

y Kids Maraekakaho After School Care

@
RAUREKA SCHOOL



WHAT WE OFFER



For ages 5yrs - 13yrs



3pm - 4pm @ \$11/day



3pm - 6pm @ \$20.30/day



Transport to Programme Provided



Winz Subsidies Available



Afternoon Kai Provided



Sports, games and MORE!!



Homework Help Available

If you're needing extra care
for your tamariki,

send them our way!! ✨

The Y currently run an
After School Programme
from the Raureka School Hall.

WE WILL PICK TAMARIKI UP
FROM SCHOOL AT THE END
OF THE DAY AND
TRANSPORT THEM TO
RAUREKA SCHOOL.



CONTACT US FOR MORE INFORMATION



Phone:
06 878 3027



Email:
oscaradmin@ymcahb.org.nz



Website:
www.ymcahb.org.nz

Tangata ako ana i Te kāinga, te tūranga ki Te marae, tau ana
A person nurtured in the community contributes strongly to society



Enrolment Form

*(alternatively, enrolment can be made online through our website
www.ymcahb.org.nz)*

Full Name: _____ Relationship to Child: _____

Phone Number: _____ Email: _____

Home Address: _____

Winz Client: yes / no Client Number: _____

Second Parent

Full Name: _____ Relationship to Child: _____

Phone Number: _____ Email: _____

Home Address: _____

Emergency Contact

Full Name: _____ Relationship to Child: _____

Phone Number: _____

Full Name: _____ Relationship to Child: _____

Phone Number: _____



Authorized and Non-Authorized to Collect Child

Authorized

Full Name: _____

Relationship to Child: _____

Phone Number: _____

Full Name: _____

Relationship to Child: _____

Phone Number: _____

Non-Authorized

Full Name: _____

Relationship to Child: _____

Phone Number: _____

Full Name: _____

Relationship to Child: _____

Phone Number: _____



Child Information Form

Full Name: _____ Date of Birth: _____

Preferred Name: _____ Gender: _____

School: _____ Classroom Number: _____

Ethnicity: _____

Medical Information

Doctor Name: _____ Doctor Number: _____

Does your child wear glasses? Yes / No

Does your child wear hearing aids? Yes / No

Is your child gluten free? Yes / No

Is your child Vegetarian? Yes / No

Has Current Tetanus Vaccination? Yes / No

Is Child Immunized? Yes / No

Does the child use an epi-pen? Yes / No

Does your child have any mobility issues? Yes / No

Does your child use an inhaler? Yes / No

Does your child have any behavior issues? Yes / No

Swimming competency (*circle one*): non swimmer learner competent

Allow Photo Tag: Yes / No

Additional notes about child? _____



Medical Information

(please tick any that apply to your child)

- ADHD
- Asthma
- Celiac
- Cerebral Palsy
- Down Syndrome
- Diabetes
- Epilepsy
- Haemophilia
- Heart Problems
- Dairy Allergy
- Wheat Allergy
- Peanut Allergy
- Medicine Allergy
- Bee Sting Allergy
- Egg Allergy
- Other

Please provide information we need to know child's condition:



TERMS & CONDITIONS

MSD & OSCAR

This YMCA programme has been approved under Ministry of Social Development & OSCAR YMCA standards. All care will be taken to provide a safe and well supervised environment for children attending the programme in accordance with these standards.

REGISTRATION

You can register for out of school care and holiday programmes on our website or support is available at our programme sites or at our head office on Pakowhai Rd, Hastings. Please note: Your place(s) on the programme is not secured unless registration has been completed and you have received a confirmation email sent from YMCA office.

SIGNING IN & OUT

All children must be signed in and out of the programme when dropped off or picked up. The YMCA is not responsible for children once signed out of the programme. If you require your child to make their own way to or from the programme, please complete a consent form (available from your site). You must also advise the YMCA in writing if your child is to be collected by any person other than those detailed on this enrolment form. Children must be picked up by the time indicated in your booking confirmation. A late pick-up fee of \$1 per minute will be charged after the first five minutes.

POLICIES & PROCEDURES / HEALTH & SAFETY

You understand that with all children's programmes there are risks involved. The YMCA manages risk by having and implementing our YMCA Policies and Procedures document which is available to view at your site and here <http://ymcahb.org.nz/wp-content/uploads/2018/07/Policies-and-Procedures-OSCAR-2017-Final.pdf>. This document includes the rules and boundaries for all children that must be complied with. These policies are reviewed annually to ensure they meet current practice and regulations. All care will be taken to provide supervision of all children attending the programme in accordance with YMCA Policies and Procedures. The YMCA is not responsible for loss and damage to children's possessions. Our before and after school care programmes cannot accommodate sick or injured children. Parents or emergency contacts will be advised to collect children who are unwell or need medical attention. In serious cases, an ambulance will be called. Parents are to accept responsibility for any costs that are incurred as a result. Enrollment in a programme is acknowledgement that you have read and accepted our policy and procedures.

HOLIDAY PROGRAMME ACTIVITIES

We aim to follow a programme and give acceptable notice of all changes to activities and programming; however this is not always possible. Please understand activities may change without notice if circumstances demand. The YMCA is not obliged to offer any compensation for this occurring as limited numbers and other circumstances must be met to run all sessions.



BEHAVIOR

If your child continually acts inappropriately, or places other children in danger, you will be contacted. If problems continue, we will consult with parents and school partners to determine if access to the programme may be withdrawn in accordance with our policies and procedures.

SUSPECTED CHILD ABUSE

As per our vulnerable children's policy any suspected child abuse will be reported to the appropriate authorities, Oranga Tamariki or Police.

INFORMATION SHARING

As per our Record Keeping Policy (pg54) Information is collected and stored through the aimy Plus software programme and is available to parents/cargivers to check for accuracy and updating. Information may also be share with the Ministry of Social Development, by staff or by authorised staff from a statutory agency.

PHOTO CONSENT

If you give permission for your child to be photographed, photos will be displayed in house and we reserve the right to use them in our advertising and marketing.

FINANCIAL QUERIES

For all invoicing or financial queries, please contact our administrator on 06 878 3027 or oscaradmin@ymcahb.org.nz

BOOKINGS, BOOKING CHANGES AND ABSENCES

All our sites have a maximum approved capacity. If you have not booked your child in, we may not be able to accommodate them. All changes to bookings and absences (whether last minute or not) require confirmation from the YMCA office 06 878 3027 or oscaradmin@ymcahb.org.nz

Refer to our schedule of fees on-line for or standard fees and any additional or reduced charges.

To cancel a booking

All cancellations must be done by contacting the YMCA Office 06 878 3027 or oscaradmin@ymcahb.org.nz

Greater than 48 hours notice No charge

Less than 48 hours notice Full fee applied

Unfortunately if a child is sick or away from the programme full fee will apply.

PAYMENT & BILLING INFORMATION

Invoices will be emailed to you 4 weeks prior to the start of the programme and then weekly thereafter or emailed with your confirmation email if your booking is made within 4 weeks of the start of the programme.

Payment is due the Monday prior to the start of the programme..

You agree to pay for all booked sessions and understand that access to the programme may be withdrawn if fees are in arrears.

Invoices will be sent weekly.

You can pay with internet banking or by eftpos (main office only). You can also give us a call to discuss payment methods. We encourage our customers to set up an automatic payment via internet banking to pay for their out of school care services.

Our bank account number is 12-3145-0257038-52. Please use your invoice number and customer code as your reference. Automatic payments can be set up through your internet banking or through your bank.

COLLECTIONS POLICY

If the account is not paid and becomes overdue, we assume there is an unresolved billing issue, or a temporary lapse from our customer. In this situation we will contact you to prompt action and make payment arrangements. Access to the programme may be withdrawn if fees are in arrears.

If the debt is one month or older we will make contact with the you about your account and, depending on the outcome, relevant action will be taken, this could include debt collection. Formal collection proceedings can include referral to a Collection Agency. These costs will be forwarded on to the parent or caregiver

WINZ PAYMENTS

As a parent receiving a WINZ subsidy it is your responsibility to ensure WINZ is making payment of the subsidy and to notify WINZ of a change in hours for your subsidy. Any WINZ over payments are refunded back to WINZ. You are required to pay the balance between the WINZ subsidy and the cost of the care you receive. In the event that WINZ does not pay, you are liable for all fees.

CHANGES

We have developed a set of guidelines, which we believe is consistent and reasonable across the board. We have the right to introduce and change fees and charges in connection with our services, we will notify you of any such changes.

CONTACT DETAILS

On-line: www.ymcahb.org.nz

Site: refer to website for contact details or ask your Site Manager

Office: on 06 878 3027 or oscaradmin@ymcahb.org.nz

Childcare Assistance application form



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Use this application to apply for:

- **Childcare Subsidy** – Payments that help families with the cost of pre-school childcare. This can also include a home-based educator top-up fee.
- **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 workandincome.govt.nz/childcare or call us on **0800 559 009**.

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

Work and Income 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 pre-school children aged 3 and over, they may be able to get up to 20 hours a week 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.

If you're getting charged a top-up fee from a home-based educator as part of your 20 Hours ECE, we may be able to cover all or some of this cost.

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 559 009



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 Assistance checklist



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

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 bring

Proof of who you are:	For you	For your partner (if you have one)
If you were born in New Zealand , bring one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).	<input type="checkbox"/>	<input type="checkbox"/>
If you were born overseas , bring proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).	<input type="checkbox"/>	<input type="checkbox"/>
If your name has changed , bring your marriage certificate, deed poll, or other proof of the name change.	<input type="checkbox"/>	<input type="checkbox"/>
All people applying need to bring two more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).	<input type="checkbox"/>	<input type="checkbox"/>
A form or letter from Inland Revenue showing your tax number.	<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 bring:		
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 bring:		
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"/>
Proof of accommodation costs	<input type="checkbox"/>	<input type="checkbox"/>

Childcare Assistance applicant's form



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

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

Client number

It's on your Community Services Card, or if you've applied for support from StudyLink or Work and Income before it's on a letter from us.

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

2

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

No **If no, tell us the name that is on your birth certificate** Yes

First and middle names

Surname or family name

3

Have you ever been known by any other name?

No Yes **If yes, write them all out below**

1.

2.

4

What name would you like us to call you?

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

Other **If other, write the full name**

ATTACHMENT FOR Q1:

Bring proof of who you are. What you need to bring is explained on page 4.

HOW TO ANSWER Q3:

For example, have you had married names, English names, changes by deed poll, or aliases?

ATTACHMENT FOR Q3:

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

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"/>	<input type="text"/>
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ATTACHMENT FOR Q7:

A form or letter from Inland Revenue showing your tax number.

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

9

Is your mailing address different from where you live?

No Yes **↓ If yes, tell us your mailing address**

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

10

How else can we contact you?

Tick the best way for us to first contact you

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

11

Do you agree to get emails from us?

No Yes **↓ If yes, tell us your email address** I don't have an email address



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.



HOW TO ANSWER Q10:

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



INFORMATION FOR Q11:

With an email address and mobile number you can sign up to MyMSD online. It's an easy way to keep your details with us up to date and view some of your letters online.

We may also email you information.

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 ↓ **If other, 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

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

Other ↓ **If other, what is your residence status?**

HOW TO ANSWER Q13:
This means that 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 the people in your household

Tell us about who you live with

17

What other people live at your residence? (Tick all that apply)

- I live alone [Go to question 32](#)
- My partner and/or dependent children [Go to question 32](#)
- The people listed below (don't list your partner or dependent children)

First name	Surname or family name	Relationship to you

INFORMATION FOR Q17:
If the people you live with get a benefit or pension from us, we'll match your information with theirs, and we may need to contact them.

ATTACHMENT FOR Q17:
If more than 4 other people live at your address, please write these details about each one on a separate sheet of paper, and bring them with this application form.

Our definitions of renters and boarders are:

- **Renters:** people who pay for accommodation only
- **Boarders:** people who pay a fixed amount for accommodation, food and utilities, and are not included on the tenancy agreement. This includes people living in a boarding house (with food provided) or social housing property and are not the head tenant.

18

Do any of the people you live with, listed in Q17 above, pay you board or rent?

- No [Go to question 32](#) Yes [If yes, please provide details below](#)

HOW TO ANSWER Q18:
'Self-contained' means there is a kitchen or a kitchenette and a bathroom. If it's a caravan or campervan it needs to have facilities for:

- day-to-day living
- sleeping
- preparing and cooking food.

It must also have a:

- Sink
- Toilet

HOW TO ANSWER Q18:
The floor area for the whole home can be found by looking up the address on qv.co.nz

Person 1

Full name of renter or boarder _____

Date of birth / / _____

Phone number () _____

Email address _____

Do they pay you rent or board? Rent Board

How much do they pay? \$ _____ How often? _____

When did they start paying? / / _____

Does this person live in a self-contained part of the property?

No [Go to next person or question 19](#)

Yes [What is the floor area of the self-contained part of property?](#)

Length of the space (in metres) Multiply Width of the space (in metres) Equals Floor area (in metres²)

_____ × _____ = _____

What is the total floor area of the whole property? _____ metres²

2 HOW TO ANSWER Q18:
 'Self-contained' means there is a kitchen or a kitchenette and a bathroom. If it's a caravan or campervan it needs to have facilities for:

- day-to-day living
- sleeping
- preparing and cooking food.

It must also have a:

- Sink
- Toilet

2 HOW TO ANSWER Q18:
 The floor area for the whole home can be found by looking up the address on qv.co.nz

Person 2

Full name of renter or boarder _____

Date of birth / / _____

Phone number () _____

Email address _____

Do they pay you rent or board? Rent Board

How much do they pay? \$ _____ How often? _____

When did they start paying? / / _____

Does this person live in a self-contained part of the property?

No **Go to next person or question 19**

Yes **↓ What is the floor area of the self-contained part of property?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres ²)
<input type="text" value="."/>	×	<input type="text" value="."/>	=	<input type="text" value="."/>

What is the total floor area of the whole property?

Person 3

Full name of renter or boarder _____

Date of birth / / _____

Phone number () _____

Email address _____

Do they pay you rent or board? Rent Board

How much do they pay? \$ _____ How often? _____

When did they start paying? / / _____

Does this person live in a self-contained part of the property?

No **Go to next person or question 19**

Yes **↓ What is the floor area of the self-contained part of property?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres ²)
<input type="text" value="."/>	×	<input type="text" value="."/>	=	<input type="text" value="."/>

What is the total floor area of the whole property?

Person 4

Full name of renter or boarder _____

Date of birth / / _____

Phone number () _____

Email address _____

Do they pay you rent or board? Rent Board

How much do they pay? \$ _____ How often? _____

When did they start paying? / / _____

Does this person live in a self-contained part of the property?

No **Go to question 19**

Yes **↓ What is the floor area of the self-contained part of property?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres ²)
<input type="text" value="."/>	×	<input type="text" value="."/>	=	<input type="text" value="."/>

What is the total floor area of the whole property?

ATTACHMENT FOR Q18:
 If more than 4 other people live at your address, please write these details about each one on a separate sheet of paper, and bring them with this application form.

Accommodation Costs

Tell us about rental costs

19

Do you pay rent?

 No

[Go to question 25](#)

 Yes

20

Do you pay rent to Kāinga Ora or an approved community housing provider?

 No Yes

[Go to question 32](#)

21

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

22

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

23

Do you pay water rates separately from your rent?

 No Yes

[If yes, tell us how much you pay](#)

How often?

24

Tell us about the person or organisation you pay rent to:

Person's or organisation's full name

Person's or organisation's contact details

Address	
Phone number	()
Email	

If paid to a person, what is their date of birth (if known)?

Day	Month	Year

INFORMATION FOR Q19:

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

ATTACHMENT FOR Q22:

You may need to show proof of what you pay for rent.

ATTACHMENT FOR Q23:

You may need to show proof of what you pay for water rates.

INFORMATION FOR Q24:

If your landlord gets a benefit or pension from us, we may need to contact them. We need this information so we can correctly identify them.

Tell us about board costs

25

Do you pay board?

No

Go to question 28

Yes

If yes, tell us what costs your board includes

26

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

27

Tell us about the person or organisation you pay board to:

Person's or organisation's full name

Person's or organisation's contact details

Address	
Phone number	()
Email	

If paid to a person, what is their date of birth (if known)?

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

① INFORMATION FOR Q25:

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

② HOW TO ANSWER Q25:

For example, food, electricity, telephone.

📎 ATTACHMENT FOR Q26:

You may need to show proof of what you pay for board.

① INFORMATION FOR Q27:

If your landlord gets a benefit or pension from us, we may need to contact them. We need this information so we can correctly identify them.

Tell us about home ownership costs

28

Do you own the home you live in?

No

Go to question 32

Yes

29

What are your home ownership costs?

② HOW TO ANSWER Q29:

Only include mortgages you used to buy or alter your home. Include both interest and principal.

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

Don't include contents insurance.

📎 ATTACHMENT FOR Q29:

You'll need to show proof of your home ownership costs.

📎 ATTACHMENT FOR Q30:

Bring receipts for any repair and maintenance costs.

📎 ATTACHMENT FOR Q31:

You'll need to show proof of your rates rebate.

30

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

No

Yes

Please write the total amount

31

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

No

Yes

Amount

Rating year 1 July

to 30 June

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 Q32:

'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 Q32:

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.

32

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

↓ **If you're applying for another reason, please tell us the reason**

33

Are you working?

- No [Go to question 37](#) Yes

34

Who are you working for?

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

35

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

36

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

Tell us about your education

37

Are you on a work-related course or studying?

- No [Go to question 45](#) Yes

38

What are the details of the training organisation?

Training organisation's name	
Address	
Phone number	()
Email	

39

What is the name of your course?

40

Is the course NZQA accredited?

No Yes

41

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"/>

42

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

43

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

44

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

Tell us about your activities

45

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

No Yes [Go to question 49](#)

46

What type of activities are you doing?

47

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

48

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

Other reasons for childcare

49

Are you applying for childcare assistance because of medical reasons?

No Yes [If yes, how long is the medical condition expected to last?](#)

50

How many hours a week do you need childcare?

ATTACHMENT FOR Q49 AND 50:


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 income in the last 52 weeks?

51

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 boarders or flatmates | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Child Support payments (private arrangement or through Inland Revenue) | <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 |



Important: You must answer question 52

52 HOW TO ANSWER Q52:

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 13.

53 HOW TO ANSWER Q53:

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

INFORMATION FOR Q55:

For example a room you use as an office.

56 HOW TO ANSWER Q56:

If you don't know the exact amount please estimate it, based on the percentage of your home used for the business. Talk with us if you're not sure.

Other rent payments

57 HOW TO ANSWER Q57:

For example:

- a person pays you to use your garage to park their car in each week
- an organisation rents a bedroom they use as an office.

59 HOW TO ANSWER Q59:

For example a bedroom or garage.

60 HOW TO ANSWER Q60:

The floor area for the whole home can be found by looking up the address on [qv.co.nz](http://q.v.co.nz)

52

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 51?

No Yes

↓ If yes, 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	
	\$	\$	
	\$	\$	
	\$	\$	

53

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

No Yes

↓ If yes, please tell us about the type of payment and its value

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

54

Do you run your own business?

No **Go to question 57** Yes

55

Do you claim back part of the home you live in as a business expense from Inland Revenue at the end of each tax year?

No **Go to question 57** Yes

56

What is the amount you claim back from Inland Revenue?

\$

57

Do you rent out some of your residence (not used for accommodation purposes) to another person or organisation?

No **Go to question 62** Yes

58

What is the space they rent?

59

What is the floor area of the space they use?

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres ²)
<input type="text"/>	×	<input type="text"/>	=	<input type="text"/>

60

What is the total floor area of the whole property?

metres²

61

How much do they pay you?

Amount	How often (eg weekly)?	Start date of payment
\$ <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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 bring them with this application form.

Tell us about your dependent children

62

Who are the dependent children in your care?

Child 1 Full name

Date of birth
Day Month Year Relationship to you

Do you have a shared care arrangement for this child? No Yes

Child 2 Full name

Date of birth
Day Month Year Relationship to you

Do you have a shared care arrangement for this child? No Yes

Child 3 Full name

Date of birth
Day Month Year Relationship to you

Do you have a shared care arrangement for this child? No Yes

Child 4 Full name

Date of birth
Day Month Year Relationship to you

Do you have a shared care arrangement for this child? No Yes

Child 5 Full name

Date of birth
Day Month Year Relationship to you

Do you have a shared care arrangement for this child? No Yes

Child 6 Full name

Date of birth
Day Month Year Relationship to you

Do you have a shared care arrangement for this child? No Yes

Child 7 Full name

Date of birth
Day Month Year Relationship to you

Do you have a shared care arrangement for this child? No Yes

HOW TO ANSWER Q62:
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 Q62:
Bring the birth certificate for each dependent child unless you've given them to us recently.

If you have pre-school children aged 3 and over, they may be able to get up to 20 hours of early childhood education (20 Hours ECE). It will depend on the type of childcare service your child attends and what they offer.

Which children receive 20 Hours ECE from any childcare service?

None of my children

Child 1 Full name

	Provider 1	Provider 2
Which childcare service does the child get up to 20 Hours ECE from?	<input type="text"/>	<input type="text"/>
How many hours of 20 Hours ECE do you get each week in total?	<input type="text"/>	<input type="text"/>
What date did the 20 Hours ECE start?	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>

Child 2 Full name

	Provider 1	Provider 2
Which childcare service does the child get up to 20 Hours ECE from?	<input type="text"/>	<input type="text"/>
How many hours of 20 Hours ECE do you get each week in total?	<input type="text"/>	<input type="text"/>
What date did the 20 Hours ECE start?	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>

Child 3 Full name

	Provider 1	Provider 2
Which childcare service does the child get up to 20 Hours ECE from?	<input type="text"/>	<input type="text"/>
How many hours of 20 Hours ECE do you get each week in total?	<input type="text"/>	<input type="text"/>
What date did the 20 Hours ECE start?	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>

Child 4 Full name

	Provider 1	Provider 2
Which childcare service does the child get up to 20 Hours ECE from?	<input type="text"/>	<input type="text"/>
How many hours of 20 Hours ECE do you get each week in total?	<input type="text"/>	<input type="text"/>
What date did the 20 Hours ECE start?	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>

Child 5 Full name

	Provider 1	Provider 2
Which childcare service does the child get up to 20 Hours ECE from?	<input type="text"/>	<input type="text"/>
How many hours of 20 Hours ECE do you get each week in total?	<input type="text"/>	<input type="text"/>
What date did the 20 Hours ECE start?	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>

INFORMATION FOR Q64:

64

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? This can also include a home-based educator top-up fee.

None of my children

Child's name

INFORMATION FOR Q65:

65

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.

② HOW TO ANSWER Q66:

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.

66

Do you understand our definition of a relationship?

I understand the definition of a relationship for benefit purposes

67

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 20](#) Yes

Your partner needs to complete the Partner form on page 21.

68

What is your partner's full name?

69

What date was your partner born?

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

📎 ATTACHMENT FOR Q70:

Bring your marriage or civil union certificate for your current relationship.

70

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:

- your child leaving the childcare service
- if your child is absent and no absence fee is charged.
Note: you must let us know within 15 days if the child is absent and the childcare service charges a fee
- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to any board or rent payments you get
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else)
- changes to your accommodation costs, if you get board or rent from people who live with you.

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 3).

Applicant's name (print)

Applicant's signature

Day Month Year

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

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 29)? | <input type="checkbox"/> |
| Has your partner (if you have one) completed and signed their section of the form? | <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.

Childcare Assistance partner's form



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Tell us about yourself

Client number

 | |

It's on your Community Services Card, or if you've applied for support from StudyLink or Work and Income before it's on a letter from us.

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:

Bring proof of who you are. What you need to bring is explained on page 4.

2

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

No Yes **↓ If no, tell us the name that is on your birth certificate**

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 **↓ If yes, write them all out below**

1.

2.

ATTACHMENT FOR Q3:

Bring 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 **↓ If other, write the full name**

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



ATTACHMENT FOR Q7:

A form or letter from Inland Revenue showing your tax number.

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

9

Is your mailing address different from where you live?

No Yes **↓ If yes, tell us your mailing address**

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

10

How else can we contact you?

Tick the best way for us to first contact you

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

11

Do you agree to get emails from us?

No Yes **↓ If yes, tell us your email address** I don't have an email address



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.



HOW TO ANSWER Q10:

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



INFORMATION FOR Q11:

With an email address and mobile number you can sign up to MyMSD online. It's an easy way to keep your details with us up to date and view some of your letters online.

We may also email you information.

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 ↓ **If other, 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

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

Other ↓ **If 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

↓ **If yes, 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	

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	

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 [If 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 income in the last 52 weeks?

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 boarders or flatmates | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Jointly with partner |
| Child Support payments (private arrangement or through Inland Revenue) | <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 |



Important: You must answer question 37



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.

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 26.

37

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

No Yes

↓ If yes, 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

↓ If yes, please tell us about the type of payment and its value

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

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:

- your child leaving the childcare service
- if your child is absent and no absence fee is charged.
Note: you must let us know within 15 days if the child is absent and the childcare service charges a fee
- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to any board or rent payments you get
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else)
- changes to your accommodation costs, if you get board or rent from people who live with you.

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 3).

Partner's name (print)

Partner's signature

Day Month Year

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

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 29)? | <input type="checkbox"/> |
| Has your partner (if you have one) completed and signed their section of the form? | <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.

Childcare Service/OSCAR Programme supervisor's form



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

The information is required under section 298 of the Social Security Act 2018.

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.

Childcare service/OSCAR programme details

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	

4

Does your childcare service offer 20 Hours ECE?

 No Yes

5

Do you charge a holding or absence fee?

 No Yes

6

Please provide details of the care for each child.

Child 1

Full name

Care start date	20 Hours ECE start date (if applicable)	Top-up fee start date (if applicable)
Day Month Year	Day Month Year	Day Month Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours							
ECE hours used (if applicable)							

Type of childcare	Childcare provider	Home-based	OSCAR provider
Total hours each week			
ECE top-up fee charged to caregiver per hour		\$	
Total weekly fee charged to caregiver (don't include ECE)	\$	\$	\$

OSCAR care period end date / /

① INFORMATION FOR Q4:

If you offer 20 Hours ECE you can't charge a fee for those hours unless you're a home-based educator and charge a top-up fee.

② HOW TO ANSWER Q6:

Please tell us your fee **after** you've applied any discount but **before** any Work and Income subsidy is applied.

The Childcare Subsidy can't be used for donations or optional charges, but can be used for the top-up fee.

③ INFORMATION FOR Q6:

Where we say ECE in this question we mean 20 Hours ECE.

Child 2

Full name

Care start date			20 Hours ECE start date (if applicable)			Top-up fee start date (if applicable)		
Day	Month	Year	Day	Month	Year	Day	Month	Year
<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"/>

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours							
ECE hours used (if applicable)							

Type of childcare	Childcare provider	Home-based	OSCAR provider
Total hours each week			
ECE top-up fee charged to caregiver per hour		\$	
Total weekly fee charged to caregiver (don't include ECE)	\$	\$	\$

OSCAR care period end date	/ /
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Child 3

Full name

Care start date			20 Hours ECE start date (if applicable)			Top-up fee start date (if applicable)		
Day	Month	Year	Day	Month	Year	Day	Month	Year
<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"/>

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours							
ECE hours used (if applicable)							

Type of childcare	Childcare provider	Home-based	OSCAR provider
Total hours each week			
ECE top-up fee charged to caregiver per hour		\$	
Total weekly fee charged to caregiver (don't include ECE)	\$	\$	\$

OSCAR care period end date	/ /
----------------------------	-----

7**Write any comments here**

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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**ATTACHMENT FOR Q6:**

If you provide childcare for a fourth child please provide this information for that child on a separate piece of paper and attach it to this form.

Childcare Service/OSCAR Programme supervisor's form



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

The information is required under section 298 of the Social Security Act 2018.

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.

Childcare service/OSCAR programme details

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	

4

Does your childcare service offer 20 Hours ECE?

 No Yes

5

Do you charge a holding or absence fee?

 No Yes

6

Please provide details of the care for each child.

Child 1

Full name

Care start date	20 Hours ECE start date (if applicable)	Top-up fee start date (if applicable)
Day Month Year	Day Month Year	Day Month Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours							
ECE hours used (if applicable)							

Type of childcare	Childcare provider	Home-based	OSCAR provider
Total hours each week			
ECE top-up fee charged to caregiver per hour		\$	
Total weekly fee charged to caregiver (don't include ECE)	\$	\$	\$

OSCAR care period end date / /

① INFORMATION FOR Q4:

If you offer 20 Hours ECE you can't charge a fee for those hours unless you're a home-based educator and charge a top-up fee.

② HOW TO ANSWER Q6:

Please tell us your fee **after** you've applied any discount but **before** any Work and Income subsidy is applied.

The Childcare Subsidy can't be used for donations or optional charges, but can be used for the top-up fee.

① INFORMATION FOR Q6:

Where we say ECE in this question we mean 20 Hours ECE.

Child 2

Full name

Care start date			20 Hours ECE start date (if applicable)			Top-up fee start date (if applicable)		
Day	Month	Year	Day	Month	Year	Day	Month	Year
<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"/>

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours							
ECE hours used (if applicable)							

Type of childcare	Childcare provider	Home-based	OSCAR provider
Total hours each week			
ECE top-up fee charged to caregiver per hour		\$	
Total weekly fee charged to caregiver (don't include ECE)	\$	\$	\$

OSCAR care period end date	/ /
----------------------------	-----

Child 3

Full name

Care start date			20 Hours ECE start date (if applicable)			Top-up fee start date (if applicable)		
Day	Month	Year	Day	Month	Year	Day	Month	Year
<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"/>

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours							
ECE hours used (if applicable)							

Type of childcare	Childcare provider	Home-based	OSCAR provider
Total hours each week			
ECE top-up fee charged to caregiver per hour		\$	
Total weekly fee charged to caregiver (don't include ECE)	\$	\$	\$

OSCAR care period end date	/ /
----------------------------	-----

7**Write any comments here**

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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**ATTACHMENT FOR Q6:**

If you provide childcare for a fourth child please provide this information for that child on a separate piece of paper and attach it to this form.