- War related
- Other | If other, please provide details below |

---

### If you ticked ‘Yes’ for question 19, please give details of the payments you get.

<table>
<thead>
<tr>
<th>What country does the payment come from?</th>
<th>Payment 1</th>
<th>Payment 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much do you get each time the payment is made (in overseas currency)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this amount before or after tax?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do you get the payment (for example, weekly, fortnightly, monthly)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the name of your pension, allowance or benefit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the payment reference number?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Tell us about your work

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, or drawings from a business.

Tell us about your current work

Are you working?

☐ No  Go to question 25  ☐ Yes

What type of work do you do?

☐ Full-time  ☐ Part-time  ☐ Casual

☐ Seasonal  ☐ Self-employed  ☐ Voluntary

Who are you working for?

Employer’s name

Employer’s contact details

Address  

Phone number (   )

Email

How much are you paid each week?

<table>
<thead>
<tr>
<th>Type of payment (include goods or services)</th>
<th>Amount before tax</th>
<th>Amount after tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>4.</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
Tell us about your income and assets

**Tell us about income in the last 52 weeks?**

Did you get income from any of the following sources in the last 52 weeks?

<table>
<thead>
<tr>
<th>Income Source</th>
<th>No</th>
<th>Yes</th>
<th>Jointly with partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages or salary</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/ protección)</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 boarders or flatmates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support payments (private arrangement or through Inland Revenue)</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>Payments from a former partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>

**ATTACHMENT FOR Q25:**
Bring a copy of your business accounts.

**INFORMATION FOR Q25:**
In this application form, ‘partner’ means the person you’re married to or in a civil union or relationship with, not a business partner.

Did you answer ‘yes’ or ‘jointly with partner’ to any of the sources of income listed in question 25?

- No
- Yes

**ATTACHMENT FOR Q26:**
You need to show us proof of income you’ve received in the last 52 weeks.

If yes, tell us the total before-tax amounts, for the last 52 weeks.

<table>
<thead>
<tr>
<th>Where did the income come from?</th>
<th>You</th>
<th>Payment made to?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
Did you get other types of payment apart from money in the last 52 weeks?

<table>
<thead>
<tr>
<th>Type of payment</th>
<th>Where did 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>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

If yes, tell us about the type of payment and its value

Do you expect to get income or other payments in the next 52 weeks?

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

If yes, write the details below. Tell us the before-tax amounts

Are you involved in a trust?

Are you involved in a trust, or have you ever been involved in a trust?

’Involved’ means one or more of the following:
- you’ve set up a trust, usually by making a gift of assets or property
- you’ve transferred assets to a trust
- you make decisions about managing a trust
- you benefit from a trust, for example, by receiving income such as trust distributions.

| Name of trust |
Collecting your information
We collect your personal information, so we can provide income support, NZ Super or Veteran’s Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at workandincome.govt.nz/privacy
- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don’t.

Using your information
We use the information you give us to make decisions about the best way to help you.
- These decisions may be about:
  - whether you’re eligible for our services
  - running our operations and ensuring our services are effective
  - the services we’ll provide in the future.

Sharing your information
Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.
- To do this, we may share your information with:
  - prospective employers to help you find work
  - contracted service providers that help us to help you
  - health providers if we need your medical information to assess your eligibility
  - other government agencies when we have an agreement with them
  - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

Respecting you and your information
We make sure we follow the Privacy Act to do what’s right when we use your information.
- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

Get in touch if you have a question
You have a right to ask to see your personal information, and to ask for it to be corrected if it’s wrong.
- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at: workandincome.govt.nz/privacy
Obligations and signature

Let us know when things change

You need to let us know about changes that might affect the amount you’re paid, 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:

• are travelling overseas
• 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.

Applicant’s name (print) ____________________________ Applicant’s signature ____________________________ Day ______ Month ______ Year ______

Applicant’s partner’s name (print) ____________________________ Applicant’s partner’s signature ____________________________ Day ______ Month ______ Year ______