# **OSCAR Subsidy Declaration**



Te Hiranga Tangata  A service of the Ministry of Social Developme.	ent	CLIENT NUMBER	
Please read this before you start	ho pro If y det	your children are going to continue to attend an OSCAR program lidays, you need to complete this form and return it to us befor ogramme. Your OSCAR Subsidy will stop if the form isn't return your child is attending more than one programme during the hotails for each. Further forms are available from your local Work ease complete all questions.	re the child starts the holiday led. plidays, we require separate
Client details	1.	What is your name?  First name(s)  Surname or family	y name
Child details	2.	What is your child's name?  First name(s)  Surname or family	y name
	3.	Are you receiving Child Disability Allowance for any of you	ır children?
		Yes Please provide details of the children you are receiving this Child's name	Date of birth
School holiday childcare arrangements	4.	Will your child be attending an approved school holiday procentre during the holidays?  No ▶ Go to Question 6  Yes ▶ Please have the Programme Administrator complete the OS	
	5.	Will you or your partner be continuing with your current enholidays?  No ▶ Go to Question 6  Yes ▶ Go to Question 8	iployment during the
lext school erm childcare rrangements	6.	Are your childcare arrangements next term going to be diffterm arrangements?  No  Yes Please have the Programme Administrator complete the OSI	
	7.	Will you or your partner be continuing with your current em	

Yes Go to Question 8

Work details	8. What is the name of your and your partner's employer?  Your employer			
		Your partner's employer		
<b>Q9 note:</b> Please provide verification of your wages /salary.	9.	What is your gross weekly wage? You \$ Your partner \$		
	10.	How many hours each week, including lunch breaks, do you spend at work?		
		You Your partner		
	11.	How many hours each week do you spend travelling between the programme and work?  You Your partner		
Privacy statement	the au Devel- under	rivacy Act 1993 requires us to tell you, the information you give us is collected under athority and for the purposes of legislation administered by the Ministry of Social opment (MSD) and in particular for payment of the OSCAR subsidy. I understand that the Privacy Act 1993 I have the right to access and correct any information held by the ry of Social Development about me.		
Client statement	I have	completed all questions on this OSCAR Subsidy declaration form, or this declaration ten completed for me, and the information I have given is true and complete.		
Client's name (print)		Client's signature		
		Day Month Year		

## OSCAR Programme Supervisor to complete

Informa	ation	for	the
<b>OSCAR</b>	Prog	ran	ıme
service			

This form needs to be completed by the OSCAR programme supervisor.

The information you provide will help us to work out the applicant is eligible for the OSCAR Subsidy.

OSCAR programmes are for children under 14 years of age (or 14–18 years of age if they receive the Child Disability Allowance) and include:

- · before and after school care
- · school holiday programmes.

### **Provider details**

What is the programme name?

El Rancho Autumn Kids Camp 2025

2. What is the programme's Work and Income provider number?

90010491641

3. Is your programme approved by the Ministry of Social Development?

/ Yes	No	The programme cannot receive a subsidy unless it is approved by the Ministry of Social Development.  Please call  oo o 559 oo on and ask for your local Childcare Coordinator.
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What type of programme is this?

School holiday	programme Please	complete Section 1.

Before/after school care programme Please complete Section 2.

### **SECTION 1**

School holiday childcare arrangements

5.	To confirm the child's place.	do you require a lump sum payment in advance?
٠,	to committee critica s prace,	an Ann Ledning a routh 2011 DOALITETT III 9049116:

No	7	Yes

5. Please confirm the details for each week you are claiming, in the table below:

	No	Ye
I	110	 , , ,

		End date	Hours enrolled	Fee
Week 1	12/04/2025	16/04/2025	72	\$ 199
Week 2	1 1	1 1		\$
Week 3	1 1	1 1		\$
Week 4	1 1	1 1		\$
Week 5	1 1	1 1		\$
Week 6	1 1	11		\$
Week 7	1 1	1 1		\$
Week 8	1 1	1 1		\$
Week 9	1 1	1 1		\$
Week 10	1 1	1 1		\$

### **SECTION 2**

Next school term childcare arrangements

Programme start	12	64	2025	Programme finish date	16	04	2025
uate	Day	Month	Year	gate		Month	

Programme charge per week \$

- 100	
199	

Total hours of attendance per week

72

### Supervisor's statement

The statement and answers I have given are true and complete.

This information is required under Section 12 of the Social Security Act 1964.

Supervisor's name (print)

Rennie



Date		
03	63	2025

# OFFICE USE ONLY SWIFTT ACTION • CCSI/CCSC Screens • CDTSA-enter holiday dates and/or next term school dates • Care periods must be entered. Processor's signature Day Month Year Checker's signature