

Child Disability Allowance Application



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

If you need help with this form call us on ☎ **0800 559 009**.

Who can get this allowance

If you need help filling in this form, please ask at your nearest Work and Income Service Centre.

Mehemea e hiahia me awhina a koe ki te whakaki i tenei panui, haere patai ki te poari o te Work and Income tata tonu ki a koe.

Afai e te mana'omia se fesoasoani i le faatumuina o so'o se pepa talosaga e uiga i penefiti, faamolemole faafesoota'i le ofisa o le Work and Income.

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.

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.

Also, the child or young person must:

- be under the age of 18 and be dependent on the person caring for them, **and**
- need constant care and attention for at least 12 months because of their disability.

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. Please ask us about this.

How to apply

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.

To apply for the Child Disability Allowance, please call us on our general enquiries number ☎ **0800 559 009** to make an appointment, or visit your nearest Work and Income Service Centre.

What to bring

Please ask Work and Income staff for help if:

- you do not have any of the documents we have asked for
- you think there could be a delay in providing this information
- you would like to know about extra help.

When you apply for the Child Disability Allowance, you will need to complete this application form and provide the following:

- For New Zealand born clients, one form of government-issued documentation stating your full legal name and date of birth (eg your birth certificate, passport, driver licence, firearms licence, deed poll etc)
- For clients born overseas, proof of your lawful residence in New Zealand (eg New Zealand passport, other country passport with residence class visa or resident permit, citizenship certificate, etc)
- Two more documents supporting your identity. These could include your marriage certificate, bank statement, phone or power account, driver licence, etc)

Note: One of the documents requested above must be at least 2 years old.

- A form or letter from Inland Revenue showing your IRD (tax) number.
- Full birth certificates for the child or young person.
- Proof of bank account details.

Privacy Statement

The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form.

This may happen when you apply for a benefit and at any time after that.

The Privacy Act 1993 requires us to tell you that:

- The information you give us 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.
- The information is collected for the purposes of the legislation administered by the Ministry of Social Development (including Work and Income, Child, Youth and Family and other service lines of the Ministry), and in particular for:
 - granting benefits and other assistance under the Social Security Act 1964
 - providing employment related services
 - statistical and research purposes
 - providing advice to Government
 - care and protection needs of children
 - providing support and services for you and your family
 - providing education related services.
- Work and Income may contact health providers to verify any health related information you give us.
- Work and Income may give employers information about you to find you employment. Where Work and Income refer you to a job vacancy, we may also contact the employer to discuss the result of any job interview that you attend.
- Work and Income may share information you have given us with childcare centres to administer your entitlement to childcare assistance.
- Other information that you give us on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by the Ministry of Social Development.
- The information you give us may be compared with information held by 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).
- 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 Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
 - disclose your personal information to your partner.
- 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.
- You are not required to give us information, but if you do not give us all the information we ask for, your application for benefits may be declined.

Obligations

I must tell Work and Income immediately if the child or young person:

- is admitted to or discharged from hospital
- leaves my care
- enters residential care

and if either myself or the child or young person:

- intend to travel overseas
- have changes to personal details (such as name, address or bank account number)
- are imprisoned / held in custody or remand
- have any other changes that may affect my entitlement to the Child Disability Allowance

I must also tell Work and Income immediately of any significant improvement in the child's disability that may affect my entitlement to the Child Disability Allowance, eg child or young person no longer requires constant care and attention.

Important

I understand that:

- if I have made a false statement **or**
- if I have failed to answer all the questions in full **or**
- if I do not tell Work and Income about changes in my life that might affect my entitlement or rate **then**
 - my benefit may be reviewed and cancelled **and**
 - I may have to pay back the total amount of any overpayment that I have received **and**
 - Work and Income may impose a penalty (up to three times the value of the overpayment) **or**
 - I may be prosecuted and fined or imprisoned.

Additional information

Your client number is:

<input type="text"/>									
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Information required by

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day Month Year

Contact name

<input type="text"/>
<input type="text"/>
<input type="text"/>

Child Disability Allowance – Medical Certificate



Work and Income
Te Hiranga Tangata

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CLIENT NUMBER

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Information for medical practitioners

For more information about the Child Disability Allowance, refer to the Child Disability Allowance – Guide for Medical Practitioners brochure.

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.

Client details

Name of the child or young person:

First name(s)

Surname or family name

Date of birth:

Day	Month	Year

Gender: Male Female

Where the person is known by more than one name, please provide the person's last name as it appears on their passport or birth certificate.

Name of main caregiver of the child or young person:

First name(s)

Surname or family name

Disability

Q1 note: Please list the diagnoses in order of their impact on the child or young person.

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

Diagnosis

1.
2.
3.
4.
5.

Covered by ACC?

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

continued overleaf...

Impact on child or young person

Q2 note: Serious disability includes: physical, sensory, mental health, intellectual or developmental disability, or chronic medical condition.

Q3a note: Bodily function includes activities such as toileting and eating.

Q3b note: Attention and supervision needs to be focused on functions such as: activities of daily living, mobility, learning, behaviour and/or health needs.

Q3c note: Substantial danger needs to be as a consequence of the disability and pose a real threat of physical or mental harm.

Q6 note: If the child or young person has a chronic or severe condition, it would help Work and Income determine appropriate assistance if you could attach a copy of a recent report or referral letter.

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

No ▶ Go to Question 6 Yes

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

a. **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?

No Yes

OR:

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

No Yes

OR:

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

No Yes

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

No ▶ Go to Question 6 Yes

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

No Yes

Name of the hospital

Expected length of stay

Weeks

Long term

6. Would you like Work and Income to contact you about the child or young person's diagnosis or disability?

No Yes

Please provide any other relevant information that would assist Work and Income determine eligibility for the Child Disability Allowance.

Reassessment

Q7 note: Where the need for constant care and attention is likely to reduce over time, review should be undertaken at regular intervals.

7. When should the child or young person's disability next be reassessed for entitlement to the Child Disability Allowance? (select one)

1 year 2 years 5 years Never

OR:

At what age?

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.

Privacy Act

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

HPI number

Full name

Practice address

Telephone number

Date certificate completed:

Day

Month

Year

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

Yes

Medical Practitioner's signature

Child Disability Allowance Application



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CLIENT NUMBER

Please read this before you start

Please check that you have all relevant "What to bring" items on the front of this form.

Please complete all questions – if not applicable write N/A.

Name

Q1 note: The applicant is the person caring for the child or young person. Where care is shared either parent can apply but not both.

Q2 note: Give any other names that you use now or have used in the past (including your maiden name).

Q4 note: Please tick one box to show the title you want to be known by.

1. What is your name?

First name(s)

Surname or family name

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

No Yes ▶ Please provide details below:

1.
2.

3. Are you: Male Female

4. What do you want to be called?

Mrs Miss Ms Mr No title Other

Birth date

5. What is your date of birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Address

Q6 note: If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

Q7 note: Mailing address includes:

- postal box (PO Box)
- rural delivery details
- C/O address.

6. Where do you live?

Flat/house no. Street name

<input type="text"/>	<input type="text"/>
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Suburb

City

<input type="text"/>	<input type="text"/>
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7. What is your mailing address (if different from above)?

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

<input type="text"/>
<input type="text"/>

8. How can we contact you?

Work phone

Home phone

Mobile phone

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email

Fax

<input type="text"/>	<input type="text"/>
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Past benefits

9. Are you currently receiving any type of benefit?

No Yes ▶ What type of benefit?

10. Have you ever received any type of benefit before?

No ▶ Go to Question 12 Yes ▶ What type of benefit?

11. What was your client number?

Tax number

12. What is your Inland Revenue tax number?

Bank details

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

Name of bank (eg ANZ):

Name of branch (eg Lower Hut):

The account is in the name of:

The account number is:

Bank	Branch	Account number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office use only

Verified by

Residency

Q14 note: Tick one box.

14. Indicate which describes your residency situation:

New Zealand citizen (by birth) ▶ Go to Question 18

New Zealand citizen (other) ▶ Go to Question 16
Date of citizenship
Day Month Year

Permanent resident ▶ Go to Question 16
Date permanent residence granted
Day Month Year

Other ▶ Go to Question 15

15. What is your residency status?

16. When did you arrive in New Zealand?

Day Month Year

17. Where were you born?

Q18 note: This means that you consider New Zealand your home, you are a legal resident, usually live here and intend to stay permanently.

18. Do you usually live in New Zealand?

No Yes

Ethnic group

Q19 note: You don't have to answer this question if you don't want to. This information is for statistics and will be used for research and future development work.

19. To what ethnic group do you believe you belong?

New Zealand Maori ▶ Which tribe(s)/iwi?

New Zealand European Niuean Samoan Indian

Other European Tokelauan Tongan Chinese

Cook Island Maori Other ▶ Please specify below:

Child or Young Person's Details

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(s)

Surname or family name

2. What is their date of birth?

Day Month Year

3. Indicate which describes the child or young person's residency situation:

New Zealand citizen (by birth) ▶ Go to Question 7

Date of citizenship

New Zealand citizen (other) ▶ Go to Question 5

Day Month Year

Permanent resident ▶ Go to Question 5

Date permanent residence granted

Day Month Year

Other ▶ Go to Question 4

4. What is the child or young person's residency status?

5. When did the child or young person arrive in New Zealand?

Day Month Year

6. Where was the child or young person born?

Address

Q7 note: If the child or young person lives in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

Q8 note: 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.

Q11 note: Financial support includes:

- board payments
- personal items.

7. Where does the child or young person live?

Flat/house no. Street name

Suburb

City

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

No ▶ Go to Question 12 Yes

9. What is the name and address of the residential home where they reside?

Residential home name

Residential home address

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

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

No Yes ▶ Please provide details below:

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

No ▶ What is your relationship to the child? Yes ▶ Go to Question 14

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

Mother's name

Mother's address

Father's name

Father's address

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

No ▶ Please provide details below: Yes

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

No ▶ Please provide details below: Yes

Q16 note: Income includes:

- wages
- ACC or insurance payment
- family trust payments
- maintenance payments
- interest from bank accounts.

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

No Yes ▶ Please provide details below:

Client's Obligations

Please read this statement carefully and sign.

I must tell Work and Income immediately if either myself or the child or young person:

- intends to travel overseas
- have changes to personal details (such as name, address or bank account number)
- have changes to my / our living situation (eg the child or young person leaves my care, the child or young person enters residential care)
- are imprisoned / held in custody on remand
- 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 Act statement contained in this application form and Work and Income may contact the child's doctor or specialist in regards to the child's disability or medical condition.

Client's name (print)

Client's signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

OFFICE USE ONLY

Additional information:

Decision:

Processor's signature

▶

Day	Month	Year

Authenticator's signature

▶

Day	Month	Year

10% 100% Critical data

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Checker's signature

▶

Day	Month	Year

Bring up

B	F
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Day	Month	Year