

# CHILD DISABILITY ALLOWANCE APPLICATION FORM

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

The Child Disability Allowance is a non-taxable payment made to the main carer of a child or young person who has a serious disability, in recognition of the extra care provided:

- they require constant care and attention because of that disability, over and above that of a child of a similar age and sex, and
- they must be under the age of 18, and
- they will be likely to need that care and attention for more than 12 months.

**The Child Disability Allowance is not income or asset tested.**

**To be eligible for the Child Disability Allowance you must:**

- be a New Zealand citizen or a permanent resident who usually lives in New Zealand, and
- care for a child who has a serious disability or medical condition.

**The medical certificate in this application form should be completed by the doctor or specialist who provides the ongoing care of the child or young person.**

You may also be able to receive the Disability Allowance to help towards the extra costs the child or young person has because of a disability or medical condition.

It is important that you contact us as soon as possible, even if you don't have all the information available, as this will affect when we can start your payments.

# BEFORE YOU START – READ THIS PAGE

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

## **USE BLUE OR BLACK INK ONLY**

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

## **ANSWER ALL THE QUESTIONS**

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



## **YOU MAY NEED TO PROVIDE DOCUMENTS**

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

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

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

We recommend that you send your documents to us online using New Zealand Post's service, Connect. 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](http://www.connect.co.nz)**

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



## **SIGN AND DATE THE FORM**

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

## **WHERE TO SEND THIS FORM**

Send your completed form to:

StudyLink  
PO Box 30100  
Lower Hutt 5040

If you need more information, visit our website **[www.studylink.govt.nz](http://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

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## 2. What is your name?

The applicant is the person caring for the child or young person. Where care is shared either parent can apply but not both.

First name	Middle name(s)	Surname or family name

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

☐ Yes ☐ No

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

First name	Middle name(s)	Surname or family name

## 4. Are you:

☐ Male ☐ Female

## 5. What is your date of birth?

Day  Month  Year

## 6. Where do you live?

Flat/House no.	Street address

Suburb	City	Country
		New Zealand

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

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

Flat/House no.	Street address

Suburb	City	Country
		New Zealand

## How can we contact you?

Home phone	Work phone	Mobile
Email		

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

☐ Yes ☐ No

If yes, what type of benefit?

**Have you ever received any type of benefit before?**

☐ Yes

☐ No

If yes, what type of benefit?

**9. What is your Inland Revenue tax number?**

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

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

**The account is in the name of:**

Bank

Branch

Account

Suffix

**11. Were you born in New Zealand?**

☐ Yes (Go to Q13)

☐ No

**11a. What country were you born in?**

**11b. Are you a:**

☐ Residence class visa holder<sup>1</sup>

☐ Protected person<sup>2</sup>

☐ New Zealand citizen

☐ Other (eg. Refugee)

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

Day

Month

Year



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

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

Day

Month

Year

**13. Do you usually live in New Zealand?**

☐ Yes

☐ No (It's unlikely your application will be approved – call us on **0800 88 99 00** to discuss this)

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

☐

NZ Pākehā/European

☐

Other European

☐

NZ Māori

☐

Samoan

☐

Cook Island Māori

☐

Tongan

☐

Niuean

☐

Tokelauan

☐

Fijian

☐

Pacific Island – other

☐

Southeast Asian

☐

Chinese

☐

Indian

☐

Asian – other

☐

Middle Eastern

☐

Latin American

☐

African

☐

Other (please provide details)

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

<sup>1</sup> 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). If you are an Australian citizen or Australian permanent resident please choose 'residence class visa holder'.

<sup>2</sup> As defined under sections 130 and 131 of the Immigration Act 2009.

## PART 2: CHILD OR YOUNG PERSON'S DETAILS

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

First name	Middle name(s)	Surname or family name

### 2. What is the child or young person's date of birth?

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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### 3. Was the child or young person born in New Zealand?

<input type="checkbox"/>	Yes (Go to Q4)	<input type="checkbox"/>	No
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#### 3a. What country was the child or young person born in?

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

<input type="checkbox"/>	Residence class visa holder <sup>1</sup>	<input type="checkbox"/>	Protected person <sup>2</sup>	<input type="checkbox"/>	New Zealand citizen
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☐ Other (eg. Refugee)

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

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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**WE NEED TO SEE A VERIFIED COPY OF THE CHILD OR YOUNG PERSON'S BIRTH CERTIFICATE, PASSPORT OR LETTER FROM IMMIGRATION NEW ZEALAND TO PROVE THE CHILD OR YOUNG PERSON'S RESIDENCE (UNLESS STUDYLINK HAS ALREADY SEEN IT).**

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

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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### 4. Where does the child or young person live?

Flat/House no.	Street address

Suburb	City	Country
		New Zealand

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

A residential home includes: IHC homes, NZCCS homes, Hohepa home, religious hostel, Hogben School, Ministry of Education residential schools such as Homai College for the Blind.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (Go to Q9)
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### 6. What is the name and address of the residential home where they reside?

Residential home name
Residential home address

<sup>1</sup> 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). If you are an Australian citizen or Australian permanent resident please choose 'residence class visa holder'.

<sup>2</sup> As defined under sections 130 and 131 of the Immigration Act 2009.

**7. How often do they return home? (For example, weekends, school holidays)**

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**8. Do you provide any financial support while the child or young person lives in the residential home?**

Financial support includes: board payments, personal items.

☐ Yes☐ No

If yes, please give details of the support you provide.


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

☐ Yes (Go to Q11)☐ No

If no, what is your relationship to the child?

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

**First parent**

First name	Middle name(s)	Surname or family name

Flat/House no.	Street address

Suburb	City	Country

Home phone	Work phone	Mobile
Email		

**Second parent**

First name	Middle name(s)	Surname or family name

Flat/House no.	Street address

Suburb	City	Country

Home phone	Work phone	Mobile
Email		

**11. Do you have primary responsibility for the day to day care of the child or young person?**

☐ Yes

☐ No

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


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

☐ Yes

☐ No

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


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

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

☐ Yes

☐ No

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


## OBLIGATIONS

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

Here are your obligations.

**If things change**

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

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

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

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

I am also aware of and understand the Privacy Statement contained in this application and we may contact the child's doctor or specialist in regards to the child's disability or medical condition.

# PART 3: MEDICAL CERTIFICATE

The Child Disability Allowance is a non-taxable payment made to the main carer of a child or young person who has a serious disability, in recognition of the following extra care provided:

- they require constant care and attention because of that disability, over and above that of a child of a similar age and sex, and
- they will be likely to need that care and attention for more than 12 months.

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

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

## 1. Name of the child or young person:

First name	Middle name(s)	Surname or family name

## 2. What is their date of birth?

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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## 3. Gender

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
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## 4. Name of the main caregiver of the child or young person:

First name	Middle name(s)	Surname or family name

## 5. What are the main clinical conditions affecting this child or young person?

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

Diagnosis	Covered by ACC? Yes/No
1.	
2.	
3	
4	

## 6. Does the child or young person have a serious disability?

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No (Go to Q8)
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## 7. Due to that serious disability, do they need constant care and attention as follows:

### 7a. Frequent attention from another person in connection with bodily functions which is required as a consequence of the disability, and is in excess of that normally required by a child or young person of the same age?

Bodily function includes activities such as toileting and eating.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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OR:



**7b. Attention and supervision substantially in excess of that normally required by a child or young person of the same age and sex?**

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

☐ Yes ☐ No

OR:

**7c. Regular supervision from another person in order to avoid substantial danger to themselves or others?**

Substantial danger needs to be as a consequence of the disability and pose a real threat of physical or mental harm.

☐ Yes ☐ No

**7d. Are they likely to require such care and attention for a period exceeding 12 months?**

☐ Yes ☐ No (Go to Q9)

**8. Is the child or young person currently in hospital?**

☐ Yes ☐ No

Name of hospital	Expected length of stay

**9. Would you like us to contact you about the child or young person's diagnosis or disability?**

☐ Yes ☐ No

**10. Please provide any other relevant information that would assist us to determine eligibility for the Child Disability Allowance.**

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


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

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



**SIGN HERE**

**MEDICAL PRACTITIONER IDENTITY**

Please print or stamp your full name, address, telephone number and HPI number. This information is required under the Social Security Act 1964.

**HPI Number**

<b>Full name</b>	
<input type="text"/>	
<input type="text"/>	
<b>Practice Address</b>	<b>Stamp</b>
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

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

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

**SIGN HERE**   Day  Month  Year

# PRIVACY STATEMENT

The Ministry of Social Development includes Work and Income, MSD Housing Assessment, Senior Services, StudyLink and other service lines. The legislation administered by the Ministry of Social Development allows us to check the information that you give us. This may happen when you apply for assistance and at any time after that. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

## Why we collect information

The information you give us or your Contracted Service Provider<sup>1</sup> is collected under the authority of the legislation administered by the Ministry of Social Development. The information will be held by the Ministry of Social Development and/or your Contracted Service Provider.

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 1964
- granting student loans and student allowances under the Education Act 1989
- delivering superannuation services under the New Zealand Superannuation and Retirement Income Act 2001
- assessing eligibility for social housing and calculating income-related rents under the Housing Restructuring and Tenancy Matters Act 1992
- care and protection needs of children under the Children, Young Persons and their Families Act 1989
- providing support and services for you and your family in relation to employment, education and housing
- assessing whether you and/or your partner (if you have one) may be entitled to an overseas pension, benefit or allowance.

MSD may also use the information for statistical and research purposes, and for providing advice to Government.

The Ministry of Social Development and your Contracted Service Provider will exchange information about you in order to provide you with your correct financial assistance and other services. Your Contracted Service Provider may collect information from other agencies where that information is relevant to the services that the Contracted Service Provider is providing you.

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

<sup>1</sup>The term Contracted Service Providers has the meaning given by section 125A(1), Social Security Act 1964, and references to Contracted Service Provider in this privacy statement only apply where one has been assigned to you.

## We may use information for social housing

Information you give us when you apply for assistance, and at any time after that, may also be used for social housing purposes<sup>2</sup> under the Housing Restructuring and Tenancy Matters Act 1992, including reviewing your eligibility for social housing or your income-related rent.

<sup>2</sup>Social 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 contact health providers

The Ministry of Social Development or your Contracted Service Provider may contact health providers to check any health related information you give us.

## We may compare the information you give us with information held by other agencies

The information you give us, or your Contracted Service Provider, may be compared with information held by other agencies such as Inland Revenue, the Ministry of Justice, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the 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 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, or your Contracted Service Provider, 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, social housing providers and childcare providers

The Ministry of Social Development or your Contracted Service Provider may:

- give employers information about you to find you employment and contact the employer to discuss the result of any job interview that you are referred to
- 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
- share information about you with social 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 or your Contracted Service Provider (for example, on your skills, aspirations, family circumstances) that is not required to assess your entitlement to a benefit may be used by us or your Contracted Service Provider to provide a better service to you.

## You have the right to see your information and ask for it to be corrected

Under the Privacy Act 1993 you have the right to ask to see all information we, or your Contracted Service Provider, hold about you and to ask them, or us, to correct that information.



## DOCUMENTS TO PROVIDE

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

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

We recommend that you send your documents to us online using New Zealand Post's service, Connect. 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](http://www.connect.co.nz)

Documents you need to provide if the student is applying for the first time and StudyLink hasn't seen them before.

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



## SIGN HERE

### INFORMATION RELATING TO ENTITLEMENT AND PLANNING

I agree that Work and Income can contact my doctor, specialist, dentist, midwife, carer or other holder of health or disability information to get the information it needs:

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

First name	Middle name(s)	Surname or family name

**SIGN HERE**   Day   Month    Year



## SIGN HERE

### DECLARATION

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

Student's signature

**SIGN HERE**   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](http://www.studylink.govt.nz)**

## HOW TO CONTACT US

Website: **[www.studylink.govt.nz](http://www.studylink.govt.nz)**

Phone: **0800 88 99 00**

**StudyLink**  
**PO Box 30100**  
**Lower Hutt 5040**