Supported Living Payment application

Work and Income
Te Hiranga Tangata
A service of the Ministry of Social Development

Why not apply online? Go to **www.workandincome.govt.nz**.

If you need more information go to our **website** or call us on **0800 559 009**.

We suggest that you read the instructions on pages 1 to 4 of this application form before starting to fill it in, so you get a feel for what is needed.

Who can get this support

You may be able to get the Supported Living Payment if you are:

- permanently and severely restricted in your ability to work because of a health condition, injury or disability. This means:
  - your condition will last more than two years, OR
  - your life expectancy is less than two years AND
  - you can't regularly work 15 hours or more a week
- totally blind
- caring full time for someone at home who would otherwise need hospital level or residential care (or equivalent) who is not your husband, wife or partner.

If you are applying because you:

- have a health condition, injury, disability or you are totally blind; you need to be 16 years or over
- are providing full-time care; you need to be:
  - 18 years or over with no dependent children, or
  - 20 years or over with dependent children.

You will need to meet your obligations and some other conditions. The information we collect on this application form will help us work out what assistance we can give you.

What you need to do next

You and your partner (if you have one) need to do several things before Work and Income can help you.

1. Fill out this application form.
2. Get other people to fill out parts of the application form, if you need to (for example, if you are applying for a Disability Allowance, a registered medical practitioner needs to fill out the Disability Allowance medical certificate).
3. Collect all the documents you need to show us. We tell you about these documents in the application form (look for the 📎), and we also have a list on pages 3 and 4 (for example, you will need to provide medical information on either your health or the health of the person you care for).
4. Bring this application form and the documents to a meeting. If you do not already have a meeting arranged, contact us on **0800 559 009** so we can set one up for you.

You must give us all the information we need.

If you do not 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 paying your benefit. You might need to pay money back, we may impose a penalty, and you could be prosecuted.

What you will find in this application form

This application form is made up of:

- an applicant form – this is for you to fill out (pages 5 to 23)
- three extra help forms – for Accommodation Supplement, Temporary Additional Support and Disability Allowance (pages 24 to 32)
- a partner form – this is for your partner (if you have one) to fill out (pages 33 to 39)
- obligations section – this lists the obligations you and your partner (if you have one) must agree to in return for getting payments and what will happen if you do not meet these (pages 40 to 43)
- Privacy Statement – this is what we do with the information you give us (page 44)
- signature page – this is where you and your partner (if you have one) agree to meet your conditions of benefit receipt (pages 45 and 47)
- Helper's statement – to be completed if someone has filled in the application form on behalf of you or your partner if you have one (page 48).

How to fill in this application from

Tick the small square boxes. For example, if your answer to a question is 'Yes', tick the box next to the word 'Yes'.

☐ No ☑ Yes

Write in the longer boxes. If you do not have enough room to write the answer to a question, use another piece of paper and attach it to the form.

Often this form tells you what to do next

If you see

Text that tells you what to do next

we want you to answer in the following spaces.

If you see

Go to question #

go to the question number given.

If we do not give you a question number to go to, answer the next question.

We use the following to show when we need documents and to help you answer questions

Documents you need to bring.

Information about a question.

How to answer a question.

If you have someone fill in this application form for you or your partner, that person must fill in and sign the Helper's statement on page 48.

The better the information you give us, the sooner we can process your application. So, please fill out the application form carefully, and bring all the documents you need to your meeting.

Supported Living Payment
what to bring

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Once you have filled out the application form, use this checklist to tick off all the documents you need for your meeting with us.

Talk to us if you do not 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 bring

INFORMATION NOTE:
Documents need to be originals, or copies of documents that have been certified as a **true copy** by a Solicitor/Lawyer, Notary Public, Registrar of the Court or Justice of the Peace.

Proof of who you are:	For you	For your partner (if you have one)
If you were born in New Zealand, bring 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).	☐	☐
If you were born overseas, bring 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).	☐	☐
If your name has changed, bring your marriage certificate, deed poll, or other proof of the name change.	☐	☐
All people applying need to bring **two** more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).	☐	☐
A form or letter from Inland Revenue showing your tax number	☐	☐
Proof of your bank account details, such as a bank statement or deposit slip	☐	☐

One of the documents above must be at least two years old.

Applicant and partner forms

Depending on answers in the applicant form (pages 5 to 23) and partner form (pages 2 to 20), you may need to bring:	For you	For your partner (if you have one)
Proof of your assets and their value.	☐	☐
Proof of payments, if you receive a benefit, allowance or pension from overseas.	☐	☐
Full birth certificates for each dependent child in your care.	☐	☐
Your marriage or civil union certificate, for a current relationship.	☐	☐
Your business accounts, if you have your own business.	☐	☐
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.	☐	☐
Trust documents, if you are involved in a trust (for example, trust deed, deed of debt, gift statements, accounts).	☐	☐

Documents about your health	
If you are applying due to a health condition, injury or disability that you have, you need to bring in a medical certificate from a medical practitioner, or existing reports or assessments (for example a Needs Assessment and Service Coordination (NASC) or a report from a specialist).	☐

Forms for the person you are providing full-time care for

Forms for the person you are providing full-time care for	
If you are applying because you are caring for someone who would otherwise require hospital care, or a similar level of care, you need to bring a medical certificate for the person you are caring for. This is on pages 15 to 18 and needs to be completed by a registered medical practitioner - in most cases the usual doctor or specialist of the person being cared for.	☐

Extra help forms

Depending on your answers in the extra help forms (pages 21 to 30), you may need to bring:	
If you are applying for a **Disability Allowance**:	☐
• proof of health related costs	
• a Disability Allowance medical certificate for each person you apply for.	☐
If you are applying for an **Accommodation Supplement**:	
• proof of accommodation costs	☐
• proof of your assets and their value.	☐
If you are applying for **Temporary Additional Support**:	
• proof of any essential ongoing costs	☐
• proof of accommodation costs	☐
• proof of your assets and their value.	☐

Supported Living Payment applicant form

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In the applicant form, 'you', 'your', and 'yourself' means the person applying for Supported Living Payment.

If we say 'your partner' this only applies to you if you have one.

Did you know you can do this online?
Go On Get online
www.workandincome.govt.nz/go-on

Tell us about yourself

If you have received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

Client number ☐☐☐ | ☐☐☐ | ☐☐☐

Tell us the names you have been known by

ATTACHMENT FOR Q1: Bring proof of who you are. What you need to bring is explained on page 3.

1 What is your full name?

☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

First and middle names

Surname or family name

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

☐ No ↓ **Tell us the name that is on your birth certificate** ☐ Yes

First and middle names

Surname or family name

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

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

3 Have you ever been known by any other name?

☐ No ☐ Yes ↓ **Write them all out below**

1.

2.

4 What name would you like us to call you?

☐ The name I wrote in Question 1 ☐ The name I wrote in Question 2

☐ Other ↓ **Write the full name**

Tell us more about you

5 What date were you born?

Day | Month | Year

6 Are you:

☐ Male ☐ Female

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

7 What is your Inland Revenue tax number?

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

8 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

HOW TO ANSWER Q9: If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

9 Where do you live?

Flat/House number | Street name

Suburb

Town/City

HOW TO ANSWER Q10: Mailing address can include a postal box (PO Box), rural delivery details, or C/O address.

10 Is your mailing address different from where you live?

☐ No ☐ Yes **Tell us your mailing address**

HOW TO ANSWER Q11: Please only give us contact details you would like us to use.

11 How else can we contact you?

Tick the best way for us to first contact you

Home phone	( )	
Mobile phone	( )	
Other mobile phone	( )	
Fax	( )	

12 Do you agree to get emails from us?

☐ No ☐ 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 that we use in research and future development work.

13 **Tick the group(s) you most identify with.**

- [ ] Māori → **Which tribe(s) or iwi?**
- [ ] New Zealand European
- [ ] Niuean
- [ ] Samoan
- [ ] Indian
- [ ] Other European
- [ ] Tokelauan
- [ ] Tongan
- [ ] Chinese
- [ ] Cook Island Māori
- [ ] Other ↓ **Please write below**
- [ ] Do not want to answer

Tell us about your residence status

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

ATTACHMENT FOR Q14:
If you answered 'No' you will need to provide proof of your assets and their value (page 23).

14 **Do you usually live in New Zealand?**

- [ ] No
- [ ] Yes

15 **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 — Date citizenship granted _____ (Day / Month / Year) — **Go to question 16**
- [ ] Granted permanent residency — Date permanent residence granted _____ (Day / Month / Year) — **Go to question 16**
- [ ] Other ↓ **What is your residence status?**

16 **When did you arrive in New Zealand?**

Day / Month / Year

17 **What country were you born in?**

HOW TO ANSWER Q18:
Please answer even if you are a New Zealand citizen by birth.

ATTACHMENT FOR Q18:
If you answered 'No' you will need to provide proof of your assets and their value (page 23).

18 **Have you lived in New Zealand continuously for at least two years since you became a New Zealand citizen or permanent resident?**

- [ ] No
- [ ] Yes

Tell us if you have lived or worked overseas

INFORMATION FOR Q19:
Periods of overseas residence may:

- affect entitlement to some benefits
- mean you are eligible for an overseas benefit or pension.

For more information, phone **0800 777 227**.

HOW TO ANSWER Q19:
Your reason for being in a country may be that you were there for a working holiday, you were living there, or you were born there.

ATTACHMENT FOR Q21:
You will need to show us evidence of these payments, such as a pension certificate.

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

☐ No — Go to question 22

☐ Yes — Please list details below

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

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

☐ No — Go to question 22

☐ 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

21 If you ticked 'Yes' for question 20, please give details of the payments you receive.

	Payment 1	Payment 2
What country does the payment come from?		
How much do you receive each time the payment is made (in overseas currency)?		
Is this amount before or after tax?		
How often do you receive the payment (for example: weekly, fortnightly, monthly)?		
What is the name of your pension, allowance or benefit?		
What is the payment reference number?		

Tell us whether you are a veteran

22 Have you served with the New Zealand Armed Forces?

☐ No ☐ Yes

If you have ticked 'Yes', you may be entitled to a:

- Veteran's Pension (for more information call **0800 650 656**), and/or a
- War Disablement Pension or associated payments (for more information call Veterans' Affairs New Zealand on **0800 4 VETERAN (0800 483 8372)**).

Tell us about the people in your household

Tell us about your dependent children

23

HOW TO ANSWER Q23:
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 Q23:
Bring the birth certificate for each dependent child.

Do you have dependent children in your care?

☐ No Go to question 29 ☐ Yes Please provide details below

Child 1

Full name

Date of birth

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 2

Full name

Date of birth

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 3

Full name

Date of birth

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 4

Full name

Date of birth

Relationship to you

Parent 1: Full name

Parent 2: Full name

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 bring them with this application form.

HOW TO ANSWER Q24:
Please read the definition of a relationship on page 10.

24

Are you a sole parent?

☐ No Go to question 27 ☐ Yes

HOW TO ANSWER Q25:
Record the names of all known parents, including those:

- named on the child's birth certificate
- named in a Deed of Acknowledgement of Paternity, or
- named as the child's parent by the Court.

INFORMATION FOR Q26:
If you are a sole parent you may need to complete a Child Support application for each dependent child.

INFORMATION FOR Q28:
A family tax credit is a payment to families with children to help with day-to-day living costs. People receiving a benefit who have dependent children generally qualify for family tax credits.

25 **Have you named all the parents for each child?**

☐ No **Please talk with us** ☐ Yes

26 **Have you applied for Child Support for each child?**

☐ No **Please talk with us** ☐ Yes

27 **Do you have a shared custody arrangement for any of your dependent children?**

☐ No ☐ Yes **Please list the details below**

Name of child	Hours per week in your care	Name of person you have shared custody with

28 **If you qualify for any family tax credit do you want it paid with your benefit?**

☐ No ☐ Yes

If you tick 'Yes', we will tell Inland Revenue for you – so you do not need to.

Tell us about other children that were dependent on you

29 **Have you had any children in your care in the last 52 weeks who are no longer dependent on you?**

☐ No ☐ Yes **Please list the details below**

Name of child	Date of birth	Date they became no longer dependent

Tell us about your relationship status

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 determine your entitlement to income assistance, we will consider you to be in a relationship if you are 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 (of the same or opposite sex):

- are committed to each other emotionally for the foreseeable future and
- are financially interdependent on each other.

To give you a better idea of what we mean by this, think about whether:

- you live together at the same address most of the time
- you live separately but stay overnight at each other's place a few nights a week
- 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
- your partner would be willing to financially support you if you couldn't support yourself.

HOW TO ANSWER Q30: Tick this statement to confirm you understand the definition of a relationship for benefit purposes. If you do not understand what we mean by a relationship please leave this blank until you talk with us. In the meantime, go to question 31.

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

☐ I understand the definition of a relationship for benefit purposes

31 **Do you have a partner?**

By 'partner' we mean someone you are in a relationship with. If you are not sure, please leave this section blank until you talk to us and in the meantime, go to question 38.

☐ No Go to question 37 ☐ Yes

Your partner needs to complete the Partner form on page 33.

32 **What is your partner's full name?**

33 **What is your partner's date of birth?**

Day Month Year

ATTACHMENT FOR Q34: Bring your marriage or civil union certificate for your current relationship.

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

Tick one of the following boxes

☐ Married ☐ In a civil union ☐ In a relationship

35 **Are you living at the same address as your partner?**

☐ No ☐ Yes Go to question 38

36 **Why are you living apart from your partner?**

☐ They are in prison Date they were imprisoned

Day Month Year

Your partner does not need to fill out the partner form. Go to question 38

☐ Other Please explain why below

Go to question 37

INFORMATION FOR Q37: This information helps us work out when your payments can start from.

37 **Have any of the following happened in the last 28 days?**

Tick the box that applies and write the date it happened

			Day	Month	Year
My partner has died	☐ No	☐ Yes			
I have separated from my partner	☐ No	☐ Yes			
I have lost the financial support of a former partner	☐ No	☐ Yes			

Tell us about health conditions, injuries or disabilities

Tell us about your ability to work

ATTACHMENT FOR Q38: If you answered 'Yes' to Q38 and you are not caring for a supported person, you will need to bring a medical certificate or existing assessment from a medical practitioner or specialist (for example, a Specialist report of NASC assessment).

38 **Do you have a health condition, injury or disability that stops you from working 15 hours or more a week, or are you totally blind?**

☐ No Go to question 51 ☐ Yes

39 **Please tell us about your health condition, injury or disability in your own words, and how it affects the work you can do**

40 **Please tell us about what work you can do**

Tell us about any ACC cover

41 **Do you have an injury, or does your health condition or disability result from an injury or accident?**

☐ No Go to question 49 ☐ Yes

42 **When did the injury or accident happen?**

Day Month Year

43 How did the injury or accident happen?

44 Have you applied, or will you apply, for earnings-related accident compensation payments?

☐ No — Please write the reasons you are not applying

Go to question 49

☐ Yes

45 Who will make these payments?

☐ ACC

☐ Another workplace accident insurer Go to question 49

46 Have you applied to ACC?

☐ No Go to question 49

☐ Yes — Which ACC office did you apply at?

47 When did you apply?

Day Month Year

48 What is your ACC reference number?

Tell us about any insurance cover

49 Do you have insurance to replace all or part of your income if you cannot work?

☐ No Go to question 56 on page 19

☐ Yes — Please write the name of the insurance company or scheme below

50 How much do you expect to get from insurance, before tax?

Weekly $ Lump sum $

Go to question 56 on page 19

Tell us about the person you are supporting

Tell us about the person

ATTACHMENT FOR Q51:
You will need to provide a medical certificate for the person you are caring for. This is on pages 15 to 18 and needs to be completed by a registered medical practitioner – in most cases the usual doctor or specialist of the person being cared for.

HOW TO ANSWER Q52:
For example, a name that is on the person's birth certificate or passport.

51 **Are you applying because you are or will be caring full time for someone at home who would otherwise need hospital or similar level care?**

☐ No Go to question 56 on page 19 ☐ Yes

Examples of this level of care are:

- residential disability care
- extended care services for severely disabled children and young people
- inpatient or residential hospital care
- rest home care.

The supported person cannot be your husband, wife or partner.

52 **What is the full name of the person being cared for?**

53 **What date were they born?**

Day Month Year

54 **What is their relationship to you?**

55 **What date did you start caring for this person?**

Day Month Year

Supported Living Payment medical certificate
for a person being cared for

Registered Medical Practitioner to complete

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Information for medical practitioners

The medical practitioner completing this form should generally be the person being cared for's usual medical practitioner.

To be eligible for this benefit:

- the applicant must be caring full time for someone (except their spouse or partner) at home **and**
- the person being cared for would otherwise have to receive either:
  - residential disability care
  - extended care services for severely disabled children and young people
  - hospital-level care (in-patient or residential hospital care)
  - rest home care
  - care equivalent to any of these kinds of care.

The carer named in this application is applying for financial assistance while they are supporting your patient. Please provide relevant medical details about the person being cared for, your patient, to enable Work and Income to establish the carer's entitlement to this assistance.

Please complete all questions on the form.

For more information go to **www.workandincome.govt.nz/medical**

Personal details

HOW TO ANSWER Q2:
The carer is the person who will be providing care and attention.

HOW TO ANSWER Q3:
Where the person being cared for is known by more than one name, please provide the person's name as it appears on their passport or birth certificate.

1 **Carer's client number** ☐☐☐ | ☐☐☐ | ☐☐☐

2 **Carer's name**

First name(s) _____ Surname or family name _____

3 **Name of person being cared for**

First name(s) _____ Surname or family name _____

4 **Date of birth of person being cared for** ____ | ____ | ____
Day Month Year

Medical details

INFORMATION FOR Q5:
Work and Income may arrange a second opinion.

5 **Who do you consider best placed to provide this information?**

☐ Yourself ☐ Second opinion ☐ Other → **Please write here** _____

6 **Are you the usual medical practitioner of the person being cared for?**

☐ No ☐ Yes

7 **When did you last see the person being cared for?** (Including today)

Date last seen: ____ | ____ | ____ ☐ Never
Day Month Year

8 **Please indicate what information this assessment is based on:**

_____
_____
_____

HOW TO ANSWER Q9:
Please list the diagnoses in the order of their impact, starting with the most significant.
The READ Code is optional if the description is provided.

INFORMATION FOR Q10:
A Needs Assessment and Service Coordination (NASC) assessment is not required for this benefit. However, a NASC assessment may provide you with useful information to assist with your assessment of the level of care otherwise required.

HOW TO ANSWER 12:
Not all factors will apply for children and young people, eg shopping.
Factors should only be indicated if the person requires support over and above what is ordinarily needed by someone of the same age or what is developmentally appropriate.

9 **What are the main diagnoses of the person being cared for?**

READ Code	Description	Tick if covered by ACC
1.		☐
2.		☐
3.		☐

10 **Has the person being cared for had a recent Needs Assessment and Service Coordination (NASC) assessment?**

☐ No Go to question 12 ☐ Yes

11 **Did the NASC assessment indicate the need for a level of care consistent with the requirements of this benefit (see above)?**

☐ No ☐ Yes ☐ I did not receive a copy of the assessment

12 **Indicate the main factors that determine the need for care and attention of the person being cared for?** (Please tick all applicable boxes)

Physiological / health related

- ☐ Physical limitations
- ☐ Frequent hospitalisation / treatment demands
- ☐ Psychiatric / psychological condition
- ☐ Terminal illness
- ☐ Cognitive / neurological condition
- ☐ High levels of physical support
- ☐ Sensory impairment
- ☐ Mobility restrictions
- ☐ Undergoing current treatment
- ☐ Chronic pain

Safety

- ☐ Respiratory support
- ☐ Risk to life / life threatening condition
- ☐ Falls risk
- ☐ Home safety / security
- ☐ Wandering

Personal care / household management

- ☐ Hygiene / grooming – including dressing and showering or bathing
- ☐ Toileting / continence
- ☐ Eating / drinking
- ☐ Medication
- ☐ Meal preparation
- ☐ Shopping
- ☐ Housework / laundry
- ☐ Finances

Memory, cognition and behaviour

- ☐ Memory loss
- ☐ Mood / anxiety
- ☐ Poor orientation to surroundings
- ☐ Inappropriate social behaviour
- ☐ Delusions / hallucinations
- ☐ Limited insight

Other Please specify below

13 **Comment on how these factors impact on the need for care and attention of the person being cared for:**

Full-time Care and Attention

Full-time care and attention means that the person will require 24-hour access to care and attention. This does not mean the carer is expected to give 24-hour care, but they must be available if required. The level of care and attention must be over and above the ordinary care and attention required by someone of the same age. The person being cared for would otherwise need hospital-level or residential care (or equivalent) and not be the carers husband, wife or partner.

A carer can be away from the home for a few hours a day, and still be considered to be providing full-time care, if arrangements are made for the care of the person, and their safety is not compromised. The carer's absence could be for a number of reasons including part-time employment or study.

The carer must provide the care and attention at home. The home can be that of the person being cared for or of the carer.

'Care and attention' is the terminology used in the Social Security Act (1964) which sets out the criteria for this assistance.

14 **Does the person being cared for require full-time care and attention?**

☐ No ☐ Yes

Levels of Care

Residential Disability Care

Residential disability care is the level of care provided for the care and attention of children, young people and adults whose needs cannot be met in their own home with home-based services, generally because of their disability/impairment related needs.

Extended Care Services for Severely Disabled Children and Young People

Extended care is the level of care provided for the care and attention of a child or young person where the extent of their disability is such that suitable care can be provided only by an approved organisation or body. In some cases, the extended care arrangement may be an approved foster care placement.

Hospital-level Care

Hospital care is the level of care provided by a non-government organisation (NGO) or District Health Board (DHB) as in-patient or residential hospital care, including geriatric hospital-level care.

Hospital care exceeds the level of care provided if a person is solely under the care of a hospital specialist or receiving out-patient care.

Rest Home Care

Rest home care is the level of care provided for the care and attention of people whose needs cannot be met in their own home with home-based services, generally because of their age-related needs. This relates to the full continuum of residential rest home care.

Equivalent Care

This is any type of care which is equivalent to:

- residential disability care
- extended care services for severely disabled children and young people
- hospital-level care (in-patient or residential hospital care)
- rest home care.

15 **What level of care would the person being cared for otherwise need if they were not cared for at home?** (Please tick the applicable box)

☐ Residential disability care

☐ Extended care services for severely disabled children and young people

☐ Hospital-level care (in-patient or residential hospital care)

☐ Rest home care

☐ Other form of care equivalent to levels above ↓ **Please specify below**

☐ Does not require care of the levels above

16 **Is the need for care and attention time limited or permanent?**

☐ Time limited ↓ **Please specify the expected duration below**

☐ Permanent

HOW TO ANSWER 17:
Please indicate if or when the level of care needed is likely to change, requiring a review of this care arrangement.

17 **When should Work and Income review this care arrangement?**

18 **Would you like Work and Income to contact you about this medical certificate?**

☐ No ☐ Yes

Registered medical practitioner verification

I have discussed the information contained in this form with the person being cared for (or their guardian or their legal representative).

☐ No ↓ **Please state reason below** ☐ Yes

HPI number ☐☐ | ☐☐☐☐

Medical Practitioner's full name

Practice name and address

Telephone number ( )

Medical Practitioner's signature

Date

Day Month Year

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.

Tell us about your work in the last 52 weeks

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.

Answer this section about your work

56 **Have you worked in the last 52 weeks?**

☐ No Go to question 68 ☐ Yes

Tell us about your current work

57 **Are you working?** If you are applying because you are caring for someone, do not include this as work.

☐ No Go to question 62 ☐ Yes

INFORMATION FOR Q58:
By full-time, we mean you generally work at least 30 hours a week.

HOW TO ANSWER Q58:
If your hours vary week to week provide an average (for example the average hours worked a week over the last four weeks).

58 **How many hours do you work a week?**

_____ Hours

Please describe the type of work you do

_____

☐ Full-time ☐ Part-time ☐ Casual
☐ Seasonal ☐ Self-employed ☐ Voluntary

59 **Are you a sole parent and pay for childcare while you are working?**

☐ No ☐ Yes **Please tell us how much you pay**

$ _____ ☐ Weekly ☐ Fortnightly ☐ Monthly

HOW TO ANSWER Q60:
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 58, 60 and 61.

60 **Who are you working for?**

Employer's name

_____

Employer's address

_____

Employer's phone number

_____

Employer's email and fax

_____

HOW TO ANSWER Q61:
Include the amount you are 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).

61 **How much are you paid each week?**

	Type of payment (include goods or services)	Amount before tax	Amount after tax
1.		$	$
2.		$	$
3.		$	$
4.		$	$

Tell us about any work during the last 52 weeks that has finished

HOW TO ANSWER Q63:
If you have had more than one job end in the last 52 weeks please record details of all other employers on a separate sheet of paper.

For each job include the employer's:

- name
- address
- phone number
- email and/or fax, and
- the job's start and end dates.

HOW TO ANSWER Q66:
Holiday pay includes long-service leave payments and termination pay includes payments in lieu of notice.

HOW TO ANSWER Q67:
Do not include any of the payments you received in Q66.

62 **Have you had any work in the last 52 weeks that you are no longer doing?**

☐ No Go to question 68 ☐ Yes

63 **Who did you last work for?**

Employer's name

Employer's address

Employer's phone number

Employer's email and fax

64 **How long did you work there?**

Date you started work

Day | Month | Year

Date of last day at work

Day | Month | Year

65 **Why did this work end?**

66 **Did you get any of the following payments when you left?**

☐ No Go to question 68

☐ Yes **Please tick the box and write in the before-tax amount**

☐ Sick pay	$
☐ Holiday pay	$
☐ Termination pay	$
☐ Redundancy pay	$
☐ Other	$

67 **How much was your pay for the four weeks before you left?**

Before tax	After tax
$	$
$	$
$	$
$	$

Tell us about your income and assets

Tell us about income in the last 52 weeks?

68

ATTACHMENT FOR Q68:
Bring a copy of your business accounts.

INFORMATION FOR Q68:
In this application form, 'partner' means the person you are married to or in a civil union or relationship with, not a business partner.

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

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

ATTACHMENT FOR Q69:
You need to show us proof of income you have received in the last 52 weeks and details of your income for the last 26 weeks.

69

Did you answer 'Yes' or 'Jointly with partner' to any of the sources of income listed in question 68?

☐ No ☐ Yes

Tell us the total before-tax amounts, for the last 52 weeks

Where did the income come from?	Payment made to? You	Jointly with partner
	$	$
	$	$
	$	$
	$	$
	$	$

HOW TO ANSWER Q70:
Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

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

☐ No ☐ Yes **Please tell us about the type of payment and its value**

Type of payment	Where did it come from?	Its value
		$
		$
		$

HOW TO ANSWER Q71:
How often do you expect the payment, such as weekly, fortnightly, monthly, one-off.

The types of income you need to include here are listed on page 21.

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

☐ No ☐ Yes **Please write the details below. Tell us the before-tax amounts**

Where will the payment come from?	Payment made to? You	Jointly with partner	How often do you expect the payment?
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	

Are you involved with a trust?

ATTACHMENT FOR Q72:
You will need to show us trust documents; such as the trust deed, deed of debt, gift statements, accounts.

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

'Involved' means one or more of the following:

- you have set up a trust, usually by making a gift of assets or property
- you have 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.

☐ No ☐ Yes **Please write the name of the trust**

Name of trust

Tell us about your assets

ATTACHMENT FOR Q73:
You may be asked to provide proof of your assets and their value.

73 **Do you or your partner have any of the following cash assets?**

Money in bank or other savings	☐ No	☐ Yes
Bonus Bonds, shares, debentures or stocks	☐ No	☐ Yes
Money lent to other people or organisations	☐ No	☐ Yes
Other cash assets	☐ No	☐ Yes

74 **If you answered 'yes' to any of the assets listed above, please write the details below.**

Type of asset	You	Your partner	Jointly owned
	$	$	$
	$	$	$
	$	$	$

HOW TO ANSWER Q75:
Examples of property you do not live in include, land, holiday homes, bach/crib, investment properties.

75 **Do you or your partner have any of the following non-cash assets?**

Property you don't live in	☐ No	☐ Yes
Boat or caravan	☐ No	☐ Yes
Other	☐ No	☐ Yes

ATTACHMENT FOR Q76:
You may be asked to provide proof of these details.

76 **If you answered 'yes' to any of the non-cash assets listed above, please write the details below.**

Type of asset	How much is it worth?	How much do you owe on it?
	$	$
	$	$
	$	$

Extra help form: Accommodation Supplement

The Accommodation Supplement helps with rent, board, or home ownership costs.

Tell us if you want to apply

77 Do you want to apply for the Accommodation Supplement?

☐ No Go to question 93 ☐ Yes

If you answered 'Yes' you will need to provide proof of your assets and their value (page 23).

Tell us who you live with

78 Do you live alone?

☐ No Please write below the names of the others you live with ☐ Yes

First name	Surname or family name	Relationship to you

Tell us about rental accommo-dation costs

INFORMATION FOR Q79: By rent we mean the amount you pay is for your accommodation only and does not include other costs such as food or electricity.

ATTACHMENT FOR Q82: You may need to show proof of what you pay for rent.

ATTACHMENT FOR Q83: You will need to show proof of what you pay for water rates.

79 Do you pay rent?

☐ No Go to question 85 ☐ Yes

80 Do you pay rent to Housing New Zealand?

☐ No

☐ Yes Go to question 93. You won't be able to get Accommodation Supplement

81 What is the total amount of rent paid each week for your home?

$

82 How much of this total amount do you pay for you and your family?

$

83 Do you pay water rates separately from your rent?

☐ No ☐ Yes Tell us how much you pay

$ How often?

84 What is the name, address and telephone number of the person you pay rent to?

Go to question 93

Tell us about board costs

INFORMATION FOR Q85:
By board we mean the amount you pay for your accommodation where it includes food costs and may also include other costs like electricity.

HOW TO ANSWER Q85:
For example food, electricity, telephone.

ATTACHMENT FOR Q85:
You may need to show proof of what you pay for board.

85 Do you pay board?

☐ No Go to question 88 ☐ Yes List what costs your board includes

86 What is the total amount of board you pay for you and your family?

$

87 What is the name, address, and telephone number of the person you pay board to?

Go to question 93

Tell us about home ownership costs

HOW TO ANSWER Q89:
Only include mortgages you used to buy or alter your home. Include both interest and principal.

List any other mortgages such as a second mortgage or revolving mortgage.

Do not include contents insurance.

ATTACHMENT FOR Q89:
You will need to show proof of your home ownership costs.

ATTACHMENT FOR Q90:
Bring receipts for any repair and maintenance costs.

88 Do you own the home you live in?

☐ No Go to question 93 ☐ Yes

89 What are your home ownership costs?

	Who do you pay?	How much do you pay?	How often do you make the payment (such as weekly, monthly or yearly)?
First mortgage		$	
Other mortgage		$	
House insurance		$	
Mortgage insurance		$	
Rates		$	
Ground lease		$	
Water rates		$	
Body corporate fees		$	

90 Did you have to pay for repairs and maintenance to your home in the last 12 months?

☐ No ☐ Yes Please write the total amount $

91 Do you have a mortgage from Housing New Zealand?

☐ No ☐ Yes Please write your interest rate %

92 Have you received a rates rebate in the last 52 weeks?

☐ No ☐ Yes Amount $ Rating year 1 July 20 to 30 June 20

Extra help form: Temporary Additional Support

Temporary Additional Support helps with essential costs for a short time when you have tried everything you can think of, and still cannot pay for them.

Tell us if you want to apply

93 **Do you want to apply for Temporary Additional Support?**

☐ No Go to question 115 ☐ Yes

If you answered 'Yes' you will need to provide proof of your assets and their value (page 23).

Tell us about any Working for Families Tax Credits you get

94 **Do you or your partner receive any Working for Families Tax Credits payments from Inland Revenue?**

☐ No tax credit ☐ Family tax credit ☐ Minimum family tax credit

☐ Parental tax credit ☐ In-work tax credit

Please write the details of any tax credit below

Type of tax credit	You	Your partner	How often? (For example, weekly, fortnightly)
	$	$	
	$	$	
	$	$	

Tell us what essential work-related costs you need to pay to keep working

95 **Are you or your partner working?**

☐ No Go to question 97 ☐ Yes

96 **Do you or your partner have any essential costs that you have to pay to keep working?**

☐ No ☐ Yes **Please write the details below**

Type of cost	How much?	How often? (For example, weekly, fortnightly)
Running costs for a vehicle you use to get to and from work	$	
Repayment costs for a vehicle you use to get to and from work	$	
Public transport to and from work	$	
Telephone, if it is a condition of your work	$	
Childcare	$	

INFORMATION FOR Q96: These are the only work-related essential costs that we may be able to help you with.

ATTACHMENT FOR Q96: You will need to show proof of these costs.

Tell us how much it costs you for the place where you and your family live

97 Are you receiving, or are you applying for, an Accommodation Supplement?

☐ No ☐ Yes Go to question 112

98 Do you pay rent?

☐ No Go to question 104 ☐ Yes

99 Do you pay rent to Housing New Zealand?

☐ No ☐ Yes

INFORMATION FOR Q98: By rent we mean the amount you pay is for your accommodation only and doesn't include other costs such as food or electricity.

100 What is the total amount of rent paid each week for your home?

$

101 How much of this total amount do you pay for you and your family?

$

ATTACHMENT FOR Q101: You will need to show proof of what you pay for rent.

102 Do you pay water rates separately from your rent?

☐ No ☐ Yes Tell us how much you pay

$ How often

ATTACHMENT FOR Q102: You will need to show proof of what you pay for water rates.

103 What is the name, address and telephone number of the person you pay rent to?

Go to question 112

104 Do you pay board?

☐ No Go to question 107 ☐ Yes List what costs your board includes

INFORMATION FOR Q104: By board we mean the amount you pay for your accommodation where it includes food costs and may also include other costs like electricity For example food, electricity, telephone.

105 What is the total amount of board you pay for you and your family?

$

HOW TO ANSWER Q104: For example food, electricity, telephone.

106 What is the name, address, and telephone number of the person you pay board to?

ATTACHMENT FOR Q105: You will need to show proof of what you pay for board.

Go to question 112

107 Do you own the home you live in?

☐ No Go to question 112 ☐ Yes

HOW TO ANSWER Q108:
Only include mortgages you used to buy or alter your home. Include both interest and principal.

List any other mortgages such as a second mortgage or revolving mortgage.

Do not include contents insurance.

ATTACHMENT FOR Q108:
You will need to show proof of your home ownership costs.

108 What are your home ownership costs?

	Who do you pay?	How much do you pay?	How often do you make the payment (such as weekly, monthly or yearly)?
First mortgage		$	
Other mortgage		$	
House insurance		$	
Mortgage insurance		$	
Rates		$	
Ground lease		$	
Water rates		$	
Body corporate fees		$	

ATTACHMENT FOR Q109:
Bring receipts for any repair and maintenance costs.

109 Did you have to pay for repairs and maintenance to your home in the last 12 months?

☐ No ☐ Yes **Please write the total amount** $

110 Do you have a mortgage from Housing New Zealand?

☐ No ☐ Yes **Please write your interest rate** %

111 Have you received a rates rebate in the last 52 weeks?

☐ No ☐ Yes Amount $ Rating year 1 July 20 to 30 June 20

Tell us about other essential costs

INFORMATION FOR Q112:
Essential regular costs can include:

- hire purchase
- vehicle repayments
- costs relating to a health condition or disability
- lease or hire of an essential household item such as, fridge, washing machine, stove.

ATTACHMENT FOR Q112:
You will need to show proof of these costs.

112 Do you or your family have any regular essential costs?

☐ No ☐ Yes **Please provide details below**

Item	Amount	How often (for example, weekly, fortnightly)?	Start or purchase date	End date
	$			
	$			
	$			
	$			
	$			

If you do not apply for the Disability Allowance on page 30 and your costs are health related, please tell us.

ATTACHMENT FOR Q113:
Unless we already have this information, please bring:

- proof of the need, such as a Court Order, or verification from Police, Women's Refuge, or a similar organisation
- proof of phone payments.

HOW TO ANSWER Q113:
Do not include toll or mobile phone costs.

113

Do you need a telephone for safety or security reasons, or because of special family circumstances?

☐ No ☐ Yes **Please write the details below**

How much do you pay? $

How often? (weekly, fortnightly, monthly)

Tell us what you have done to try to pay your essential costs

114

What steps have you and your partner taken to get other help, reduce costs, or increase income?

Extra help form: Disability Allowance

The Disability Allowance helps with extra costs if you or a family member has a health condition, injury or disability lasting more than six months. The allowance can help with extra costs directly related to the health condition, injury or disability.

Tell us about the person you are applying for

115 **Do you want to apply for the Disability Allowance?**

☐ No Go to page 40 ☐ Yes

If you ticked 'Yes' to question 115, you will also need your doctor or specialist to fill out the Disability Allowance medical certificate on page 31. You need to complete one for each person you are applying for, so please ask us if you need more.

INFORMATION FOR Q116: You may be able to get a Child Disability Allowance for the same child. Please ask us.

ATTACHMENT FOR Q116: You need to provide a Disability Allowance medical certificate for each person you apply for.

116 **Who in your family has health related costs?**

☐ You ☐ Your partner ☐ Your dependent child

Tell us the name of the children you are applying for

First name	Surname or family name

Tell us about any payments you receive for these health needs

117 **Do you get payments from private medical insurance for any health related needs?**

☐ No ☐ Yes **Write the details below**

What cost is covered	How much is paid	Name of person who the payment is for
	$	
	$	
	$	

118 **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 your extra costs

HOW TO ANSWER Q119: Extra costs must be directly related to the health condition. Costs can include medical and prescription costs, medical alarms, lawn mowing, extra power/gas, transport and special equipment.

ATTACHMENT FOR Q119: You will need to show proof of these costs.

119 **What extra health related costs do you have?**

Type of cost	Cost	How often (such as weekly, monthly, yearly)	Name of person costs relate to
	$		
	$		
	$		
	$		
	$		
	$		
	$		

Disability Allowance medical certificate

Registered Medical Practitioner to complete

Work and Income
Te Hiranga Tangata
A service of the Ministry of Social Development

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 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 normal functions of life, or
   - the person requires ongoing supervision or treatment by a registered health professional.

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.

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

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 — Please provide details below ☐ No — Go to Registered Medical Practitioner Verification

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)

5 **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 or specialist visits

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

Type of consultation	Cost	How often (eg daily, weekly, monthly)?	Registered Medical Practitioner's initials
	$		
	$		
	$		

Items / services / treatments / pharmaceuticals

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

Item / service / treatment / pharmaceutical	Registered Medical Practitioner's initials

Registered Medical Practitioner's verification

Please print your details below.

HPI number ☐☐ | ☐☐☐☐

Medical Practitioner's full name

Practice name and address

Telephone number ( )

Medical Practitioner's signature

Date

Day Month Year

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.

Supported Living Payment partner form

Work and Income
Te Hiranga Tangata
A service of the Ministry of Social Development

This partner form should be completed by the partner of the person applying for Supported Living Payment. If you do not have a partner, or your partner does not need to complete this form, please go to the Obligations and Privacy section on page 40.

In this form, 'you', 'your', and 'yourself' means the partner of the person applying for Supported Living Payment.

Tell us about yourself

If you have received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

Client number ☐☐☐ | ☐☐☐ | ☐☐☐

Tell us the names you have been known by

ATTACHMENT FOR Q1: Bring proof of your identity. What you need to bring is explained on page 3.

1 **What is your full name?**

☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

First and middle names

Surname or family name

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

☐ No ↓ **Tell us the name that is on your birth certificate** ☐ Yes

First and middle names

Surname or family name

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

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

3 **Have you ever been known by any other name?**

☐ No ☐ Yes ↓ **Write them all out below**

1.

2.

4 **What name would you like us to call you?**

☐ The name I wrote in Question 1 ☐ The name I wrote in Question 2

☐ Other ↓ **Write the full name**

Tell us more about you

5 What date were you born?

Day | Month | Year

6 Are you:

☐ Male ☐ Female

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

7 What is your Inland Revenue tax number?

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

8 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

HOW TO ANSWER Q9: If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

9 Where do you live?

Flat/House number | Street name

Suburb

Town/City

HOW TO ANSWER Q10: Mailing address can include a postal box (PO Box), rural delivery details, or C/O address.

10 Is your mailing address different from where you live?

☐ No ☐ Yes **Tell us your mailing address**

HOW TO ANSWER Q11: Please only give us contact details you would like us to use.

11 How else can we contact you?

Tick the best way for us to first contact you

Home phone	( )	
Mobile phone	( )	
Other mobile phone	( )	
Fax	( )	

12 Do you agree to get emails from us?

☐ No ☐ 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 that we use in research and future development work.

13 **Tick the group(s) you most identify with.**

- [ ] Māori → **Which tribe(s) or iwi?**
- [ ] New Zealand European
- [ ] Niuean
- [ ] Samoan
- [ ] Indian
- [ ] Other European
- [ ] Tokelauan
- [ ] Tongan
- [ ] Chinese
- [ ] Cook Island Māori
- [ ] Other ↓ **Please write below**
- [ ] Do not want to answer

Tell us about your residence status

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

14 **Do you usually live in New Zealand?**

- [ ] No
- [ ] Yes

15 **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 — Date citizenship granted ___ Day ___ Month ___ Year — **Go to question 16**
- [ ] Granted permanent residency — Date permanent residence granted ___ Day ___ Month ___ Year — **Go to question 16**
- [ ] Other ↓ **What is your residence status?**

16 **When did you arrive in New Zealand?**

Day ___ Month ___ Year ___

17 **What country were you born in?**

HOW TO ANSWER Q18:
Please answer even if you are a New Zealand citizen by birth.

18 **Have you lived in New Zealand continuously for at least two years since you became a New Zealand citizen or permanent resident?**

- [ ] No
- [ ] Yes

Tell us if you have lived or worked overseas

INFORMATION FOR Q19:
Periods of overseas residence may:

- affect entitlement to some benefits
- mean you are eligible for an overseas benefit or pension.

For more information, phone 0800 777 227.

HOW TO ANSWER Q19:
Your reason for being in a country may be that you were there for a working holiday, you were living there, or you were born there.

ATTACHMENT FOR Q21:
You will need to show us evidence of these payments, such as a pension certificate.

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

☐ No Go to question 22 ☐ Yes **Please list details below**

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

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

☐ No Go to question 22

☐ 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

21 **If you ticked 'Yes' for question 20, please give details of the payments you receive.**

	Payment 1	Payment 2
What country does the payment come from?		
How much do you receive each time the payment is made (in overseas currency)?		
Is this amount before or after tax?		
How often do you receive the payment (for example: weekly, fortnightly, monthly)?		
What is the name of your pension, allowance or benefit?		
What is the payment reference number?		

Tell us whether you are a veteran

22 **Have you served with the New Zealand Armed Forces?**

☐ No ☐ Yes

If you have ticked 'Yes', you may be entitled to a:

- Veteran's Pension (for more information call **0800 650 656**), and/or a
- War Disablement Pension or associated payments (for more information call Veterans' Affairs New Zealand on **0800 4 VETERAN (0800 483 8372)**).

Tell us about your work in the last 52 weeks

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

23

Are you working?

☐ No Go to question 27 ☐ Yes

HOW TO ANSWER Q24: By full-time, we mean you generally work at least 30 hours a week.

24

What type of work do you do?

☐ Full-time ☐ Part-time ☐ Casual

☐ Seasonal ☐ Self-employed ☐ Voluntary

HOW TO ANSWER Q25: 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 24 to 26.

25

Who are you working for?

Employer's name

Employer's address

Employer's phone number

Employer's email and fax

HOW TO ANSWER Q26: Include the amount you are 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).

26

How much are you paid each week?

	Type of payment (include goods or services)	Amount before tax	Amount after tax
1.		$	$
2.		$	$
3.		$	$
4.		$	$

Tell us about your income

Tell us about income in the last 52 weeks?

ATTACHMENT FOR Q27:
Bring a copy of your business accounts.

HOW TO ANSWER Q27:
In this application form, 'partner' means the person you are married to or in a civil union or relationship with, not a business partner.

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

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

ATTACHMENT FOR Q28:
You need to show us proof of income you have received in the last 52 weeks and details of your income for the last 26 weeks.

28 **Did you answer 'Yes' or 'Jointly with partner' to any of the sources of income listed in question 27?**

☐ No ☐ Yes ↓ **Tell us the total before-tax amounts, for the last 52 weeks**

Where did the income come from?	Payment made to? You	Jointly with partner
	$	$
	$	$
	$	$
	$	$
	$	$

HOW TO ANSWER Q29:
Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

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

☐ No ☐ Yes **Please tell us about the type of payment and its value**

Type of payment	Where did it come from?	Its value
		$
		$
		$

HOW TO ANSWER Q30:
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 38.

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

☐ No ☐ Yes **Please write the details below. Tell us the before-tax amounts**

Where will the payment come from?	Payment made to? You	Jointly with partner	How often do you expect the payment?
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	

Are you involved in a trust?

ATTACHMENT FOR Q31:
You will need to show us trust documents; such as the trust deed, deed of debt, gift statements, accounts.

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

'Involved' means one or more of the following:

- you have set up a trust, usually by making a gift of assets or property
- you have 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.

☐ No ☐ Yes **Please write the name of the trust**

Name of trust

Supported Living Payment obligations and privacy form

Work and Income
Te Hiranga Tangata
A service of the Ministry of Social Development

Both the applicant and their partner need to read and complete this section.

This part of the application form:

- lists the obligations for clients and partners
- explains what will happen if obligations are not met
- includes a signature page for you and your partner (if you have one) to sign
- explains how we protect the information given to us, and what we can do with it.

Obligations

Applies to:

These are what you have to do to receive payments from Work and Income. If you are a partner you have full-time work obligations if you are:

- 18 years or over and have no dependent children, or
- 20 years or over and have no dependent children under 14 years (including any child you get Orphan's Benefit or Unsupported Child's Benefit for).

People in other situations may have part-time work obligations, work preparation obligations, or youth activity obligations, depending on their circumstances. These obligations are explained in the following sections. Please read all the obligations in each section because they could apply to you if your circumstances change.

1. Change of circumstances

Clients and partners

I must tell Work and Income or my Contracted Service Provider (where I have one assigned to me) immediately if either my partner or I:

- have a change in work situation (such as starting part-time, casual or full-time work, whether paid or unpaid)
- become self-employed/start to run a business
- have changes to my/our income or financial circumstances
- intend to travel overseas
- start/finish part-time or full-time study
- have changes to personal details (such as name, address, contact details or bank account number)
- have changes to my/our living situation (such as marriage or separation, starting or ending a civil union, starting or ending a de facto relationship with someone of the same or opposite sex, change in the number of children supported, change in accommodation costs)
- are imprisoned/held in custody on remand
- are admitted to or discharged from hospital
- have been granted an overseas pension
- have any other change that may affect my/our benefit entitlement or rate.

2. Work preparation obligations if you have a health condition, disability or injury

Clients

I understand that while I get this benefit I'll have an obligation, when asked, to:

- attend and participate in interviews to determine if I have the capacity to have work preparation obligations

I understand that if I'm assessed as having the capacity, I'll have the following work preparation obligations to:

- attend and take part in work preparation interviews, where Work and Income ask me to
- attend and take part in work related activities or programmes such as a work assessment, a programme or seminar to increase particular skills or enhance motivation where Work and Income ask me to
- attend and take part in any other activity that Work and Income require me to (including rehabilitation but not medical treatment, voluntary work or activity in the community).

3. Full-time work obligations

Partners

Full-time means you'll generally be expected to look for work of at least 30 hours a week.

I understand that while I'm getting this benefit, if I am required to look for full-time work, I have the following work obligations to:

- be available for and take reasonable steps to get a suitable job
- take any offer of suitable full-time, part-time or temporary work, or work that is seasonal or subsidised
- attend and take part in any suitable job interviews Work and Income ask me to
- take and pass any drug test potential employers or training providers require
- attend and take part in interviews with Work and Income as required
- work with Work and Income to plan how I'll find a suitable job
- take part in any other activities that Work and Income refer me to, such as attend any job training courses, seminars, work experience or work assessments (including rehabilitation, but not medical treatment) that will improve my work readiness or help me get work
- let Work and Income know how I'm meeting my work obligations as often as Work and Income reasonably requires.

4. Part-time work obligations

Partners

Part-time means you'll generally be expected to look for work of at least 20 hours a week.

I understand that if I am 20 years or older and my youngest child (including any child I get Orphan's or Unsupported Child's Benefit for) is aged between three and 13 years, I'll have the following part-time work obligations to:

- be available for and take reasonable steps to get a suitable part-time job
- take any offer of suitable part-time or temporary work, or work that is seasonal or subsidised
- attend and take part in any suitable job interviews Work and Income ask me to
- take and pass any drug test potential employers or training providers require
- attend and take part in interviews with Work and Income as required
- work with Work and Income to plan how I'll find a suitable job
- take part in any other activities that Work and Income refer me to, such as attend any job training courses, seminars, work experience or work assessments (including rehabilitation, but not medical treatment) that will improve my work readiness or help me get work
- let Work and Income know how I'm meeting my work obligations as often as Work and Income reasonably requires.

5. Work preparation obligations

Partners

I understand that if I am 20 years or older and my youngest child (including any child I get Orphan's or Unsupported Child's Benefit for) is under three years of age, I'll have the following work preparation obligations:

- take reasonable steps to prepare and plan for work
- attend and take part in work preparation interviews, where Work and Income ask me to
- attend and take part in work related activities or programmes such as a work assessment, a programme or seminar to increase particular skills or enhance motivation where Work and Income ask me to
- attend and take part in any other activity that Work and Income require me to (including rehabilitation but not medical treatment, voluntary work or activity in the community).

6. Work ability assessment

Clients and partners

Where I've been asked to I'll have an obligation to attend and participate in a work ability assessment.

7. Working with a Contracted Service Provider

Clients and partners

Where I've been asked to work with a Contracted Service Provider I'll have an obligation to co-operate with them and to:

- attend and participate in any interview with them
- report to them on how I'm meeting my obligations
- complete assessments with them.

8. Obligations for parents and caregivers with dependent children

Clients and partners

I understand that while I'm getting this benefit I'll be expected to take reasonable steps to meet social obligations as a parent or a caregiver. These are to ensure my dependent child(ren) (including any child I get Orphan's or Unsupported Child's Benefit for) are:

- enrolled with a general practitioner (GP) or a medical practice that is part of a Primary Health Organisation (PHO)
- enrolled in and attending one of the following from the age of three until they start school:
  - an approved early childhood education programme or
  - Te Aho o Te Kura Pounamu – The Correspondence School or
  - another approved parenting and early childhood home education programme
- up to date with core Well Child/Tamariki Ora checks if aged under five
- enrolled in and attending school from the age of five or six (depending on when they start school).

I understand that I may be required to meet with Work and Income to discuss how I'm meeting my obligations as a parent or a caregiver.

9. Youth activity obligations

Partners

I understand that if I am aged 16-17 years without children and I am a partner of a main beneficiary I will have the following activity obligations:

- be enrolled in and attending, or be available for a full-time course of secondary school or tertiary education or approved training or work-based learning leading to:
  - NCEA Level 2 or
  - an equivalent qualification or
  - a higher qualification
- when asked, participate in and complete an approved budgeting programme
- when asked and in the manner required, report to Work and Income or my Youth Service Provider (where I have one assigned to me) on how I am meeting my activity obligations
- when asked, attend and participate in regular budgeting discussions with Work and Income or my Youth Service Provider (where I have one assigned to me)
- when asked, attend and participate in any interview with Work and Income or my Youth Service Provider (where I have one assigned to me).
- when asked, provide within 20 working days, Work and Income or my Youth Service provider (where I have one assigned to me) with details of my accommodation costs and service costs such as electricity and telephone, lawful debts and liabilities
- co-operate with Work and Income or my Youth Service provider to manage the spending of my benefit, and:
  - attend and be involved in regular budgeting discussions with Work and Income or my Youth Service provider
  - at these discussions or when asked, provide details on:
    - accommodation costs and service costs such as electricity and telephone
    - lawful debts and liabilities
    - how I spend any in-hand allowance and money credited to my payment card or any other device.

I also understand when I turn 18 the above obligations may continue to apply depending on my circumstances.

I understand that if I am aged 16-19 years, I am a partner of a main beneficiary and have one or more dependent children, I will have the following activity obligations:

- when asked, participate in and complete an approved budgeting programme
- when asked, participate in an approved parenting education programme
- enrol my children:
  - with a Primary Health Organisation, where local provider capacity allows
  - under the age of five years, with a WellChild/Tamariki Ora provider and keep up to date with their visits
- ensure my children are attending an Early Childhood Education Programme or other suitable childcare, while I am participating in education, training, work-based learning or part-time work
- when asked and in the manner reasonably required, report to Work and Income or my Youth Service Provider (where I have one assigned to me) on how I am meeting my obligations
- when asked, attend and participate in regular budgeting discussions with Work and Income or my Youth Service Provider (where I have one assigned to me)

- when asked, attend and participate in any interview with Work and Income or my Youth Service Provider (where I have one assigned to me).
- when asked, provide within 20 working days, Work and Income or my Youth Service provider (where I have one assigned to me) with details of my accommodation costs and service costs such as electricity and telephone, lawful debts and liabilities.
- co-operate with Work and Income or my Youth Service provider to manage the spending of my benefit, and:
  - attend and be involved in regular budgeting discussions with Work and Income or my Youth Service provider
  - at these discussions or when asked, provide details on:
    - accommodation costs and service costs such as electricity and telephone
    - lawful debts and liabilities
    - how I spend any in-hand allowance and money credited to my payment card or any other device.

I understand that when my youngest dependent child is 12 months of age or over (or is over six months of age and a suitable place becomes available in a Teen Parent Unit) and there are no special circumstances, or I am not the primary caregiver, I will also have the following activity obligations:

- be enrolled in and satisfactorily undertaking, or be available for a full-time course of secondary school or tertiary education or approved training or work-based learning leading to:
  - NCEA Level 2 or
  - an equivalent qualification or
  - a higher qualification.

I also understand when I turn 20 the above obligations may continue to apply depending on my circumstances.

10. Temporary additional support

Clients and partners

I understand that if I've made an application for Temporary Additional Support, my partner and I must take all necessary steps to get other assistance towards costs and take reasonable steps to increase my income and reduce costs where possible.

What happens if you do not meet your obligations

Not telling us about changes in your circumstances

I understand that if I do not tell Work and Income about changes in my life that might affect my benefit entitlement, or rate, that:

- 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 and/or imprisoned.

The consequences described above will also apply if we use your application form to grant you the Emergency Benefit or Emergency Maintenance Allowance.

Not meeting obligations that apply to your situation

I understand that I must meet these obligations and that:

- The first and second time I don't meet my obligations, without a good and sufficient reason, my benefit will be reduced by 50% or stopped. I understand that my benefit will increase or restart if I undertake the activity I failed to do.
- The third time I don't meet my obligations, without a good and sufficient reason, my benefit will be reduced by 50% or stopped, for 13 weeks. If my benefit has been reduced or stopped, and I agree to take part in an approved activity for at least six weeks and I'm still entitled to my benefit, it will be increased or restarted.
- When my benefit is reduced or stopped this may affect my entitlement to any incentive payments or supplementary assistance I am receiving.
- If I act in a way that is inconsistent with the purpose for which any incentive payment is paid, the incentive payment may be cancelled.
- If my benefit is stopped and restarted again, I may have to re-earn my incentive payments.

The consequences described above will also apply if we use your application form to grant you the Emergency Benefit or Emergency Maintenance Allowance, you have dependent children, and you do not meet one of the obligations for parents and caregivers of dependent children.

Not meeting obligations that apply to your situation if you are subject to money-management

I understand that I must meet these obligations and that:

- The first and second time I don't meet my obligations, without a good and sufficient reason, my in-hand allowance will be stopped. I understand that my benefit will increase or restart if I undertake the activity I failed to do.
- The third time I don't meet my obligations, without a good and sufficient reason, my benefit will be reduced by 50% or stopped, for 13 weeks. If my benefit has been reduced or stopped, and I agree to take part in an approved activity for at least six weeks and I'm still entitled to my benefit, it will be increased or restarted.
- When my benefit is reduced or stopped this may affect my entitlement to any incentive payments or supplementary assistance I am receiving.
- If I act in a way that is inconsistent with the purpose for which any incentive payment is paid, the incentive payment may be cancelled
- If my benefit is stopped and restarted again, I may have to re-earn my incentive payments

Not meeting your obligation to take any offer of suitable work

Partners with work obligations only

I understand that if I fail my work obligation to take any offer of suitable work, including temporary work, or work that is seasonal or subsidised, without a good and sufficient reason, that my benefit will be reduced by 50% or stopped, for 13 weeks. If my benefit has been reduced or stopped, and I agree to take part in an approved activity for at least six weeks and I'm still entitled to my benefit, it will be increased or restarted.

Not meeting your obligations to take and pass drug tests

Partners with work obligations only

I understand that if I fail my work obligation to take and pass a drug test when required by a potential employer or training provider, without a good and sufficient reason, that:

- the first time I do this, I will have to agree to stop using drugs so that I can pass a drug test
- the second time I do this, I will have to agree to take and pass a drug test within 25 working days.

I understand that if I don't take and pass a drug test within 25 working days my benefit will be reduced by 50% or stopped, for 13 weeks. If my benefit has been reduced or stopped, and I agree to take part in an approved activity for at least six weeks and I'm still entitled to my benefit, it will be increased or restarted.

I understand that if I fail a pre-employment drug test with a potential employer I will need to pay for the test from my benefit.

I also understand that if I have to take and pass a drug test within 25 working days I will need to pay for the test.

I understand that if I have failed other obligations in the last 12 months the consequences of a first or second failed drug test may be more serious than those described above.

Not telling us if you plan to travel overseas

I understand that if I intend to travel overseas and don't let Work and Income know before I leave New Zealand, my benefit will be stopped the day after I leave New Zealand.

The consequence described above will also apply if we use your application form to grant you the Emergency Benefit or Emergency Maintenance Allowance.

You have the right to review or dispute any decision to reduce or stop your benefit.

If we use your application form to grant the Emergency Benefit or Emergency Maintenance Allowance, and you fail one or more of the obligations assigned to you as a condition of granting your benefit, your benefit may be reduced or stopped.

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[1] 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 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 and the Veterans' Support Act 2014
- 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.

[1]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[2] under the Housing Restructuring and Tenancy Matters Act 1992, including reviewing your eligibility for social housing or your income-related rent.

[2]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 Education, the Ministry of Justice, New Zealand Defence Force, Department of Corrections, New Zealand Customs Service, Department of Internal Affairs, Accident Compensation Corporation, Housing New Zealand Corporation, Ministry of Health, New Zealand Qualifications Authority, Tertiary Education Commission, Student Job Search, education providers, 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, the Netherlands and Malta).

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 employers, childcare providers, service providers and social housing providers

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

- give employers (and recruitment agencies, immigration advisors and immigration consultants acting on behalf of 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, education 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.

Signature page for Supported Living Payment

Applicant copy

By signing this form, you agree to meet your obligations.

Applicant

- I have had the obligations explained to me, I understand these, and have been given a copy of these obligations
- I have read (or had explained to me) and understood what will happen if I do not meet my obligations
- I understand my responsibility to let Work and Income or my Contracted Service Provider (where I have one assigned to me) know about any changes in my circumstances and what will happen if I do not do this
- All the questions that apply to my situation have been asnswered
- The information I have provided is true and complete
- I have read (or had explained to me) and understood the Privacy Statement contained in this form

Applicant's name (print)	Applicant's signature	Date
		Day / Month / Year

Applicant's partner copy

By signing this form, you agree to meet your obligations.

Applicant's partner

- I have read (or had explained to me) and understood all of the obligations
- I have read (or had explained to me) and understood what will happen if I do not meet my obligations
- I understand my responsibility to let Work and Income or my Contracted Service Provider (where I have one assigned to me) know about any changes in my circumstances and what will happen if I do not do this
- All the questions that apply to my situation have been asnswered
- The information I have provided is true and complete
- I have read (or had explained to me) and understood the Privacy Statement contained in this form

Applicant's partner's name (print)	Applicant's partner's signature	Date
		Day / Month / Year

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 paying your benefit. You might need to pay money back, we may impose a penalty, and you could be prosecuted.

If someone has completed the application form for you please get them to complete the Helper's statement on page 48.

Please use the "What to Bring" checklist (page 3) to help you make sure you bring all the documents you need to your meeting with us.

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 paying your benefit. You might need to pay money back, we may impose a penalty, and you could be prosecuted.

If someone has completed the application form for you please get them to complete the Helper's statement on page 48.

Please use the "What to Bring" checklist (page 3) to help you make sure you bring all the documents you need to your meeting with us.

Signature page for Supported Living Payment

Office copy

By signing this form, you agree to meet your obligations.

Applicant

- I have had the obligations explained to me, I understand these, and have been given a copy of these obligations
- I have read (or had explained to me) and understood what will happen if I do not meet my obligations
- I understand my responsibility to let Work and Income or my Contracted Service Provider (where I have one assigned to me) know about any changes in my circumstances and what will happen if I do not do this
- All the questions that apply to my situation have been asnswered
- The information I have provided is true and complete
- I have read (or had explained to me) and understood the Privacy Statement contained in this form

Applicant's name (print)	Applicant's signature	Date
		Day / Month / Year

Applicant's partner

- I have read (or had explained to me) and understood all of the obligations
- I have read (or had explained to me) and understood what will happen if I do not meet my obligations
- I understand my responsibility to let Work and Income or my Contracted Service Provider (where I have one assigned to me) know about any changes in my circumstances and what will happen if I do not do this
- All the questions that apply to my situation have been asnswered
- The information I have provided is true and complete
- I have read (or had explained to me) and understood the Privacy Statement contained in this form

Applicant's partner's name (print)	Applicant's partner's signature	Date
		Day / Month / Year

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 paying your benefit. You might need to pay money back, we may impose a penalty, and you could be prosecuted.

If someone has completed the application form for you please get them to complete the Helper's statement on page 48.

Helper's statement

Complete this if you have helped the applicant or their partner to complete this application form.

What is your full name?

First and middle names

Surname or family name

What are your contact details?

Address

Phone number

Tick the box for the statement that applies

☐ I completed this application form at the request of the person applying for Supported Living Payment. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the person applying.

☐ I completed this application form at the request of the partner of the person applying for Supported Living Payment. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the partner of the person applying.

Helper's signature

Date

Day Month Year