

Child Inclusion Form



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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Please read this before you start

Please follow all instructions carefully. If a question is not applicable write N/A.

Client details

1. What is your name?

First name

Middle name(s)

Surname or family name

2. What is your date of birth?

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Day Month Year

3. Where do you live?

Flat/house no.

Street name

Suburb

City

4. What is your mailing address? (If different from above.)

5. How can we contact you?

Description	Contact details	Try first <input checked="" type="checkbox"/>
Home phone		
Work phone		
Mobile phone		
Fax		
Email		

6. Do you have a partner?

No ▶ Go to Question 9

Yes ▶ Go to Question 7

Q3 note: If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

Q4 note: Mailing address includes:

- postal box (PO Box)
- rural delivery details
- C/O address.

Partner details

7. What is your partner's name?

First name

Middle name(s)

Surname or family name

8. What is your partner's date of birth?

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Day Month Year

If the child has come into your care after being cared for by someone else, even if this child is your own, you will need to provide a letter from the previous caregiver stating:

- when the child has left their care
- why this child has left their care, and how long the child will be with you.

Inclusion statement

Q9 note: Dependent children include children 18 years of age or younger, who are financially supported by you and are living with you as a member of your family. This includes stepchildren, children at boarding school, adopted children, grandchildren and mokopuna.

i If you are caring for a child who is not your own, you may be able to get an *Unsupported Child's or Orphan's Benefit*. Please ask us about this. If your child(ren) attend either a childcare service or a before or after school care programme, please talk to us about how we can help with *Childcare Assistance*.

Family tax credit (formerly Family Support) is one of the Working for Families Tax Credits administered by Inland Revenue. You will usually qualify for family tax credit if you qualify for a benefit – and depending on your circumstances you can choose to have this paid with your benefit. We can arrange this for you.

Income could include:

- Child, Youth and Family payments
- ACC
- War Pension
- Payment of the child's expenses.

Please answer this section if you have dependent children for whom the other parent's name is not recorded on the child's birth certificate or it has not been otherwise identified in law who is the other parent.

9. How many dependent children do you wish to include?

Please include the following child(ren) onto my benefit:

CHILD 1

First name Middle name(s) Surname or family name

Child also known as:

Relationship to you Date of birth / / Date child came into your care if different from date of birth / /

Parent 1

First name(s)/Surname or family name

Parent 2

First name(s)/Surname or family name

Full name(s) of the previous caregiver(s) of this child:

First name(s)/Surname or family name

1.
2.

Do you want to have your family tax credit paid with your benefit?

No Yes

Do you share day-to-day care or custody of this child with any other person?

No Yes ▶ Days per fortnight in your care:

Name of the person you share day-to-day care or custody with:

First name(s)/Surname or family name

Do you receive income or financial support for this child? (Do not include family tax credit.)

No Yes ▶ Please provide details below:

Are you applying for child support?

No ▶ Please tell us why not below: Yes

If the legal identity of the other parent has not been established, have you seen a solicitor to assist you with this?

No ▶ Please discuss this with Work and Income

Yes ▶ Please provide solicitor's name and address below:

What was the solicitor's advice/action?

If you are single or a sole parent, please answer the following questions.

What relationship do you have with the other parent?

What ongoing relationship will you be having with the other parent?

CHILD 2

First name Middle name(s) Surname or family name

Child also known as:

Relationship to you Date of birth / / Date child came into your care if different from date of birth / /

Parent 1 First name(s)/Surname or family name
Parent 2 First name(s)/Surname or family name

Full name(s) of the previous caregiver(s) of this child:
 First name(s)/Surname or family name
 1.
 2.

Family tax credit (formerly Family Support) is one of the Working for Families Tax Credits administered by Inland Revenue. You will usually qualify for family tax credit if you qualify for a benefit – and depending on your circumstances you can choose to have this paid with your benefit. We can arrange this for you.

Do you want to have your family tax credit paid with your benefit?

No Yes

Do you share day-to-day care or custody of this child with any other person?

No Yes ▶ Days per fortnight in your care:

Name of the person you share day-to-day care or custody with:
 First name(s)/Surname or family name

Income could include:

- Child, Youth and Family payments
- ACC
- War Pension
- Payment of the child's expenses.

Do you receive income or financial support for this child? (Do not include family tax credit.)

No Yes ▶ Please provide details below:

Are you applying for child support?

No ▶ Please tell us why not below: Yes

Please answer this section if you have dependent children for whom the other parent's name is not recorded on the child's birth certificate or it has not been otherwise identified in law who is the other parent.

If the legal identity of the other parent has not been established, have you seen a solicitor to assist you with this?

No ▶ Please discuss this with Work and Income

Yes ▶ Please provide solicitor's name and address below:

What was the solicitor's advice/action?**If you are single or a sole parent, please answer the following questions.****What relationship do you have with the other parent?****What ongoing relationship will you be having with the other parent?**

Personal statement

The information I have provided is true and complete.

I understand that if there are any changes in either my circumstances or the child's circumstances, I must let Work and Income know.

Client's name (print)

Client's signature

Day	Month	Year

The **Family Violence Intervention Programme** is available to any Work and Income clients affected by family violence (victim, perpetrator or witness). Case Managers can provide you with information about local family violence support services or stopping violence services, so you can seek support. If you have any concerns about your safety or the safety of your children please talk to us about how we can help you.

OFFICE USE ONLY

- Documentation required:**
- Identification for client.
 - Identification for child.
 - Letter from previous caregiver/full custody papers received.
 - IR101 completed and sent to IRD with a copy of birth certificates (where appropriate).