

# CHILD DISABILITY ALLOWANCE APPLICATION FORM

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

The Child Disability Allowance is a non-taxable, fortnightly payment made to the main carer of a child or young person with a serious disability. It's paid to recognise the extra care and attention needed for that child.

The child needs to be assessed by their health practitioner as needing constant care and attention for at least 12 months because of a serious disability. You also need to meet some other conditions.

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

You can't get this allowance if the child already gets a benefit (except for the Orphan's or Unsupported Child's Benefit), or if you get Board Payments for them from Oranga Tamariki.

**We can grant Child Disability Allowance from the date you first contact us, if you complete your application within 20 days of that date.**

Don't return this page

# BEFORE YOU START – READ THIS PAGE

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

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

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

## **ANSWER ALL THE QUESTIONS**

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



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

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

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

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

The best way to send your documents to us is online using [connect.co.nz](https://connect.co.nz). Please remember to include your name and client number with any documents that you send to us. For more information visit [connect.co.nz](https://connect.co.nz)

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



## **SIGN AND DATE THE FORM**

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

## **HOW TO RETURN THIS FORM**

The easiest and fastest way to return your completed form to us is online using [connect.co.nz](https://connect.co.nz)

Please remember to include your name and client number.

For more ways to contact us, visit our website [studylink.govt.nz](https://studylink.govt.nz)

# PART 1: PERSONAL DETAILS

## 1. What is your client number?

This is a number issued to you by StudyLink or Work and Income. This is on your Community Services card if you have one. If you don't have a client number or don't know it, leave the question blank.

Client number

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## 2. What is your name?

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

First name	Middle name(s)	Surname or family name

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

Yes  No

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

First name	Middle name(s)	Surname or family name

## 4. Are you:

Male  Female  Gender diverse

## 5. What is your date of birth?

Day   Month     Year

## 6. Where do you live?

Flat/House no.	Street address

Suburb	City	Country
		New Zealand

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

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

Flat/House no.	Street address

Suburb	City	Country
		New Zealand

## How can we contact you?

Home phone	Work phone	Mobile
<b>Email</b>		

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

Yes  No

If yes, what type of benefit?

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

 Yes No

If yes, what type of benefit?

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

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

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

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

Bank

Branch

Account

Suffix

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

 Yes (Go to Q13) No

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

**11b. Are you a:**

 Residence class visa holder<sup>1</sup> Protected person<sup>2</sup> New Zealand citizen Other (eg. Refugee)

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

Day

Month

Year



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

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

Day

Month

Year

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

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

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

NZ Pākehā/European

Other European

NZ Māori

Samoan

Cook Island Māori

Tongan

Niuean

Tokelauan

Fijian

Pacific Island – other

Southeast Asian

Chinese

Indian

Asian – other

Middle Eastern

Latin American

African

Other (please provide details)

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

<sup>1</sup> A residence class visa holder is someone who is entitled to reside in New Zealand indefinitely and holds a residence class visa under the Immigration Act 2009 (holders of resident permits and returning resident's visas (RRVs) granted under the Immigration Act 1987 are deemed to hold a residence class visa under the Immigration Act 2009). If you are an Australian citizen or Australian permanent resident please choose 'residence class visa holder'.

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

# PART 2: CHILD OR YOUNG PERSON'S DETAILS

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

First name	Middle name(s)	Surname or family name

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

Day   
   Month   
     Year

## 3. Was the child or young person born in New Zealand?

Yes (Go to Q4)                     
  No

3a. What country was the child or young person born in?

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

Residence class visa holder<sup>1</sup>                     
  Protected person<sup>2</sup>                     
  New Zealand citizen

Other (eg. Refugee)

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

Day   
   Month   
     Year



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

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

Day   
   Month   
     Year

## 4. Where does the child or young person live?

Flat/House no.	Street address

Suburb	City	Country
		New Zealand

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

The residential home or hostel must be run by a voluntary organisation where the child returns home for weekends or school holidays and where the client has to pay towards the child or young person's care.

Yes   
  No (Go to Q9)

## 6. What is the name and address of the residential home or hostel where they reside?

<b>Residential home name</b>
<b>Residential home address</b>

1 A residence class visa holder is someone who is entitled to reside in New Zealand indefinitely and holds a residence class visa under the Immigration Act 2009 (holders of resident permits and returning resident's visas (RRVs) granted under the Immigration Act 1987 are deemed to hold a residence class visa under the Immigration Act 2009). If you are an Australian citizen or Australian permanent resident please choose 'residence class visa holder'.

2 As defined under sections 130 and 131 of the Immigration Act 2009.

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

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**8. Do you pay towards the child or young person’s care in the residential home or hostel?**

Financial support includes: board payments, personal items.

Yes
  No

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


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

Yes (Go to Q11)
  No

If no, what is your relationship to the child?

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

**First parent**

First name	Middle name(s)	Surname or family name

Flat/House no.	Street address

Suburb	City	Country

Home phone	Work phone	Mobile
<b>Email</b>		

**Second parent**

First name	Middle name(s)	Surname or family name

Flat/House no.	Street address

Suburb	City	Country

Home phone	Work phone	Mobile
<b>Email</b>		

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

 Yes No

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


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

 Yes No

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


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

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

 Yes No

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


## OBLIGATIONS

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

Here are your obligations.

**If things change**

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

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

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

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

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

# PART 3: MEDICAL CERTIFICATE

The Child Disability Allowance is a non-taxable, fortnightly payment made to the main carer of a child or young person with a serious disability. It's paid in recognition of the extra care and attention needed for that child.

The child needs to be assessed as needing constant care and attention for at least 12 months because of a serious disability.

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

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

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

First name	Middle name(s)	Surname or family name

## 2. What is their date of birth?

<input type="text"/>	<input type="text"/>	Day	<input type="text"/>	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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## 3. Name of the main caregiver of the child or young person:

First name	Middle name(s)	Surname or family name

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

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

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

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

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

Yes       No (Go to Q7)

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

### 6a. Frequent attention from another person in connection with bodily functions which is required as a consequence of the disability, and is substantially more than is normally required by a child or young person of the same age?

Bodily function includes activities such as toileting and eating.

Yes       No

OR:



**6b. Attention and supervision substantially more than is normally required by a child or young person of the same age and sex?**

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

Yes                       No

OR:

**6c. Regular supervision from another person in order to avoid substantial danger to themselves or others?**

Yes                       No

**6d. Are they likely to require such care and attention for a period exceeding 12 months?**

Yes                       No (Go to Q8)

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

Yes                       No

Name of hospital	Expected length of stay

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

Yes                       No

**9. Please provide any other relevant information that could help us work out the child or young person's eligibility.**

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


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

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



# SIGN HERE

## HEALTH PRACTITIONER IDENTITY

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

HPI Number

<b>Full name</b>	
<b>Practice Address</b>	<b>Stamp</b>

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

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

**SIGN HERE**   Day   Month     Year

# How we protect your privacy

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## Collecting your information

**We collect your personal information, so we can provide income support, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at [workandincome.govt.nz/privacy](https://workandincome.govt.nz/privacy)**

- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don't.

## Using your information

**We use the information you give us to make decisions about the best way to help you.**

- These decisions may be about:
  - whether you're eligible for our services
  - running our operations and ensuring our services are effective
  - the services we'll provide in the future.

## Sharing your information

**Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.**

- To do this, we may share your information with:
  - prospective employers to help you find work
  - contracted service providers that help us to help you
  - health providers if we need your medical information to assess your eligibility
  - other government agencies when we have an agreement with them
  - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

## Respecting you and your information

**We make sure we follow the Privacy Act to do what's right when we use your information.**

- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

## Get in touch if you have a question

**You have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong.**

- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at: [workandincome.govt.nz/privacy](https://workandincome.govt.nz/privacy)



## DOCUMENTS TO PROVIDE

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

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

The best way to send your documents to us is online using [connect.co.nz](https://connect.co.nz). Please remember to include your name and client number with any documents that you send to us. For more information visit [connect.co.nz](https://connect.co.nz)

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

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



## SIGN HERE

### INFORMATION RELATING TO ENTITLEMENT AND PLANNING

I agree that Work and Income can contact my health practitioner to get the information it needs:

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

First name	Middle name(s)	Surname or family name

**SIGN HERE** →

Day

Month

Year



## SIGN HERE

### DECLARATION

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

**Student's signature**

**SIGN HERE** →

Day

Month

Year

# MyStudyLink – get it done online

- check out what financial assistance you may be able to get
- apply for your student finances
- check your Student Allowance and Student Loan application status
- view and update your personal details
- change the amount of your living cost payments and apply for your course-related costs
- view details of your next payment and previous transactions
- view your mail
- view and accept your Student Loan Contract.

**studylink.govt.nz**

## HOW TO CONTACT US

Website: **studylink.govt.nz**

Phone: **0800 88 99 00**

## Using Connect

A quick and easy way to send us your documents

1. Create an account at **connect.co.nz** with your RealMe login
2. Upload your verified documents
3. Submit to StudyLink