



Childcare Assistance application form

Use this application to apply for:

- **Childcare Subsidy** – Payments that help families with the cost of pre-school childcare
- **OSCAR Subsidy** – Payments for children who are at school and are under 14 years (or under 18 if you get a Child Disability Allowance for them).

If you need more information go to **studylink.govt.nz** and search on *Childcare* or call us on **0800 88 99 00**.

We suggest you read these instructions before you fill in the application, so you get a feel for what's needed.

Support we can give parents and caregivers

We may be able to help with assistance towards childcare costs if:

- you're the main caregiver of the child, and
- your family is on a low or middle income, and
- you're a New Zealand citizen or permanent resident, and
- your child has at least three hours of care a week.

The childcare assistance available to you will depend on your individual situation and the type of childcare your child is enrolled in.

If you have a 3 or 4 year old child, they may be able to get up to 20 hours of early childhood education (*20 Hours ECE*) funded by the Government. It will depend on the type of childcare service your child attends and whether they offer 20 hours ECE.

Apply now - before your child starts the programme.

So you can get a subsidy from the day your child starts the programme, you need to apply **before** your child's first day. This is especially important for school holidays.

Our commitment to YOU



We will get to know you, your situation and your needs

Ka mōhio
ki a koe

—
know
you

We will make sure you understand everything you need to know



We will use your feedback to improve our service

We will respect your privacy and be clear about how we use your information and who we share it with



We will let you know everything you may be eligible for

Ka tautoko
i a koe

—
support
you

We will help you however we can, as soon as we can



The information we give you will be accessible and consistent no matter how you contact us

We will be honest about our mistakes and put them right



We will respect you and what is important to you

Ka mahi
tahi ki a koe

—
with
you

We will work together to achieve shared goals



We will let you know your options, rights and obligations

Our actions will follow our words



How did 
wedo?

Let us know by visiting msd.govt.nz/feedback
or call us on 0800 552 002



Childcare Assistance checklist

Once you've filled in the application form, use this page to check you've done everything you need to and have gathered all the documents you need to provide.

Talk to us if you don't have any of the documents, have given them to us recently or if there might be a delay in getting them.

What you need to send us

INFORMATION NOTE:
Documents need to be a verified copy. A verified copy is a copy of the original document which has been certified as a **true copy** by a Solicitor/Lawyer, Notary Public, Registrar of the Court or Justice of the Peace.
The best way to send your documents to us is online using connect.co.nz. Please remember to include your name and client number with any documents that you send to us.

Proof of who you are:	For you	For your partner (if you have one)
If you were born in New Zealand , send 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).	<input type="checkbox"/>	<input type="checkbox"/>
If you were born overseas , send 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).	<input type="checkbox"/>	<input type="checkbox"/>
If your name has changed , send your marriage certificate, deed poll, or other proof of the name change.	<input type="checkbox"/>	<input type="checkbox"/>
All people applying need to send two more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).	<input type="checkbox"/>	<input type="checkbox"/>
If you're using identification that has expired, it must not be more than two years past the expiry date.		
Other things you must send:		
Full birth certificates for each dependent child in your care.	<input type="checkbox"/>	<input type="checkbox"/>
Your full set of business accounts, if you have your own business.	<input type="checkbox"/>	<input type="checkbox"/>
Depending on answers, you may need to send:		
Your marriage or civil union certificate, for a current relationship.	<input type="checkbox"/>	
Proof of your wages or salary for the last 52 weeks (for example, payslips, a letter from your employer).	<input type="checkbox"/>	<input type="checkbox"/>
Proof of any other before-tax income for the last 52 weeks (for example, interest, child support, rental income, etc).	<input type="checkbox"/>	<input type="checkbox"/>



Childcare Assistance applicant's form

In the applicant form, 'you', 'your', and 'yourself' means the person applying for Childcare Assistance. If we say 'your partner' this only applies to you if you have one.

Tell us about yourself

If you've 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've been known by

1

What is your full name?

 Mr Mrs Ms Miss Other

First and middle names

Surname or family name

ATTACHMENT FOR Q1:

Send us proof of your identity. What you need to send is explained on page 3.

2

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

 No 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?

3

Have you ever been known by any other name?

 No Yes

1.

2.

ATTACHMENT FOR Q3:

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

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

Tell us more about you

5

What date were you born?

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

6

Are you:

Male Female Gender diverse

7

What is your Inland Revenue tax number?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tell us how we can contact you

8

Where do you live?

Flat/House number Street Name

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

Town/City

HOW TO ANSWER Q8:

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

HOW TO ANSWER Q9:

Mailing address can include PO Box, rural delivery details, or C/O address.

9

Is your mailing address different from where you live?

No Yes [Tell us your mailing address](#)

HOW TO ANSWER Q10:

Please only give us contact details you'd like us to use.

10

How else can we contact you?

Tick the best way for us to contact you

Home phone	()	<input type="checkbox"/>
Mobile phone	()	<input type="checkbox"/>
Other phone	()	<input type="checkbox"/>

INFORMATION FOR Q11:

If you give us your mobile number or email address we may use these to send you text messages or emails to let you know about important changes, appointment reminders or that it's time to reapply if you're continuing with your studies. This must be your own mobile number or email address. Don't give the contact details of your education provider.

11

Do you agree to get emails from us?

No Yes [Tell us your mailing address](#) I don't have an email address

Tell us your ethnicity

12

INFORMATION FOR Q12:
We collect this information for statistics we use in research and future development work.

Tick the group(s) you most identify with.

<input type="checkbox"/> Māori	→ Which tribe(s) or iwi?	<input type="text"/>	
<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Niuean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Indian
<input type="checkbox"/> Other European	<input type="checkbox"/> Tokelauan	<input type="checkbox"/> Tongan	<input type="checkbox"/> Chinese
<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Other	↓ Please write below	<input type="checkbox"/> Don't want to answer
<input type="text"/>			

Tell us about your residence status

13

Do you usually live in New Zealand?

No Yes

14

HOW TO ANSWER Q13:
This means you consider New Zealand your home, you're a legal resident, you usually live here and you intend to stay.

What best describes your residence status in New Zealand? Tick only one box.

<input type="checkbox"/> New Zealand citizen by birth	Go to question 17	Day Month Year
<input type="checkbox"/> Granted New Zealand citizenship	→ Date citizenship granted	<input type="text"/>
<input type="checkbox"/> Granted permanent residency	→ Date permanent residence granted	Day Month Year
<input type="checkbox"/> Other	↓ What is your residence status?	
<input type="text"/>		

15

When did you arrive in New Zealand?

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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16

What country were you born in?

Tell us about your work, education and activities

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, drawings from a business or childcare payments from an employer.

Tell us about your work

HOW TO ANSWER Q17:

'Other reasons' include that you or your partner:

- are temporarily unable to keep working because of illness or injury
- are attending an approved rehabilitation programme
- are a seriously disabled or ill caregiver
- have another child in hospital.

ATTACHMENT FOR Q17:

If you're applying for medical reasons, you'll need to provide proof from the doctor of the number of hours childcare that's needed.

17

Tell us the reason you or your partner (if you have one) are applying for childcare assistance. Tick all that apply.

- Work
- Work-related course or studying
- Doing activities arranged by Work and Income
- Another reason



Please explain why you're applying

18

Are you working?

- No [Go to question 22](#) Yes

19

Who are you working for?

Employer's name	
Employer's address	
Employer's phone number	()
Employer's email or fax	

20

How many hours a week, including lunch hours, do you spend at work?

21

How many hours a week do you spend travelling from the childcare service to work and returning?

Tell us about your education

22

Are you on a work-related course or studying?

- No [Go to question 30](#) Yes

23

What are the details of the training organisation?

Training organisation's name	
Address	
Phone number	()
Email or fax	

24

What is the name of your course?

25

Is the course NZQA accredited?

No Yes

26

What are the start and finish dates of the course?

Start date			Finish date		
Day	Month	Year	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

27

How many hours a week do you spend at your course?

28

How many hours a week do you spend on other study?

29

How many hours a week do you spend travelling from the childcare service to your course and returning?

Tell us about your activities

30

Are you doing activities arranged for you by Work and Income?

No Yes [Go to question 34](#)

31

What type of activities are you doing?

32

How many hours a week do you spend at that activity?

33

How many hours a week do you spend travelling from the childcare service to your activity and returning?

Other reasons for childcare

34

Are you applying for childcare assistance because of medical reasons?

No Yes [How long is the medical condition expected to last?](#)

35

How many hours a week do you need childcare?

ATTACHMENT FOR Q34 AND 35:

You'll need to provide proof from a health practitioner of the childcare that's required and how long you need it for.

Tell us about your income and assets

Tell us about your income

36

Do you expect to get income from any of the following sources in the next 52 weeks?

Tick one box in each line below

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

ATTACHMENT FOR Q36:
You may need to provide proof of your income unless you've recently given it to us.

Provide a copy of your full set of business accounts.

INFORMATION FOR Q36:
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.



Important: You must answer question 37

HOW TO ANSWER Q37:
 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 9.

37

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 36?

No Yes

↓ Please write the details below. Tell us the before-tax amounts

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

HOW TO ANSWER Q38:
 Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

38

Will you get other types of payment apart from money in the next 52 weeks?

No Yes

↓ Please tell us about the type of payment and its value

Type of payment	Where will it come from?	Its value
		\$
		\$
		\$
		\$
		\$

Tell us about your dependent children

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

Tell us about your dependent children

39

Who are the dependent children in your care?

Child 1

Child's full name

Relationship to you

Child's date of birth

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Child 2

Child's full name

Relationship to you

Child's date of birth

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Child 3

Child's full name

Relationship to you

Child's date of birth

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Child 4

Child's full name

Relationship to you

Child's date of birth

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Child 5

Child's full name

Relationship to you

Child's date of birth

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Child 6

Child's full name

Relationship to you

Child's date of birth

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Child 7

Child's full name

Relationship to you

Child's date of birth

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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HOW TO ANSWER Q39

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
- children you have shared care for.

The child's name should be the same as on the child's birth certificate.

ATTACHMENT FOR Q39:

Send us the birth certificate for each dependent child unless you've given them to us recently.

HOW TO ANSWER Q40:

40

- If you have a 3 or 4 year old child, they may be able to get up to 20 hours of free early childhood education (20 Hours ECE). It will depend on the type of childcare service your child attends and whether they offer free hours.

Which children receive 20 hours ECE from any childcare service?

None of my children

Child 1

Child's name

Which childcare service/s does the child get 20 Hours ECE from?

How many hours are received per week in total?

What date did the 20 Hours ECE start?
Day Month Year

Child 2

Child's name

Which childcare service/s does the child get 20 Hours ECE from?

How many hours are received per week in total?

What date did the 20 Hours ECE start?
Day Month Year

Child 3

Child's name

Which childcare service/s does the child get 20 Hours ECE from?

How many hours are received per week in total?

What date did the 20 Hours ECE start?
Day Month Year

Child 4

Child's name

Which childcare service/s does the child get 20 Hours ECE from?

How many hours are received per week in total?

What date did the 20 Hours ECE start?
Day Month Year

INFORMATION FOR Q41:

41

The Childcare Subsidy is for pre-school children aged either:

- under 5 years (or over 5 if they're going to a school where new entrants start in groups) or
- under 6 years if you get a Child Disability Allowance for them.

Which children do you wish to get Childcare Subsidy for?

None of my children

Child's name

INFORMATION FOR Q42:

42

The OSCAR Subsidy is for children who are at school and are under 14 years (or under 18 if you get a Child Disability Allowance for them).

Which children do you wish to get OSCAR Subsidy for?

None of my children

Child's name

If you're granted OSCAR subsidy, you'll have to complete an OSCAR declaration for every term and holiday care.

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 decide your entitlement to income assistance, we'll consider you to be in a relationship if you're married, in a civil union, or in a de facto relationship, and have a degree of companionship.

By degree of companionship, we mean two people:

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

To give you a better idea of what we mean by this, think about whether your relationship includes some of the things below:

- you live together at the same address most of the time
- you share responsibilities, for example bringing up children (if any)
- you socialise and holiday together
- you share money, bank accounts or credit cards
- you share household bills
- you have a sexual relationship
- people think of you as a couple
- you give each other emotional support and companionship.

HOW TO ANSWER Q43:

Tick this statement to confirm you understand the definition of a relationship for benefit purposes.

If you don't understand what we mean by a relationship please talk with us.

43

Do you understand our definition of a relationship?

I understand the definition of a relationship for benefit purposes

44

Do you have a partner?

By 'partner' we mean someone you're in a relationship with. If you're not sure, please talk to us.

No [Go to page 14](#)

Yes Your partner needs to complete the Partner form on page 15.

45

What is your partner's full name?

46

What date was your partner born?

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

ATTACHMENT FOR Q47:

Send us your marriage or civil union certificate for your current relationship.

47

What is your relationship status with your partner?

↓ Please tick one of the following boxes

Married In a civil union In a relationship

Obligations, signature and checklist

Let us know when things change

You need to let us know about changes that might affect the Childcare Assistance, like:

- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
- the number of children in your care, including having another baby.

We also need to know if you:

- go into or come out of hospital
- are being held in custody or on remand.

Your rights

If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at msd.govt.nz/reviews

Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy (privacy information is on page 23).

Applicant's name (print)

Applicant's signature

Day

Month

Year

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

Tick when completed

Have you answered all the questions you need to?

Have you initialled any changes you've made on the form?

Has the childcare provider completed their section (from page 25)?

Has your partner (if you have one) completed their section of the form (from page 16)?

Have you gathered the other documents you need to provide?

Have you signed your application?

Send us this form and documents to us. An appointment is not usually necessary.



Childcare Assistance partner's form

Tell us about yourself

If you've 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've been known by

1

What is your full name?

 Mr Mrs Ms Miss Other

First and middle names

Surname or family name

ATTACHMENT FOR Q1:

Send us proof of your identity. What you need to send is explained on page 3.

2

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

 No 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?

3

Have you ever been known by any other name?

 No Yes

1.
2.

ATTACHMENT FOR Q3:

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

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

Tell us more about you

5

What date were you born?

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

6

Are you:

Male Female Gender diverse

7

What is your Inland Revenue tax number?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Tell us how we can contact you

8

Where do you live?

Flat/House number Street Name

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

Suburb

Town/City

HOW TO ANSWER Q8:

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

HOW TO ANSWER Q9:

Mailing address can include a PO Box, rural delivery details, or C/O address.

9

Is your mailing address different from where you live?

No Yes

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

HOW TO ANSWER Q10:

Please only give us contact details you'd like us to use.

10

How else can we contact you?

Tick the best way for us to contact you

Home phone	()	<input type="checkbox"/>
Mobile phone	()	<input type="checkbox"/>
Other phone	()	<input type="checkbox"/>
Fax	()	<input type="checkbox"/>

INFORMATION FOR Q11:

If you give us your mobile number or email address we may use these to send you text messages or emails to let you know about important changes, appointment reminders or that it's time to reapply if you're continuing with your studies. This must be your own mobile number or email address. Don't give the contact details of your education provider.

11

Do you agree to get emails from us?

No Yes

I don't have an email address

Tell us your ethnicity

12

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** Don't want to answer

INFORMATION FOR Q12:
We collect this information for statistics we use in research and future development work.

Tell us about your residence status

13

Do you usually live in New Zealand?

No Yes

14

What best describes your residence status in New Zealand? Tick only one box.

New Zealand citizen by birth **Go to question 17**

Granted New Zealand citizenship → **Date citizenship granted** Day Month Year

Go to question 15

Granted permanent residency → **Date permanent residence granted** Day Month Year

Go to question 15

Other ↓ **What is your residence status?**

HOW TO ANSWER Q13:
This means you consider New Zealand your home, you're a legal resident, you usually live here and you intend to stay.

15

When did you arrive in New Zealand?

Day Month Year

16

What country were you born in?

Tell us about your work, education and activities

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, drawings from a business or childcare payments from an employer.

Tell us about your work

HOW TO ANSWER Q17:

'Other reasons' include that you or your partner:

- are temporarily unable to keep working because of illness or injury
- are attending an approved rehabilitation programme
- are a seriously disabled or ill caregiver
- have another child in hospital.

ATTACHMENT FOR Q17:

If you're applying for medical reasons, you'll need to provide proof from the doctor of the number of hours childcare that's needed.

17

Tell us the reason you or your partner (if you have one) are applying for childcare assistance. Tick all that apply.

Work

Work-related course or studying

Doing activities arranged by Work and Income

Another reason



Please explain why you're applying

18

Are you working?

No

Go to question 22

Yes

19

Who are you working for?

Employer's name	
Employer's address	
Employer's phone number	()
Employer's email or fax	

20

How many hours a week, including lunch hours, do you spend at work?

21

How many hours a week do you spend travelling from the childcare service to work and returning?

Tell us about your education

22

Are you on a work-related course or studying?

No

Go to question 30

Yes

23

What are the details of the training organisation?

Training organisation's name	
Address	
Phone number	()
Email or fax	

24

What is the name of your course?

25

Is the course NZQA accredited?

No Yes

26

What are the start and finish dates of the course?

Start date			Finish date		
Day	Month	Year	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

27

How many hours a week do you spend at your course?

28

How many hours a week do you spend on other study?

29

How many hours a week do you spend travelling from the childcare service to your course and returning?

Tell us about your activities

30

Are you doing activities arranged for you by Work and Income?

No Yes [Go to question 34](#)

31

What type of activities are you doing?

32

How many hours a week do you spend at that activity?

33

How many hours a week do you spend travelling from the childcare service to your activity and returning?

Other reasons for childcare

34

Are you applying for childcare assistance because of medical reasons?

No Yes [How long is the medical condition expected to last?](#)

35

How many hours a week do you need childcare?

ATTACHMENT FOR Q34 AND 35:

You'll need to provide proof from a health practitioner of the childcare that's required and how long you need it for.

Tell us about your income and assets

Tell us about your income

36

Do you expect to get income from any of the following sources in the next 52 weeks?

Tick one box in each line below

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

ATTACHMENT FOR Q36:
You may need to provide proof of your income unless you've recently given it to us.

Provide a copy of your full set of business accounts.

INFORMATION FOR Q36:
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.



Important: You must answer question 37

37**Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 36?** No Yes**↓ Please write the details below. Tell us the before-tax amounts**

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

38**Will you get other types of payment apart from money in the next 52 weeks?** No Yes**↓ Please tell us about the type of payment and its value**

Type of payment	Where will it come from?	Its value
		\$
		\$
		\$

**HOW TO ANSWER Q37:**

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 20.

**HOW TO ANSWER Q38:**

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

Obligations, signature and checklist

Let us know when things change

You need to let us know about changes that might affect the Childcare Assistance, like:

- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
- the number of children in your care, including having another baby.

We also need to know if you:

- go into or come out of hospital
- are being held in custody or on remand.

Your rights

If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at msd.govt.nz/reviews

Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy (privacy information is on page 23).

Partner's name (print)

Partner's signature

Day

Month

Year

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

Tick when completed

- | | |
|--|--------------------------|
| Have you answered all the questions you need to? | <input type="checkbox"/> |
| Have you initialled any changes you've made on the form? | <input type="checkbox"/> |
| Has the childcare provider completed their section (from page 25)? | <input type="checkbox"/> |
| Has your partner (if you have one) completed their section of the form (from page 16)? | <input type="checkbox"/> |
| Have you gathered the other documents you need to provide? | <input type="checkbox"/> |
| Have you signed your application? | <input type="checkbox"/> |

Send this form and documents to us. An appointment is not usually necessary.



How we protect your privacy



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Collecting your information

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

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

Using your information

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

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

Sharing your information

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

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

Respecting you and your information

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

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

Get in touch if you have a question

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

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



Childcare Service/OSCAR Programme supervisor's form

This form needs to be completed by the supervisor of the childcare or OSCAR programme.
The information is required under section 298 of the Social Security Act 2018.

Childcare service/ OSCAR programme details

Keep this application moving
So the subsidy can start from the day the child starts the programme, we need the application before the child's first day. This is especially important for school holidays.
Your childcare service or OSCAR programme must already be approved to provide childcare and have a Work and Income childcare service/OSCAR provider number.

1 What is the name of your childcare service/OSCAR programme?

2 What is your Work and Income childcare service/OSCAR provider number?

 | |

3 What are your organisation's contact details?

Work phone	()
Mobile phone	()
Email	

INFORMATION FOR Q4:
If you offer 20 Hours ECE you can't charge a fee for those hours. The Childcare Subsidy can't be used to cover any donations or optional charges that may be asked.

4 Does your childcare service offer 20 Hours ECE?

No Yes

5 Do you charge a holding or absence fee?

No Yes

HOW TO ANSWER Q6:

6

Please tell us your hourly fee after you've applied any discount (for example staff discount) but before any Work and Income subsidy is applied.

If you don't have an hourly fee (for example if you have a session fee), please write 'N/A' in this box and just tell us the total weekly fee, before subsidy.

Please provide details of the care for each child.

Child 1

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text" value="/ /"/>	Care end date - OSCAR only	<input type="text" value="/ /"/>
Your hourly fee (before subsidy)	<input type="text" value="\$"/>	Total weekly fee (before subsidy)	<input type="text" value="\$"/>

Child 2

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text" value="/ /"/>	Care end date - OSCAR only	<input type="text" value="/ /"/>
Your hourly fee (before subsidy)	<input type="text" value="\$"/>	Total weekly fee (before subsidy)	<input type="text" value="\$"/>

Child 3

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text" value="/ /"/>	Care end date - OSCAR only	<input type="text" value="/ /"/>
Your hourly fee (before subsidy)	<input type="text" value="\$"/>	Total weekly fee (before subsidy)	<input type="text" value="\$"/>

Child 4

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text" value="/ /"/>	Care end date - OSCAR only	<input type="text" value="/ /"/>
Your hourly fee (before subsidy)	<input type="text" value="\$"/>	Total weekly fee (before subsidy)	<input type="text" value="\$"/>

Supervisor's statement

- The information I have provided is true and complete.
- I have authority to complete this form for my organisation.

Supervisor's name (print)

Supervisor's signature

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Childcare Service/OSCAR Programme supervisor's form

This is an extra form in case you need it or if your children go to more than one childcare provider. This form needs to be completed by the supervisor of the childcare or OSCAR programme. The information is required under section 298 of the Social Security Act 2018.

Childcare service/OSCAR programme details

Keep this application moving

So the subsidy can start from the day the child starts the programme, we need the application before the child's first day. This is especially important for school holidays. Your childcare service or OSCAR programme must already be approved to provide childcare and have a Work and Income childcare service/OSCAR provider number.

1

What is the name of your childcare service/OSCAR programme?

2

What is your Work and Income childcare service/OSCAR provider number?

 | |

3

What are your organisation's contact details?

Work phone	()
Mobile phone	()
Email	

INFORMATION FOR Q4:

If you offer 20 Hours ECE you can't charge a fee for those hours. The Childcare Subsidy can't be used to cover any donations or optional charges that may be asked.

4

Does your childcare service offer 20 Hours ECE?

No Yes

5

Do you charge a holding or absence fee?

No Yes

HOW TO ANSWER Q6:

6

Please tell us your hourly fee after you've applied any discount (for example staff discount) but before any Work and Income subsidy is applied.

If you don't have an hourly fee (for example if you have a session fee), please write 'N/A' in this box and just tell us the total weekly fee, before subsidy.

Please provide details of the care for each child.

Child 1

Child's full name

Hours of care (weekly total) Hours of 20 Hours ECE received (weekly total)

Care start date / / Care end date - OSCAR only / /

Your hourly fee (before subsidy) \$ Total weekly fee (before subsidy) \$

Child 2

Child's full name

Hours of care (weekly total) Hours of 20 Hours ECE received (weekly total)

Care start date / / Care end date - OSCAR only / /

Your hourly fee (before subsidy) \$ Total weekly fee (before subsidy) \$

Child 3

Child's full name

Hours of care (weekly total) Hours of 20 Hours ECE received (weekly total)

Care start date / / Care end date - OSCAR only / /

Your hourly fee (before subsidy) \$ Total weekly fee (before subsidy) \$

Child 4

Child's full name

Hours of care (weekly total) Hours of 20 Hours ECE received (weekly total)

Care start date / / Care end date - OSCAR only / /

Your hourly fee (before subsidy) \$ Total weekly fee (before subsidy) \$

Supervisor's statement

- The information I have provided is true and complete.
- I have authority to complete this form for my organisation.

Supervisor's name (print)

Supervisor's signature

Day Month Year

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