

# DISABILITY ALLOWANCE APPLICATION FORM

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

If you, or a family member have a disability likely to continue for at least six months, you may be able to get extra help through a Disability Allowance.

We may be able to help with costs such as ongoing visits to the doctor, medicines, medical alarms and travel.

Your doctor or specialist will need to complete the Disability Certificate.

To be able to receive a Disability Allowance you must:

- meet an income test
- have a disability which is likely to last at least 6 months
- have ongoing, additional costs arising from that disability
- be a New Zealand citizen, or hold a Residence Class Visa (not be in New Zealand unlawfully, here on a temporary entry class visa or a temporary permit) and,
- generally be ordinarily resident in New Zealand.

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 24.

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 [www.connect.co.nz](http://www.connect.co.nz). Please remember to include your name and client number with any documents that you send to us. For more information visit [www.connect.co.nz](http://www.connect.co.nz)

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



## **SIGN AND DATE THE FORM**

Remember to sign and date this application on page 24 – 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 [www.connect.co.nz](http://www.connect.co.nz)

Please remember to include your name and client number.

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

# PART 1: PERSONAL DETAILS

## 1. What is your client number?

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

Client number

--	--	--	--	--	--	--	--	--	--

## 2. What is your name?

This is your legal name as it appears on your Passport or Birth Certificate.

First name	Middle name(s)	Surname or family name

## 3. Have you at any time used any other name(s)?

Yes  No

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

First name	Middle name(s)	Surname or family name

## 4. Are you:

Male  Female

## 5. Where do you live?

Flat/House no.	Street address

Suburb	City	Country
		New Zealand

## 6. 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

## 7. How can we contact you?

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

## 8. What is your date of birth?

Day  Month  Year

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

Yes (Go to Q11)  No

**9a. What country were you born in?**

**9b. Are you a:**

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

Other (eg. Refugee)

**10. 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).**

**10a. What date did you come to New Zealand to live?**

Day   Month     Year

**11. 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)

**12. 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?**

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

**14. 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:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account	Suffix

**15. Are you working or have you been working in the last 52 weeks?**

Paid employment includes employment for which you receive non-monetary benefits, eg free board, payments in kind, or drawings from an unprofitable business.

Yes  No (Go to Q18)

If yes, please specify.

Is the job:  Full time  Part time  Casual  
 Seasonal  Voluntary  Self-employment

<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.

**16. Who are you working for?**

<b>Employer's name</b>		
<b>Business site address</b>		
<b>Suburb</b>	<b>City</b>	<b>Country</b>
		New Zealand
<b>Work phone</b>	<b>Mobile</b>	<b>Fax</b>
<b>Email</b>		

**17. How much is your gross weekly wage?**

Give gross (before tax) amount of wages and the value of any non-monetary benefits received, eg free board or any drawings, whether or not the business makes a profit.

\$
----

**18. Do you expect to get other income in the next 52 weeks?**

Examples of income from other sources: wages or salary, accident compensation, farm or business income (include drawings), self employment, interest from savings or investments, dividends from shares, income from rents, redundancy or termination type payments, Child Support, maintenance payments, boarders, Student Allowance, scholarship or Student Loan living cost payments, any other income, eg family trusts, overseas payments. Give gross (before tax) amount.

Yes (Provide details below)     No

<b>Income source (List jobs and other sources of income)</b>	<b>Gross income (eg interest)</b>
	\$
	\$
	\$

**19. Are you receiving a social security pension or pension of a similar nature from the government of a country other than New Zealand?**

Yes                       No

**20. If 'Yes', what type of social security pension or pension of a similar nature are you receiving from another country or countries?**

- Retirement of old age       War service       Disability or invalidity  
 War widow       Widow or survivor       War restitution  
 Superannuation       War injury       Child or dependant  
 Other payments

**If you ticked any of the boxes above, please give details about the type of payment you receive below:**

Please attach any documents to your completed application form that confirm the payment(s), eg pension certificates. If you receive more than four payments, please attach a separate sheet showing the details.

Your payment details	Pension 1	Pension 2	Pension 3	Pension 4
Country the payment comes from:				
How much do you receive in each payment? (in overseas currency):				
Is this amount before or after tax?:				
How often do you receive this payment? (eg weekly, monthly, annually):				
Overseas payment reference number:				
Name of your pension, benefit or allowance:				

**21. Are you a full-time student?**

- Yes       No

**22. Do you receive a student allowance, scholarship or student loan living cost payments?**

If you are unsure, please go to [www.studylink.govt.nz](http://www.studylink.govt.nz) for more information.

- Yes       No

**23. Do you have any dependent children in your care?**

This means any children that you financially support and are living with you as a member of your family, including: stepchildren, children at boarding school, adopted children, grandchildren, mokopuna.

If you are caring for a child who is not your own you may be able to get other forms of assistance. Please ask us about this.

- Yes (Provide details below)       No (Go to Q24)

<b>Child's full name</b>	
<b>Relationship to you</b>	<b>Other parent's name</b>

**Child's date of birth**

Day        Month          Year

<b>Child's full name</b>	
<b>Relationship to you</b>	<b>Other parent's name</b>

**Child's date of birth**

Day        Month          Year

<b>Child's full name</b>	
<b>Relationship to you</b>	<b>Other parent's name</b>

**Child's date of birth**

Day    Month    Year

<b>Child's full name</b>	
<b>Relationship to you</b>	<b>Other parent's name</b>

**Child's date of birth**

Day    Month    Year

**24. Do you have a partner?**

A partner is your spouse (husband or wife), your civil union partner, or a person of the same or opposite sex with whom you have a de facto relationship.

Yes                                       No

If yes, your partner must complete Part 2: Partner's details on page 9.

**25. Who are you applying for?**

You may be able to get Child Disability Allowance for the same dependent child. Please talk to us about this.

Yourself                                       Your partner                                       Your dependent child

If you are applying for your partner and/or your dependent child, provide their full name/s below.

First name	Middle name(s)	Surname or family name

**26. Is this disability covered by private medical insurance?**

Yes (Provide details below)    No

--

**27. Is this disability covered by ACC or War Disablement Pension?**

Yes     No

If 'Yes', you may not be entitled to a Disability Allowance



**28. What additional expenses are paid for as a result of the disability?**

You must provide invoices, receipts, quotes or printouts for each additional expense before they can be considered as an ongoing cost for disability allowance. These must be attached to this form when you have completed it.

All of these expenses must be directly related to the disability and verified as necessary by a registered medical practitioner.

**Do not include costs that are covered by a war disablement pension.**

<b>List pharmaceuticals/items/services/treatments (eg daily, weekly, provided (eg medical costs, gardening, transport, medical alarms)</b>	<b>Cost</b>	<b>How often (weekly, fortnightly, etc)</b>	<b>Verification provided (please tick)</b>
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		



# PART 2: PARTNER'S DETAILS

**THIS SECTION IS TO BE COMPLETED BY THE PARTNER OF THE PERSON APPLYING FOR DISABILITY ALLOWANCE.**

**1. What is your name?**

This is your legal name as it appears on your Passport or Birth Certificate.

First name	Middle name(s)	Surname or family name

**2. Have you at any time used any other name(s)?**

Yes  No

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

First name	Middle name(s)	Surname or family name

**3. Are you:**

Male  Female

**4. What is your date of birth?**

Day  Month  Year

**5. Do you live with your partner?**

Yes  No

If no, where do you live?

Flat/House no.	Street address

Suburb	City	Country
		New Zealand

**6. How can we contact you?**

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

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

Yes (Go to Q9)  No

**7a. What country were you born in?**

**7b. Are you a:**

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

Other (eg. Refugee)

**8. 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).**

**8a. What date did you come to New Zealand to live?**

Day     Month     Year

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

Yes       No

**10. 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.**

- |   |   |   |  |   |
|---|---|---|--|---|
| <input type="checkbox"/> NZ Pākehā/European | <input type="checkbox"/> Other European | <input type="checkbox"/> NZ Māori                       | <input type="checkbox"/> Samoan        | <input type="checkbox"/> Cook Island Māori      |
| <input type="checkbox"/> Tongan             | <input type="checkbox"/> Niuean         | <input type="checkbox"/> Tokelauan                      | <input type="checkbox"/> Fijian        | <input type="checkbox"/> Pacific Island – other |
| <input type="checkbox"/> Southeast Asian    | <input type="checkbox"/> Chinese        | <input type="checkbox"/> Indian                         | <input type="checkbox"/> Asian – other | <input type="checkbox"/> Middle Eastern         |
| <input type="checkbox"/> Latin American     | <input type="checkbox"/> African        | <input type="checkbox"/> Other (please provide details) | <input type="text"/>                   |   |

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

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

**12. 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:**

<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"/> <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"/> <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"/>
Bank	Branch	Account	Suffix

**13. Are you working?**

Paid employment includes employment for which you receive non-monetary benefits, eg free board, payments in kind, or drawings from an unprofitable business.

Yes       No (Go to Q16)

If yes, please specify.

Is the job:     Full time       Part time       Casual  
 Seasonal       Voluntary       Self-employment

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.

**14. Who are you working for?**

<b>Employer's name</b>		
<b>Business site address</b>		
<b>Suburb</b>	<b>City</b>	<b>Country</b>
		New Zealand
<b>Work phone</b>	<b>Mobile</b>	<b>Fax</b>
<b>Email:</b>		

**15. How much is your gross weekly wage?**

Give gross (before tax) amount of wages and the value of any non-monetary benefits received, eg free board or any drawings, whether or not the business makes a profit.

\$

**16. Do you expect to get other income in the next 52 weeks?**

Examples of income from other sources: wages or salary, accident compensation, farm or business income (include drawings), self employment, interest from savings or investments, dividends from shares, income from rents, redundancy or termination type payments, Child Support, maintenance payments, boarders, Student Allowance, scholarship or Student Loan living cost payments, any other income, eg family trusts, overseas payments. Give gross (before tax) amount.

Yes (Provide details below)  No

<b>Income source (List jobs and other sources of income)</b>	<b>Gross income (eg interest)</b>
	\$
	\$
	\$

**17. Are you receiving a social security pension or pension of a similar nature from the government of a country other than New Zealand?**

Yes

No

**18. If 'Yes', what type of social security pension or pension of a similar nature are you receiving from another country or countries?**

Retirement of old age

War service

Disability or invalidity

War widow

Widow or survivor

War restitution

Superannuation

War injury

Child or dependant

Other payments

**If you ticked any of the boxes above, please give details about the type of payment you receive below:**

Please attach any documents to your completed application form that confirm the payment(s), eg pension certificates. If you receive more than four payments, please attach a separate sheet showing the details.

Your payment details	Pension 1	Pension 2	Pension 3	Pension 4
Country the payment comes from:				
How much do you receive in each payment? (in overseas currency):				
Is this amount before or after tax?:				
How often do you receive this payment? (eg weekly, monthly, annually):				
Overseas payment reference number:				
Name of your pension, benefit or allowance:				

**19. Are you a full-time student?**

Yes

No

**20. Do you receive a student allowance, scholarship or student loan living cost payments?**

If you are unsure, please go to [www.studylink.govt.nz](http://www.studylink.govt.nz) for more information.

Yes

No

# PARTNER'S OBLIGATIONS

When the student gets financial help from us you also have obligations to meet. If you don't meet them, your and/or the student's payments could stop – and in some cases you and/or the student could be prosecuted.

Here are your obligations.

## If things change

You must tell us straight away if you:

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

## Be honest with us

When you sign this form you are acknowledging that the information you give us is true and you have not left anything out. You understand that your payments may be reviewed and cancelled if you:

- make a false statement or
- don't answer all the questions fully or
- don't tell us about changes in your circumstances that could affect your (and your partner's) eligibility and/or entitlement.

If this happens, you understand that you or your partner will have to pay back the total amount of any overpayments plus collection costs, and you may be prosecuted.

# Privacy statement

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

## Why we collect information

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

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

## We may use information for social housing

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

<sup>2</sup>Social housing is subsidised housing available to people in the greatest need of housing for the duration of their need. It is provided by Housing New Zealand and approved community housing providers.

## We may contact health providers

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

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

The information you give us, or your Contracted Service Provider, may be compared with information held by other agencies such as Inland Revenue, the Ministry of 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.



## PARTNER'S 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 [www.connect.co.nz](http://www.connect.co.nz) Please remember to include your name and the student's name and client number with any documents that you send to us. For more information visit [www.connect.co.nz](http://www.connect.co.nz)

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

- Your birth certificate or passport.
- Evidence of your immigration status – if not born here. For example, your passport, residency documents, certificate of citizenship or letter from Immigration New Zealand.
- Evidence of any name change you've had. For example, marriage certificate or deed poll papers.
- Evidence of any gross income and/or assets you get.
- Evidence of bank account details.
- A form or letter from Inland Revenue showing your IRD (tax) number.



## SIGN HERE

### PARTNER'S DECLARATION

The information I have given is true and complete. I have read and understood my obligations. I understand that I could be prosecuted if I make a false statement.

Partner's signature

**SIGN HERE**

Day

Month

Year

# PART 3: REGISTERED MEDICAL PRACTITIONER TO COMPLETE

The Disability Allowance is available for reimbursement of additional costs arising from a Disability where the following criteria is 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 of the body of organisms capable of causing illness.

## 1. What is the client's name?

First name	Middle name(s)	Surname or family name

## 2. Does the person have a disability that meets the Disability Allowance criteria?

- Yes (Provide details below)     No (Please go to Medical Practitioner Verification on page 18)

## 3. What is the nature of the person's disability? Please tick the major disabilities or specify below:

Psychological or psychiatric conditions

- |  |  |
|--|--|
| <input type="checkbox"/> Stress (160)                          | <input type="checkbox"/> Depression (161)    |
| <input type="checkbox"/> Bipolar disorder (162)                | <input type="checkbox"/> Schizophrenia (163) |
| <input type="checkbox"/> Other psychological/psychiatric (165) |  |

Immune system disorders

- |   |  |
|---|--|
| <input type="checkbox"/> HIV / Aids (140) | <input type="checkbox"/> Other immune system disorders (141) |
|---|--|

Metabolic and endocrine disorders

- |   |   |
|---|---|
| <input type="checkbox"/> Diabetes (150) | <input type="checkbox"/> Other metabolic or endocrine disorders (151) |
|---|---|

Nervous system disorders

- |   |   |
|---|---|
| <input type="checkbox"/> Epilepsy (120)                       | <input type="checkbox"/> Multiple sclerosis (121) |
| <input type="checkbox"/> Parkinson's disease (122)            | <input type="checkbox"/> Muscular dystrophy (123) |
| <input type="checkbox"/> Other nervous system disorders (124) |   |



Substance Abuse

Alcohol (170)

Drug (171)

Other substance abuse (172)

Cardio-vascular disorders

Heart disease (130)

Stroke (131)

Other cardio-vascular (132)

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)

**4. 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)

**5. 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	Frequency (weekly, fortnightly, etc)	Registered Medical Practitioner's Initials
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

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

Items/Services/Treatments/Pharmaceuticals	Registered Medical Practitioner's initials



## SIGN HERE

### REGISTERED MEDICAL PRACTITIONER VERIFICATION

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

HPI Number

<b>Full name</b>	
<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

# PART 4: DISABILITY STATEMENT – COUNSELLING

Applicant to complete

## 1. What is your name?

This is your legal name as it appears on your Passport or Birth Certificate.

First name	Middle name(s)	Surname or family name

## 2. Where do you live?

Flat/House no.	Street address

Suburb	City	Country
		New Zealand

## 3. I wish to apply for assistance to help with the cost of counselling. Please tick one:

First application for counselling assistance       Application for additional sessions

## 4. Have you applied for help with the cost of counselling from another agency?

Yes (Please tick one)       No (Please sign below)

Health       Special education

Child, Youth and Family       ACC

Other

## 5. Does the agency meet the full costs?

Yes – (You will not qualify to have counselling costs included in your Disability Allowance. You do not need to complete the rest of this form.)

No – How much does this agency help you with your counselling costs per visit? \$



## SIGN HERE

### DECLARATION

I understand that I must advise StudyLink if:

- I stop attending counselling; or
- the frequency or cost of my counselling session changes.

Signature

**SIGN HERE** →

Day

Month

Year

# PART 5: COUNSELLOR'S STATEMENT

Counsellor to complete

## 1. Start date for counselling

Day  Month  Year

Please note: If you are applying for extra counselling sessions, the maximum amount we StudyLink can cover is up to 20 additional sessions. Please ensure the date used is the start of the extra sessions.

## 2. Visits

Cost per visit  \$

Number of visits recommended  Frequency  Weekly  Fortnightly  Monthly



# SIGN HERE

## COUNSELLOR'S IDENTITY

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

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

**SIGN HERE**

Day  Month  Year

## CRITERIA FOR COUNSELLING:

Disability Allowance can be paid for counselling FEES if the:

- need for counselling is directly related to the person's disability
- full cost of counselling is not met by another agency (for example: Health, Group Special Education, Child, Youth and Family, ACC)
- the counselling is provided by a person who is a member (or an applicant or a provisional member) of:
  - The New Zealand Association of Psychotherapists (NZAP); or
  - The New Zealand Association of Counsellors (NZAC);
  - The Aotearoa New Zealand Association of Social Workers (Inc); or

- Is a Psychologist who holds a current practicing certificate, is registered with the Psychologists Board, and is registered with either the New Zealand College of Clinical Psychologists or the New Zealand Psychologists Society.

### Note

- Assistance can also be provided for the cost of transport to counselling if the need for counselling is directly related to the person's disability.
- Disability Allowance assistance for counselling is limited to a maximum of 10 sessions in the first instance.
- Assistance for up to a further 20 additional counselling sessions can be considered on the recommendation of the person's registered medical practitioner.
- Assistance with counselling is generally limited to a maximum of 30 sessions. This can be extended if a client is assessed as needing further counselling sessions.

# PART 6: DOCTOR'S STATEMENT – COUNSELLING

General Practitioner or Specialist to complete

## 1. Nature of disability

I certify that counselling is necessary and of therapeutic value to the client because of the stated disability.

I consider that the additional counselling sessions are necessary and of therapeutic value to the client because of the stated disability.



## SIGN HERE

### DOCTOR'S IDENTITY

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

HPI Number

Full name

Practice Address

  
  


Stamp

  


**SIGN HERE**



Day

Month

Year

## CRITERIA FOR COUNSELLING:

Disability Allowance can be paid for counselling FEES if the:

- need for counselling is directly related to the person's disability
- full cost of counselling is not met by another agency (for example: Health, Group Special Education, Child, Youth and Family, ACC)
- the counselling is provided by a person who is a member (or an applicant or a provisional member) of:
  - The New Zealand Association of Psychotherapists (NZAP); or
  - The New Zealand Association of Counsellors (NZAC);
  - The Aotearoa New Zealand Association of Social Workers (Inc); or

- Is a Psychologist who holds a current practicing certificate, is registered with the Psychologists Board, and is registered with either the New Zealand College of Clinical Psychologists or the New Zealand Psychologists Society.

### Note

- Assistance can also be provided for the cost of transport to counselling if the need for counselling is directly related to the person's disability.
- Disability Allowance assistance for counselling is limited to a maximum of 10 sessions in the first instance.
- Assistance for up to a further 20 additional counselling sessions can be considered on the recommendation of the person's registered medical practitioner.
- Assistance with counselling is generally limited to a maximum of 30 sessions. This can be extended if a client is assessed as needing further counselling sessions.

# Privacy statement

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

## Why we collect information

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

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

## We may use information for social housing

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

<sup>2</sup>Social housing is subsidised housing available to people in the greatest need of housing for the duration of their need. It is provided by Housing New Zealand and approved community housing providers.

## We may contact health providers

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

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

The information you give us, or your Contracted Service Provider, may be compared with information held by other agencies such as Inland Revenue, the Ministry of 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.

# STUDENT'S 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:

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

## Be honest with us

When you sign this form you are acknowledging that the information you give us is true and you have not left anything out. You understand that your payments may be reviewed and cancelled if you:

- make a false statement or
- don't answer all the questions fully or
- don't tell us about changes in your circumstances that could affect your (and your partner's) eligibility and/or entitlement.

If this happens, you understand that you or your partner will have to pay back the total amount of any overpayments plus collection costs, and you may be prosecuted.



## DOCUMENTS TO PROVIDE

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

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

We recommend that you send your documents to us online using [www.connect.co.nz](http://www.connect.co.nz). Please remember to include your name and client number with any documents that you send to us. For more information visit [www.connect.co.nz](http://www.connect.co.nz)

Documents you need to provide if you're 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 your children.
- Marriage or civil union certificate – if you have one.
- A form or letter from Inland Revenue showing your IRD (tax) number.
- Gross income details.
- Evidence of your bank account details.
- Evidence or quotes for any expenses relating to your disability.



## SIGN HERE

### DECLARATION

All the information I have provided is true and I have not left anything out. I have read and understood the Privacy Statement and my obligations as set out above. I understand that my payments may be reduced or stopped if I make a false statement, or don't tell StudyLink of a change in any circumstances, or fail to meet my obligations. If this happens I will have to pay back any overpayments plus collection costs, and I could be prosecuted.

**Signature**

**SIGN HERE** 

Day

Month

Year



# MyStudyLink – get it done online

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

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

## HOW TO CONTACT US

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

Phone: **0800 88 99 00**

## Using Connect

A quick and easy way to send us your documents

1. Create an account at **[www.connect.co.nz](http://www.connect.co.nz)** with your RealMe login
2. Upload your verified documents
3. Submit to StudyLink