Childcare Assistance application form



Use this application to apply for:

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

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

Apply now - before your child starts the programme.

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

Our commitment to YOU



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



O We will use your feedback to improve our service



We will make sure you understand everything you need to know



We will respect your o 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



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





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





wedo? Let us know by visiting msd.govt.nz/feedback or call us on o8oo 559 oo9

Childcare Assistance checklist



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

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

What you need to bring

Proof of who you are:	Foryou	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 two years past the expiry date.	be more	than
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).		

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Childcare Assistance applicant's form



In the applicant form, 'you', 'your', and 'yourself' means the person applying for Childcare Assistance.

If we say 'your partner' this only applies to you if you have one.
Tell us about yourself If you've received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one. Client number
Tell us the names you've been known by ATTACHMENT FOR QI: Bring proof of who you are. What you need to bring is explained on page 3. 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 Surname or family name Surname or family name 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.

No	Yes	If yes, write them all out below	
1.			
2.			

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 6	What date were you born? Day Month Year Are you: Male Female Gender diverse What is your Inland Revenue tax number?	
Tell us how we can contact you 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.	Where do you live? Flat/House number Street name Suburb Town/City Is your mailing address different from where you live? No Yes If yes, tell us your mailing address	
Please only give us contact details you'd like us to use.		e best way for st contact you
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.	Do you agree to get emails from us? No Yes If yes, tell us your email address I don't have address	ve an email

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rell us about your residence status low to answer at 3: This means that you consider New Zealand cour home, you're a legal	New Zealand European Other European Cook Island Māo Do you usually liv No Yes	ve in New Zealand	Samoan Tongan other, write below ?	Indian Chine Don't	
Tell us about your residence status This means that you consider New Zealand rour home, you're a legal	Cook Island Māo Do you usually liv No Yes What best descri New Zealand cit by birth	other If	other, write below		
about your residence status 14 low TO ANSWER Q13: This means that you consider New Zealand your home, you're a legal	What best describy birth	ibes your residenc			
This means that you consider New Zealand rour home, you're a legal	by birth	Go to question		ealand? Tick	only one b
consider New Zealand rour home, you're a legal			on 17		
esident, you usually	citizenship	Date Citiz	zenship granted	Day Month	Year
ve here and you intend o stay.	Granted permai residency	Go to question Date per residence Go to question	manent e granted	Day Month	Year
	Other		what is your residence	status?	
15	When did you are Day Month What country we	rive in New Zealan Year ere vou born in?	d?		

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	Tell us the reason you or your partner (if you have one) are applying for childcare assistance. Tick all that apply.
work	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	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
approved rehabilitation programme • are a seriously disabled or ill caregiver • have another child in hospital.	Are you working? No Go to question 22 Yes Who are you working for?
If you're applying for	Employer's name
medical reasons, you'll need to provide proof	Employer's address
from the doctor of the number of hours	Employer's phone number ()
childcare that's needed.	Employer's email
21	How many hours a week, including lunch hours, do you spend at work? How many hours a week do you spend travelling from the childcare service to work and returning?
Tell us about your education	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

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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 Day Month Year 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 30 about your activities	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 <u>from the childcare service to</u> your activity and returning?
Other reasons for childcare	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.	How many hours a week do you need childcare?

Tell us about your income and assets

Tick one box in each line below

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.

① 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 nex
52 weeks?

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

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Important: You must answer question 37

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How to ANSWER Q37: How often do you	Did you answer 'yes' or 'joi listed in question 36?	ntly with part	tner' to any of the	sources of income
expect the payment, such as weekly, fortnightly, monthly, one-off.				e before-tax amounts
The types of income you need to include	Where will the payment come fror		ayment made to? Jointly with partner	How often do you expect the payment
here are listed on	where will the payment come from		i	ехрест те рауттепт
page 10.		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Other types of payment include advantages such	Will you get other types of No Yes If		art from money in	
as free or subsidised	Type of payment	Where will it	come from?	Its value
goods and services (for example, free				\$
food, subsidised				\$
accommodation).				\$
				\$
				\$

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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?
51 P. 14

Child 1 Full nam	ι Δ		
T dirriari			
	Date of b		
Day	Month	Year	Relationship to you
			J
Child 2			
Full nam	e		
Day	Date of b Month	irth Year	Relationship to you
			Neutronia in procession in the control of the contr
Child 3			
Full nam	e		
	Data of b	:the	
Day	Date of b Month	Year	Relationship to you
Child 4 Full nam	ie.		
T dirriari			
	Date of b	irth	
Day	Month	Year	Relationship to you
Child 5			
Full nam	e		
Day	Date of b Month	irth Year	Relationship to you
Day	1-IOITETT	TCai	Netationship to you
Child 6			
Full nam	ie		
	5	•	
Day	Date of b Month	irth Year	Relationship to you
Child 7 Full nam			
ruii Haff	E		
	Date of b	irth	
Day	Month	Year	Relationship to you

HOW TO ANSWER 40:	Which children receive 20 hours ECE from any childcare service?
If you have a 3 or 4 year old child, they may	None of my children
be able to get up to 20 hours of free early childhood education (20	Child 1
	Child's name
Hours ECE). It will depend	Which childcare service/s does the child get
on the type of childcare service your child attends	20 Hours ECE from?
and whether they offer	How many hours are received per week in total?
free hours.	What date did the 20 Hours ECE start? Day Month Year
	Child 2
	Child's name
	Which childcare service/s does the child get 20 Hours ECE from?
	How many hours are received per week in total?
	What date did the 20 Hours ECE start? Day Month Year
	What date did the 20 hours 202 start.
	Child 3
	Child's name
	Which childcare service/s does the child get 20 Hours ECE from?
	How many hours are received per week in total?
	What date did the 20 Hours ECE start? Day Month Year
	Child 4
	Child's name
	Which childcare service/s does the child get 20 Hours ECE from?
	How many hours are received per week in total?
	What date did the 20 Hours ECE start? Day Month Year
1) INFORMATION FOR Q41: The Childcare Subsidy	Which children do you wish to get Childcare Subsidy for?
is for pre-school children	None of my children
aged either:	Child's name
 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.	
1) INFORMATION FOR Q42: The OSCAR Subsidy is	Which children do you wish to get OSCAR Subsidy for?
for children who are at	None of my children
school and are under 14 years (or under 18 if	Child's name
you get a Child Disability	
Allowance for them).	
	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.

Do you understand our definition of a relationship? I understand the definition of a relationship for benefit purposes Do you have a partner? By 'partner' we mean someone you're in a relationship with. If you're not sure, please talk

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

? HOW TO ANSWER Q43:

to confirm you

benefit purposes.

Tick this statement

understand the definition of a relationship for

43

44

to us.

No	Go to page 15	Yes	Partner form on page 16
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What is your partner's full name?

46	What	date was your part		ner born?
	Day	Month	Year	

Please tick one of the following boxes

Day	Month	Year

ATTACHMENT FOR Q47:

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

What is v	your relationshi	n status with	vour partner?
valiat 13	your relationsiii	p status with	your partiter:

	8	
Married	In a civil union	In a relationship

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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 centre
- 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 centre 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

Applicant's name (print)

- 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 24).

Year

Day

Month

Applicant's signature

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 16–2	23)?
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 no	acessary.

Childcare Assistance partner's form



Client number	and on your Community Services Card if you have one.
Tell us the names you've been known by	What is your full name? Mr Mrs Ms Other First and middle names
ATTACHMENT FOR Q1: Bring proof of who you are. What you need to bring is explained on page 3.	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
HOW TO ANSWER Q3:	Surname or family name Have you ever been known by any other name?
For example, have you had married names, English names, changes by deed poll, or aliases?	No Yes If yes, write them all out below 1.
ATTACHMENT FOR Q3: Bring your marriage certificate, deed poll, or other proof of any name change.	What name would you like us to call you?
J	The name I wrote in Question 1 Other If other, write the full name

_	
Tell us more about you 6	What date were you born? Day Month Year Are you: Male Female Gender diverse What is your Inland Revenue tax number?
Tell us how we can contact you To HOW TO ANSWER QB: If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.	Where do you live? Flat/House number Street name Suburb Town/City
Mailing address can include a PO Box, rural delivery details, or C/O address.	Is your mailing address different from where you live? No Yes If yes, tell us your mailing address
Please only give us contact details you'd like us to use.	How else can we contact you? Tick the best way for us to first contact you Home phone () Mobile phone () Other phone ()
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.	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 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
Tell us about your residence status HOW TO ANSWER QIS: 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 Granted New Zealand citizenship Go to question 16 Granted permanent residency Go to question 16 Other When did you arrive in New Zealand? When did you arrive in New Zealand? What country were you born in?

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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.

about your	childcare assistance. Tick all that apply.
work	Work
IOW TO ANSWER Q17:	Work-related course or studying
Other reasons' include	Doing activities arranged by Work and Income
hat you or your partner: are temporarily unable	
to keep working because of illness or injury	Another reason If yes, please explain why you're applying
are attending an approved rehabilitation	
programme 18	Are you working?
are a seriously disabled or ill caregiver have another child	No Go to question 22 Yes
in hospital.	Who are you working for?
ATTACHMENT FOR Q17:	
f you're applying for nedical reasons, you'll	Employer's name
need to provide proof	Employer's address
rom the doctor of he number of hours	
hildcare that's needed.	Employer's phone number ()
	Employer's email
21	How many hours a week do you spend travelling <u>from the childcare service</u> work and returning?
	work and returning?
Tell us 22	work and returning? Are you on a work-related course or studying?
Tell us bout your education	work and returning? Are you on a work-related course or studying? No Go to question 30 Yes
Tell us bout your education	work and returning? Are you on a work-related course or studying? No Go to question 30 Yes What are the details of the training organisation?
Tell us bout your education	work and returning? Are you on a work-related course or studying? No Go to question 30 Yes What are the details of the training organisation? Training organisation's name

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 Day Month Year 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 <u>from the childcare service to</u> your course and returning?
Tell us 30 about your activities	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	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.	How many hours a week do you need childcare?

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Tell us about your income and assets

36

Tell us about income in the last 52 weeks?

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.

① 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 nex
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
			\

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Important: You must answer question 37

ow to answer Q37: ow often do you	Did you answer 'yes listed in question 36	' or 'jointly with part 6?	ner' to any of the	sources of income
xpect the payment, such sweekly, fortnightly,	No Yes		stails bolow. Tall us the	before-tax amounts
nonthly, one-off.	INO Yes		yment made to?	before-tax afflourits
he types of income		Ta	Jointly with	How often do you
ou need to include ere are listed on	Where will the payment co	ome from? You	partner	expect the payment?
age 10.		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		'		l .
ow to answer Q38: ther types of		pes of payment apa		
ayment include dvantages such	No Yes Type of payment	Where will it	s about the type of pa	Its value
free or subsidised pods and services	Туре от раутнети	Where will it	COITIE ITOITI:	\$
or example, free				\$
od, subsidised commodation).				\$
commodation).				
				\$
				\$

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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 centre
- 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 centre 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

Partner's name (print)

- 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 24).

Partner's signature

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 ne	ecessary.	





Collecting your information

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

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

Using your information

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

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

Sharing your information

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

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

Respecting you and your information

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

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

Get in touch if you have a question

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

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

Childcare Service/OSCAR Programme supervisor's form



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

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

Childcare
service/
OSCAR
programme
details

Keep this application moving

So the subsidy can start from the day the child starts the programme, we need the application before the child's first day. This is especially important for school holidays.

Your childcare service or OSCAR programme must already be approved to provide

details	childcare and have a Work and Income childcare service/OSCAR provider number.				
1	What is the name	What is the name of your childcare service/OSCAR programme?			
2		k and Income childcare service/OSCAR provider number?			
3	Work phone	()			
	Mobile phone				
	Email				
INFORMATION FOR Q4: If you offer 20 Hours ECE you can't charge a fee for those hours. The Childcare Subsidy cannot be used to cover any donations or optional charges that may be asked.	No Yes	nolding or absence fee?			

How to Answer Q6: Please tell us your	Please provid	e details of the	care for each child	d.	
hourly fee after you've	Child 1				
applied any discount (for example staff discount)	Child's full name				
but before any Work and Income subsidy is		Hours of care (weekly total)		Hours of 20 Hours ECE received (weekly total)	
applied. If you don't have an hourly fee (for example if		Care start date	/ /	Care end date – OSCAR only	1 1
you have a session fee), please write `N/A' in this		Your hourly fee (before subsidy)	\$	Total weekly fee (before subsidy)	\$
box and just tell us the	Child 2				
total weekly fee, before subsidy.	Child's full name				
,		Hours of care (weekly total)		Hours of 20 Hours ECE received (weekly total)	
		Care start date	/ /	Care end date – OSCAR only	1 1
		Your hourly fee (before subsidy)	\$	Total weekly fee (before subsidy)	\$
	Child 3				
	Child's full name				
		Hours of care (weekly total)		Hours of 20 Hours ECE received (weekly total)	
		Care start date	/ /	Care end date – OSCAR only	1 1
		Your hourly fee (before subsidy)	\$	Total weekly fee (before subsidy)	\$
	Child 4 Child's full name				
	0a 0aa	Hours of care) Hours of 20 Hours	
		(weekly total)		ECE received (weekly total)	
		Care start date	/ /	Care end date – OSCAR only	/ /
		Your hourly fee (before subsidy)	\$	Total weekly fee (before subsidy)	\$
Supervisor's state	ment				
• The information I have	provided is true ar	nd complete.			
• I have authority to com	plete this form fo	my organisatior	٦.		
Supervisor's name (print)		Supervisor's signatu	ire	Day	Month Year

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Childcare Service/OSCAR Programme supervisor's form



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Your childcare service or OSCAR programme must already be approved to provide

details	childcare and have a Work and Income childcare service/OSCAR provider number.			
1	What is the name	e of your childcare service/OSCAR programme?		
2		k and Income childcare service/OSCAR provider number?		
3	Work phone	ganisation's contact details?		
	Mobile phone	()		
INFORMATION FOR Q4: If you offer 20 Hours ECE you can't charge a fee for those hours. The Childcare Subsidy cannot be used to cover any donations	Does your childca	are service offer 20 Hours ECE?		
or optional charges that may be asked.	Do you charge a h	nolding or absence fee?		

HOW TO ANSWER Q6:	Please provid	e details of the	care for each child		
Please tell us your					
hourly fee after you've applied any discount (for	Child 1				
example staff discount)	Child's full name				
but before any Work		Hours of care		Hours of 20 Hours ECE received	
and Income subsidy is applied.		(weekly total)		(weekly total)	
If you don't have an		Care start date		Care end date –	
hourly fee (for example if				OSCAR only	
you have a session fee),		Your hourly fee (before subsidy)	\$	Total weekly fee (before subsidy)	\$
please write `N/A' in this box and just tell us the	Child 2	, ,,		, ,	
total weekly fee, before	Child's full name				
subsidy.				110.00.100.11	
		Hours of care (weekly total)		Hours of 20 Hours ECE received	
				(weekly total)	
		Care start date		Care end date – OSCAR only	
		Your hourly fee		Total weekly fee	
		(before subsidy)	\$	(before subsidy)	\$
	Child 3				
	Child's full name				
		Hours of care		Hours of 20 Hours	
		(weekly total)		ECE received (weekly total)	
		Care start date		Care end date –	
				OSCAR only	
		Your hourly fee (before subsidy)	\$	Total weekly fee (before subsidy)	\$
	Child 4	(before subsidy)		(before subsidy)	
	Child's full name				
	Crina 3 raii riai ric				
		Hours of care (weekly total)		Hours of 20 Hours ECE received	
		, ,		(weekly total)	
		Care start date	/ /	Care end date – OSCAR only	/ /
		Your hourly fee	, ,	Total weekly fee	
		(before subsidy)	\$	(before subsidy)	\$
Cumomicon's state	mont				
Supervisor's state	ment				
 The information I have 	provided is true ar	nd complete.			
• I have authority to com	plete this form for	my organisatior	٦.		
Supervisor's name (print)		Supervisor's signatu	re	Day N	Month Year

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