

Community Costs Payment Application



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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About the payments

Complete this application form if you are in a short-term residential treatment programme (for less than 39 weeks) and need to have assistance to pay ongoing essential costs in the community.

There must be no other way for you to pay your costs and you need to be able to show you have done everything you can to meet them before the payments can be approved.

To receive this assistance from the date you entered the treatment programme, you need to apply within 28 days of your admission, otherwise it will start from the date you apply.

Please complete all questions on this form.

What you need to provide with this application

Please ask us for help if:

- you do not have any of the documents we have asked for
- you think there could be a delay in providing this information.

In all cases, for both you and your partner (if you have one):

- Bank statement(s) or printouts showing balances or transactions for each account held, for the last two months.
- Proof for all your cash and non-cash assets.
- Proof of your income.
- Proof of your accommodation costs.
- Proof of any other essential costs you are applying for.
- Proof from organisations that your essential costs are the minimum amount possible.

Privacy Statement

The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form.

This may happen when you apply for a benefit and at any time after that.

The Privacy Act 1993 requires us to tell you that:

- The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development.
- The information will be held by the Ministry of Social Development.
- The information is collected for the purposes of the legislation administered by the Ministry of Social Development (including Work and Income, Child, Youth and Family and other service lines of the Ministry), and in particular for:
 - granting benefits and other assistance under the Social Security Act 1964
 - providing employment related services
 - statistical and research purposes
 - providing advice to Government
 - care and protection needs of children
 - providing support and services for you and your family
 - providing education related services.
- Work and Income may contact health providers to verify any health related information you give us.
- Work and Income may give employers information about you to find you employment. Where Work and Income refer you to a job vacancy, we may also contact the employer to discuss the result of any job interview that you attend.
- Work and Income may share information you have given us with childcare centres to administer your entitlement to childcare assistance.
- Other information that you give us on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by the Ministry of Social Development.
- The information you give us may be compared with information held by Inland Revenue, the Ministry of Justice, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the Accident Compensation Corporation, Housing New Zealand Corporation, Ministry of Health and Immigration New Zealand. It may also be compared with social security information (for example, pension or benefit information) held by other governments (including Australia and the Netherlands).
- Under the Tax Administration Act 1994, if you have dependent children, the information you give us may be shared with Inland Revenue for the purpose of administering Working for Families Tax Credits. Inland Revenue may also:
 - use the information for the purposes of child support, student loans and taxation
 - disclose it to the Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
 - disclose your personal information to your partner.
- Under the Privacy Act 1993 you have the right to ask to see all information we hold about you, and to ask us to correct that information.
- You are not required to give us information, but if you do not give us all the information we ask for, your application for benefits may be declined.

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Personal details

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.

1. What is your name?

First name(s)

Surname or family name

2. What is your date of birth?

Day Month Year

3. Where did you live before entering the residential programme?

Flat/house no. Street name

Suburb

City

4. What address would you like your mail sent to?

If a rural address, please include your rural delivery details here:

5. How can we contact you?

Home phone

Mobile phone

Email

Fax

6. Have you ever received any type of assistance from Work and Income or had a Community Services Card?

No

Yes

▶ Client number:
(if known)

Partner

Q7 note: A partner is your spouse (husband or wife), your civil union partner, or a person of the same or opposite sex with whom you have a de facto relationship.

7. Do you have a partner?

No ▶ Are you:

Single – never had a partner

Divorced

Separated from spouse

Civil union dissolved

Separated from civil union partner

Widowed / partner died

Separated from de facto

Go to Question 10

Yes ▶ Are you:

Married

In a civil union

In a de facto relationship

Unsure ▶ Please discuss with Work and Income

8. What is your partner's name?

First name(s)

Surname or family name

Partner – continued

9. What is your partner's address?

Flat/house no.	Street name
<input type="text"/>	<input type="text"/>
Suburb	City
<input type="text"/>	<input type="text"/>

If we need more information about your partner, we will send a form to them to complete and return before your application is processed.

Other income

Q10 note: Examples of income from other sources:

- wages or salary
- accident compensation
- farm or business income (include drawings)
- self employment
- interest from savings or investments
- dividends from shares
- income from rents
- redundancy or termination type payments
- Child Support
- maintenance payments
- boarders
- Student Allowance, scholarship or Student Loan living cost payments
- any other income, eg family trusts, overseas payments.

Give gross (before tax) amount.

10. Did you get income from any other source in the last 52 weeks?

No Yes ▶ Please provide details below:

Source (eg bank account number)	Gross income (eg interest)
<input type="text"/>	\$
<input type="text"/>	\$
<input type="text"/>	\$

11. Do you expect to get other income in the next 52 weeks?

No Yes ▶ Please provide details below:

Source (eg bank account number)	Gross income (eg interest)
<input type="text"/>	\$
<input type="text"/>	\$
<input type="text"/>	\$

Assets

Q12 note: Examples of cash assets:

- money in bank or savings organisation
- money lent to other people or organisations
- money in Bonus Bonds, shares, debentures or government stock.

Q13 note: Examples of non-cash assets:

- leisure boats
- caravans
- land or buildings other than your home, eg holiday homes.



You may be required to show proof of these details.

12. Do you or your partner have any cash assets?

No Yes ▶ Please provide details below:

Type of asset	You	Your partner	Jointly owned
<input type="text"/>	\$	\$	\$
<input type="text"/>	\$	\$	\$
<input type="text"/>	\$	\$	\$

13. Do you or your partner have any non-cash assets?

No Yes ▶ Please provide details below:

Type of asset	Total value	Money owing
<input type="text"/>	\$	\$
<input type="text"/>	\$	\$
<input type="text"/>	\$	\$

Costs in the community

The costs that we will consider must be essential and unavoidable costs that you still have in the community, while you are in the treatment programme.

We must have current proof of your costs before we can assess your entitlement unless we already have it.

Q14 note: Other types of help may include:

- your partner applying for extra help from Work and Income
- help from other government agencies, eg Inland Revenue, Working for Families assistance
- negotiating or reducing payments, eg mortgage holidays, interest only payments, etc
- refinancing.


14. Have you and/or your partner (if you have one) tried all other options to get help to meet your costs?


No ▶ You will need to do this first.


Yes ▶ Please explain the outcomes below:

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

Accommodation costs

 Please bring something that proves how much you pay, eg rent book, tenancy agreement.

 Please bring something that proves how much you pay and what the payment covers.

 Please bring something that proves how much you pay for mortgage, insurance, etc.


Please only include mortgages that relate to the purchase or alteration of the home.

Include both interest and principal.

Do not include contents insurance.


Include water rates if you pay them separately.

Q25 note: This could include paying the minimum payment, paying interest only or having mortgage holiday.

 You will need to provide proof from your mortgage provider confirming this.

Storage costs

Q26 note: We are able to assist with your essential storage costs only while you attend a residential programme.

 Please provide proof of these costs.

15. Do you intend to return to the address you stated in Question 3?

No ▶ Go to Question 17 Yes

16. Who lives with you at that address?

First name(s)	Surname	Relationship to you

17. Do you pay rent?

No ▶ Go to Question 21 Yes ▶ Please provide details below:

18. What is the total amount of rent paid for your home each week? \$

19. How much of this do you pay for yourself and your family? \$

20. What is the name, address and telephone number of the person you pay rent to?

21. Do you pay board?

No ▶ Go to Question 24 Yes ▶ Please provide details below:

22. What is the total amount of board you pay for yourself and your family each week?

\$

23. What is the name, address and telephone number of the person you pay board to?

24. Do you pay home ownership costs?

No ▶ Go to Question 26 Yes ▶ Please provide details below:

	Name of company	Amount of payment	How often? (eg weekly)
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Ground lease		\$	
Mortgage insurance		\$	
Rates		\$	
Water rates		\$	

25. What steps have you taken to reduce your mortgage costs while you are in the treatment programme?

26. Do you need to pay storage costs for furniture, personal effects or a vehicle?

No ▶ Go to Question 29 Yes

27. What is the full name, address and phone number of the company/person storing your belongings?


28. How much do you pay?

Amount How often? (eg weekly)

\$

Childcare costs

Q29 note: We are able to assist with your essential childcare costs only while you attend a residential programme.

 Please provide proof of these costs.

29. Are you paying someone/an organisation for childcare while you attend this programme?

No Yes ▶ Please provide details below:


Child's full name	Name of the person or organisation that you pay childcare costs to	Amount	How often? (eg weekly)
		\$	
		\$	
		\$	

Other essential costs

Q30 note: We may be able to assist with your other essential costs while you attend a residential programme. Examples of other costs that may be considered include:

- power /gas /fixed charges
- beds
- fridge /freezer
- lounge /dining suite
- television
- vehicle repayment
- washing machine
- employment related costs (including employment related training).

If you are paying towards the cost of your programme from your own income (other than a benefit) please also list this cost.

 Please provide proof of these costs.

30. Do you need to pay any other essential costs?

No Yes ▶ Please provide details below:

Item	Amount	How often? (eg weekly)	Start/purchase date	End date
	\$		/ /	/ /
	\$		/ /	/ /
	\$		/ /	/ /
	\$		/ /	/ /
	\$		/ /	/ /
	\$		/ /	/ /
	\$		/ /	/ /

Reason for costs

31. Please explain why the costs you have listed in questions 15–30 are essential.

Service provider to complete

32. What is the full name of your residential facility?

33. Is the client attending an alcohol or other drug treatment programme, or treatment for any other medical or psychological disorder?

No Yes

34. Has there been a clinical determination that the client needs to be in this programme?

No ▶ A clinical determination has to be made if payment is extended beyond 26 weeks in total.

Yes ▶ We may ask for verification of this.

35. When does the client's programme start?

Day	Month	Year

36. Is the total duration of the programme intended to be 39 weeks or less?

No ▶ Client does not qualify for assistance. Yes

Administrator's name (print)

Administrator's signature

Day	Month	Year

Please read this statement carefully and sign.

I must tell Work and Income immediately if either my partner or I:

- have a change in work situation (such as starting part-time, casual or full-time work, whether paid or unpaid)
- become self-employed / start to run a business
- have changes to my / our income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account number)
- have changes to my / our living situation (such as marriage or separation, entering or ending a civil union, starting or ending a de facto relationship with someone of the same or opposite sex, change in the number of children supported, change in accommodation costs)
- are imprisoned / held in custody on remand
- are admitted to or discharged from hospital
- have been granted an overseas pension
- have any other change that may affect my / our benefit entitlement or rate.

My obligations have been explained to me and I understand my responsibilities.

I have completed all the questions in this Community Costs Payment Application, or this application has been completed for me. The information I have given is true and complete.

I am also aware of and understand the Privacy Act statement contained in this application form.

Client's name (print)

Client's signature

Day	Month	Year

Partner's name (print)

Partner's signature

Day	Month	Year

Please read this statement carefully and sign.

I must tell Work and Income immediately if either my partner or I:

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- become self-employed / start to run a business
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Client's name (print)

Client's signature

Day	Month	Year

Partner's name (print)

Partner's signature

Day	Month	Year

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Additional information:

Calculation of amount payable:

<i>Costs claimed:</i>	<i>Amount:</i>
Rent / Board / Mortgage (circle one)	\$ _____
Storage	\$ _____
Childcare	\$ _____
Hire Purchase (Credit Contracts)	\$ _____
Other essential items	\$ _____
Total claimed	\$ _____
<i>Less Childcare Subsidy (if applicable)</i>	<i>\$ _____</i>
<i>Less Family Support (if applicable)</i>	<i>\$ _____</i>
Total Payable per week	\$ _____

Decision:

Processor's name (print)

Processor's signature

Day	Month	Year

Authenticator's name (print)

Authenticator's signature

Day	Month	Year

Checker's name (print)

Checker's signature

Day	Month	Year

10% 100% Critical data

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Bring up

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Day	Month	Year