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

Ka mōhio ki a koe — know you

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

We will use your feedback to improve our service

We will make sure you understand everything you need to know

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

Ka tautoko i a koe — support you

We will let you know everything you may be eligible for

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

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

We will be honest about our mistakes and put them right

Ka mahi tahi ki a koe — with you

We will respect you and what is important to you

We will let you know your options, rights and obligations

We will work together to achieve shared goals

Our actions will follow our words

How did *we* do? 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).	☐	☐
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).	☐	☐
If your name has changed, bring your marriage certificate, deed poll, or other proof of the name change.	☐	☐
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).	☐	☐

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.	☐	☐
Your full set of business accounts, if you have your own business.	☐	☐
Depending on answers, you may need to bring:		
Your marriage or civil union certificate, for a current relationship.	☐	
Proof of your wages or salary for the last 52 weeks (for example, payslips, a letter from your employer).	☐	☐
Proof of any other before-tax income for the last 52 weeks (for example, interest, child support, rental income, etc).	☐	☐

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

ATTACHMENT FOR Q1:
Bring proof of who you are. What you need to bring is explained on page 4.

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

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.

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**

Tell us more about you

5 **What date were you born?**

Day | Month | Year

6 **Are you:**

☐ Male ☐ Female ☐ Gender diverse

7 **What is your Inland Revenue tax number?**

Tell us how we can contact you

HOW TO ANSWER Q8:
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

8 **Where do you live?**

Flat/House number | Street name

Suburb

Town/City

HOW TO ANSWER Q9:
Mailing address can include a PO Box, rural delivery details, or C/O address.

9 **Is your mailing address different from where you live?**

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

HOW TO ANSWER Q10:
Please only give us contact details you'd like us to use.

10 **How else can we contact you?**

		Tick the best way for us to first contact you
Home phone	( )	
Mobile phone	( )	
Other phone	( )	

NFORMATION 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.

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

Tell us your ethnicity

12

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

Tick the group(s) you most identify with.

- ☐ 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

_____

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.

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.

- ☐ New Zealand citizen by birth → **Go to question 17**
- ☐ Granted New Zealand citizenship → **Date citizenship granted** Day ___ Month ___ Year ___ → **Go to question 15**
- ☐ Granted permanent residency → **Date permanent residence granted** Day ___ Month ___ Year ___ → **Go to question 15**
- ☐ Other → **If other, what is your residence status?**

_____

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

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 — Day / Month / Year

Finish date — Day / Month / Year

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 Go to question 34 ☐ Yes

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?

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.

35 **How many hours a week do you need childcare?**

Tell us about your income and assets

Tell us about income in the last 52 weeks?

36

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.

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

Important: You must answer question 37

HOW TO ANSWER Q37:

How often do you expect the payment, such as weekly, fortnightly, monthly, one-off.

The types of income you need to include here are listed on page 10.

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? You	Jointly with partner	How often do you expect the payment?
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	

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
		$
		$
		$
		$
		$

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

39

HOW TO ANSWER Q39

Please give the names of children you support financially and who live with you as a member of your family, including:

- your own children
- adopted children
- stepchildren
- children at boarding school
- grandchildren / mokopuna
- children you have shared care for.

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

ATTACHMENT FOR Q39:

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

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 40:

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.

40

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?		
How many hours of 20 Hours ECE do you get each week in total?		
What date did the 20 Hours ECE start?	Day Month Year	Day Month Year

Child 2 Full name

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

Child 3 Full name

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

Child 4 Full name

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

Child 5 Full name

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

INFORMATION FOR Q41:

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.

41

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 Q42:

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).

42

Which children do you wish to get OSCAR Subsidy for?

☐ None of my children

Child's name

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

Tell us about your relationship status

Definition of a relationship for benefit purposes

Whether people are single or a couple affects eligibility for certain income assistance and the rate at which we can pay that assistance.

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

By degree of companionship, we mean two people:

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

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

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

HOW TO ANSWER Q43: Tick this statement to confirm you understand the definition of a relationship for benefit purposes.

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

43 **Do you understand our definition of a relationship?**

☐ I understand the definition of a relationship for benefit purposes

44 **Do you have a partner?**

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

☐ No Go to page 16

☐ Yes Your partner needs to complete the Partner form on page 17.

45 **What is your partner's full name?**

46 **What date was your partner born?**

Day	Month	Year

ATTACHMENT FOR Q47: Bring your marriage or civil union certificate for your current relationship.

47 **What is your relationship status with your partner?**

Please tick one of the following boxes

☐ Married ☐ In a civil union ☐ In a relationship

Obligations, signature and checklist

Let us know when things change

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

- 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 your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

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

We also need to know if you:

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

Your rights

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

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

Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy (privacy information is on page 3).

Applicant's name (print)	Applicant's signature	Day	Month	Year

Checklist

Tick when completed	
Have you answered all the questions you need to?	☐
Have you initialled any changes you've made on the form?	☐
Has the childcare provider completed their section (from page 25)?	☐
Has your partner (if you have one) completed and signed their section of the form (pages 17-24)?	☐
Have you gathered the other documents you need to provide?	☐
Have you signed your application?	☐

Bring 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

ATTACHMENT FOR Q1:
Bring proof of who you are. What you need to bring is explained on page 4.

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

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.

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**

Tell us more about you

5 What date were you born?

Day | Month | Year

6 Are you:

☐ Male ☐ Female ☐ Gender diverse

7 What is your Inland Revenue tax number?

Tell us how we can contact you

HOW TO ANSWER Q8:
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

8 Where do you live?

Flat/House number | Street name

Suburb

Town/City

HOW TO ANSWER Q9:
Mailing address can include a PO Box, rural delivery details, or C/O address.

9 Is your mailing address different from where you live?

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

HOW TO ANSWER Q10:
Please only give us contact details you'd like us to use.

10 How else can we contact you?

Tick the best way for us to first contact you

Home phone	( )	
Mobile phone	( )	
Other phone	( )	

INFORM ION 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.

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

Tell us your ethnicity

12

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

Tick the group(s) you most identify with.

- ☐ 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

_____

Tell us about your residence status

13

Do you usually live in New Zealand?

☐ No ☐ Yes

14

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

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

- ☐ New Zealand citizen by birth → **Go to question 17**
- ☐ Granted New Zealand citizenship → **Date citizenship granted** Day ___ Month ___ Year ___ → **Go to question 16**
- ☐ Granted permanent residency → **Date permanent residence granted** Day ___ Month ___ Year ___ → **Go to question 16**
- ☐ Other → **If other, what is your residence status?**

_____

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 — Day / Month / Year

Finish date — Day / Month / Year

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 Go to question 34 ☐ Yes

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

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.

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?**

Tell us about your income and assets

Tell us about income in the last 52 weeks?

36

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.

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

Important: You must answer question 37

HOW TO ANSWER Q37:

How often do you expect the payment, such as weekly, fortnightly, monthly, one-off.

The types of income you need to include here are listed on page 22.

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? You	Jointly with partner	How often do you expect the payment?
	$	$	
	$	$	
	$	$	
	$	$	
	$	$	

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 your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

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

We also need to know if you:

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

Your rights

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

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

Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy (privacy information is on page 3).

Partner's name (print)	Partner's signature	Day	Month	Year

Checklist

Tick when completed	
Have you answered all the questions you need to?	☐
Have you initialled any changes you've made on the form?	☐
Has the childcare provider completed their section (from page 25)?	☐
Has your partner (if you have one) completed and signed their section of the form?	☐
Have you gathered the other documents you need to provide?	☐
Have you signed your application?	☐

Bring 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?

El Rancho Summer Kids Camp 2026

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

9 0 0 | 0 4 9 | 6 4 1

3 What are your organisation's contact details?

Work phone	(04) 902 6287
Mobile phone	(/)
Email	programmeinfo@elrancho.co.nz

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.

4 Does your childcare service offer 20 Hours ECE?

/ No ☐ Yes

5 Do you charge a holding or absence fee?

☐ No / Yes

HOW TO ANSWER Q6: 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.

INFORMATION FOR Q6: Where we say ECE in this question we mean 20 Hours ECE.

6 Please provide details of the care for each child.

Child 1 Full name

Care start date Day	Month	Year	20 Hours ECE start date (if applicable) Day	Month	Year	Top-up fee start date (if applicable) Day	Month	Year
12	01	2026						

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

Type of childcare	Childcare provider	Home-based	OSCAR provider
Total hours each week			91.5
ECE top-up fee charged to caregiver per hour		$	
Total weekly fee charged to caregiver (don't include ECE)	$	$	$ 265

OSCAR care period end date	16 / 01 / 2026

Child 2 Full name

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

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 Day	Month	Year	20 Hours ECE start date (if applicable) Day	Month	Year	Top-up fee start date (if applicable) Day	Month	Year

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	/ /

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.

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
Lydia Rennie	Lydia Rennie	21	10	2025

Childcare Service/OSCAR Programme supervisor's form

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

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El Rancho Summer Kids camp 2026

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

9 0 0 | 0 4 9 | 6 4 1

3 What are your organisation's contact details?

Work phone	(04) 902 6287
Mobile phone	(/)
Email	programmeinfo@elrancho.co.nz

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☑ No ☐ Yes

5 Do you charge a holding or absence fee?

☐ No ☑ Yes

HOW TO ANSWER Q6:
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Child 1 Full name

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12	01	2026						

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

Type of childcare	Childcare provider	Home-based	OSCAR provider
Total hours each week			91.5
ECE top-up fee charged to caregiver per hour		$	
Total weekly fee charged to caregiver (don't include ECE)	$	$	$ 265

OSCAR care period end date	16 / 01 / 2026

Child 2 Full name

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

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 Day	Month	Year	20 Hours ECE start date (if applicable) Day	Month	Year	Top-up fee start date (if applicable) Day	Month	Year

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	/ /

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.

7 **Write any comments here**

Supervisor's statement

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- I have authority to complete this form for my organisation.

Supervisor's name (print)	Supervisor's signature	Day	Month	Year
Lydia Rennie	Lydia Rennie	21	10	2025