

# Residential Support Subsidy

## Sole parent's dependent children notification



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

Complete this form if you're a sole-parent, receive a Residential Support Subsidy and are continuing to financially support your children.

When you've completed this form send it to:

Email:

**msd\_rss@MSD.govt.nz**

Or

Post:

Ministry of Social Development  
Centralised Processing Services  
Private Bag 9032  
Whangarei 0148

Client number

 |  | 

Your client number can be found on your Community Services Card or SuperGold card if you have one.

### Tell us about you

1

#### What is your full name?

First and middle names

Surname or family name

2

#### What date were you born?

Day Month Year

3

#### What is the name of your residential service provider?

4

#### What date did you enter the residential service?

Day Month Year

Tell us about your dependent children on the next page.

## Tell us about your dependent children

5

### What are your children's details while you're in the residential service?

#### Child 1

Full name

Date of birth

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Who will be caring for this child?

What address will this child be living at?

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

Will you be financially responsible for this child?

No

Yes

**I will pay the Family Tax Credit to the caregiver.**

#### Child 2

Full name

Date of birth

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Who will be caring for this child?

What address will this child be living at?

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

Will you be financially responsible for this child?

No

Yes

**I will pay the Family Tax Credit to the caregiver.**

#### Child 3

Full name

Date of birth

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Who will be caring for this child?

What address will this child be living at?

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

Will you be financially responsible for this child?

No

Yes

**I will pay the Family Tax Credit to the caregiver.**

## Declaration and signature

The information I have given you is true and complete.

Applicant's name (print)

Applicant's signature

Day

Month

Year

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