

Independent Youth Benefit Application



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

If you need help with this form call us on ☎ **0800 559 009**.

Who can get this benefit

If you need help filling in this form, please ask at your nearest Work and Income Service Centre.

Mehemea e hiahia me awhina a koe ki te whakaki i tenei panui, haere patai ki te poari o te Work and Income tata tonu ki a koe.

Afai e te mana'omia se fesoasoani i le faatumuina o so'o se pepa talosaga e uiga i penefiti, faamolemole faafesoota'i le ofisa o le Work and Income.

To be eligible for the Independent Youth Benefit, you must be 16 or 17 and:

- be single, not have any dependent children and be unable to live with your parents or get financial support from them or anyone else **or**
- live with a partner and not have any dependent children.

Note: There must be a serious reason why you can't live with your parents or get support from them. We will be contacting an assessment provider, parents and/or wider family about your circumstances.

You must also:

- be a full-time student at secondary school **or**
- be attending an approved training course full time **or**
- be unemployed, looking for work and be ready to start a job **or**
- be unable to work because of sickness or injury.

You must:

- have lived in New Zealand continuously for two years at any one time since becoming a New Zealand citizen or a permanent resident **and**
- usually live in New Zealand.

What to bring

Please ask Work and Income staff 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
- you would like to know about extra help.

What other help can you get?

If you are finding it difficult to meet some of your daily living costs, such as food, power, accommodation or medical expenses, we may be able to help. There are different types of extra help we offer. How we can help you depends on your own individual situation. If you'd like to know more please read our brochure "How can we help you" or call us on

☎ **0800 559 009**.

When you apply for the Independent Youth Benefit, you will need to complete this application form and provide the following:

- For New Zealand born clients, one form of government-issued documentation stating your full legal name and date of birth (eg your birth certificate, passport, driver licence, firearms licence, deed poll, etc)
- For clients born overseas, proof of your lawful residence in New Zealand (eg New Zealand passport, other country passport with residence class visa or residence permit, citizenship certificate, etc)
- Two more documents supporting your identity. These could include your marriage certificate, bank statement, phone or power account, driver licence, etc)

Note: One of the documents requested above must be at least 2 years old.

- Reports you may already have that relate to any reason why you can't live with your parents or get support from them.
- Proof of any name change.
- A form or letter from Inland Revenue showing your IRD (tax) number.
- Gross income details (eg weekly gross wage and gross holiday pay) for the 52 week period immediately before application **and** details of your last 26 weeks gross income.
- Proof of bank account details.
- A letter from your school to confirm you're enrolled there (if you are a full-time student at secondary school) **or**
- A Work and Income training statement completed by your trainer (if you are on a training course) **or**
- A Work and Income medical certificate completed by your doctor (if you are sick or injured).
- Your school leaving certificate (only if you have recently left school).
- Proof of any accommodation costs.
- Proof or quotes for any expenses relating to your disability.
- Proof of any other essential ongoing costs (eg hire purchase agreements).
- Proof of your assets.

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.

Obligations

Work situation changes include starting part-time, casual or full-time work, whether paid or unpaid.

Changes in your living situation include:

- marriage or separation
- starting 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.

I must tell Work and Income immediately if I:

- have a change in work situation
- become self employed / start to run a business
- have changes to my 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 details)
- have changes to my living situation
- am imprisoned / held in custody on remand
- am admitted to or discharged from hospital
- have been granted an overseas pension
- have any other changes that may affect my benefit entitlement or rate.

Important

I understand that:

- if I have made a false statement **or**
- if I have failed to answer all the questions in full **or**
- if I do not tell Work and Income about changes in my life that might affect my entitlement or rate **then**
 - my benefit may be reviewed and cancelled **and**
 - I may have to pay back the total amount of any overpayment that I have received **and**
 - Work and Income may impose a penalty (up to three times the value of the overpayment) **or**
 - I may be prosecuted and fined or imprisoned.

Additional information

Information required by

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

Day Month Year

Contact name

Your client number is:

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

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

Independent Youth Benefit Application



Work and Income
Te Hirainga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

--	--	--	--	--	--	--	--	--	--

Please read this before you start

Please check that you have all relevant "What to bring" items on the front of this form.

Please complete all questions – if not applicable write N/A.

Name

1. What is your name?

First name(s)

Surname or family name

Q2 note: Give any other names that you use now or have used in the past (including your maiden name).

2. Are you known by or have you used any other names?

No

Yes

▶ Please provide details below:

1.

2.

3. Are you:

Male

Female

Q4 note: Please tick one box to show the title you want to be known by.

4. What do you want to be called?

Mrs

Miss

Ms

Mr

No title

Other

Birth date

5. What is your date of birth?

--	--	--

Day

Month

Year

Address

Q6 note: If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

Q7 note: Mailing address includes:

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

6. Where do you live?

Flat/house no.

Street name

Suburb

City

7. What is your mailing address (if different from above)?

If you live at a rural address please include your rural delivery details here:

8. Who do you live with?

Full names

Relationship to you

Full names	Relationship to you
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>

9. How can we contact you?

Work phone

Home phone

Mobile phone

Email

Fax

Past benefits

10. Are you currently receiving any type of benefit?
 No Yes ▶ What type of benefit?
11. Have you ever received any type of benefit before?
 No ▶ Go to Question 13 Yes ▶ What type of benefit?
12. What was your client number?

Residency

Q13 note: Tick one box.

13. Indicate which describes your residency situation:
 New Zealand citizen (by birth) ▶ Go to Question 17
 Date of citizenship ▶ Go to Question 15
Day Month Year
- New Zealand citizen (other)
 Date permanent residence granted ▶ Go to Question 15
Day Month Year
- Permanent resident
- Other ▶ Go to Question 14
14. What is your residency status?
15. When did you arrive in New Zealand?
Day Month Year
16. Where were you born?
17. Have you lived in New Zealand continuously for two years at any one time since becoming a New Zealand citizen or permanent resident?
 No ▶ Talk to us about other assistance you may be able to get Yes
18. Do you usually live in New Zealand
 No Yes
19. Have you lived in any countries outside New Zealand?
 No Yes ▶ Please fill in the Overseas Residence Details section of this form on page 18

Q18 note: This means that you consider New Zealand your home, you are a legal resident, usually live here and intend to stay permanently.

Ethnic group

Q20 note: You don't have to answer this question if you don't want to.

This information is for statistics and will be used for research and future development work.

20. To what ethnic group do you believe you belong?
 New Zealand Maori ▶ Which tribe(s)/iwi?
- New Zealand European Niuean Samoan Indian
- Other European Tokelauan Tongan Chinese
- Cook Island Maori Other ▶ Please specify below:

Tax number

21. What is your Inland Revenue tax number?

Bank details

22. What bank account do you want the benefit paid into?
 Name of bank (eg ANZ): Name of branch (eg Lower Hutt):
- The account is in the name of:
- The account number is:

Bank	Branch	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Office use only

Verified by

Employment

Q23 note: Paid employment includes employment for which you receive non-monetary benefits, eg free board, payments in kind, or drawings from an unprofitable business.

Q25 note: Give the name, telephone number and address of the firm or person you work for.

Q26 note: Give gross (before tax) amount of wages and the value of any non-monetary benefits received, eg free board or any drawings, whether or not the business makes a profit.

Q28 note: Give the name, telephone number and address of the firm or person you worked for.

Q29 note: Give gross (before tax) and net (after tax) amounts.

Q32 note: Give gross (before tax) amount.

Q33 note: Give gross (before tax) amount.

Q34 note: Give the name and address of your employer, and the start and end dates of your employment.

Q35 note: Give type of payments, eg long service leave, payments in lieu of notice, etc.

23. Are you working or have you been working in the last 52 weeks?

No ▶ Go to Question 34 Yes

24. Are you still working?

No ▶ Go to Question 28

Yes ▶ Is the job: Full time Part time Casual

Seasonal Voluntary Self employment

25. Who are you working for?

1 _____

2 _____

26. How much is your gross weekly wage? \$

27. Have you had any other employment in the last 52 weeks?

No ▶ Go to Question 34 Yes ▶ Go to Question 28

28. Who did you last work for and what sort of work did you do?

29. What was your weekly wage in your last job?

Gross	Net
\$ _____	\$ _____

30. How long did you work for?

Start date	Finish date												
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Day</td> <td style="text-align: center; font-size: 8px;">Month</td> <td style="text-align: center; font-size: 8px;">Year</td> </tr> </table>				Day	Month	Year	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Day</td> <td style="text-align: center; font-size: 8px;">Month</td> <td style="text-align: center; font-size: 8px;">Year</td> </tr> </table>				Day	Month	Year
Day	Month	Year											
Day	Month	Year											

31. Why did you leave your last job?

32. Did you get holiday pay when you left the job?

No Yes ▶ Please provide gross amount: \$ _____

33. Did you get sick pay when you left the job?

No Yes ▶ Please provide gross amount: \$ _____

34. Have you had any other employment in the last 52 weeks apart from that answered in Questions 25–33?

No Yes ▶ Please provide details below:

35. Did you get any redundancy / termination-type payment in the last 52 weeks?

No Yes ▶ Please provide details below:

Gross amount	Payment type	Date paid
\$ _____	_____	/ /
\$ _____	_____	/ /
\$ _____	_____	/ /

Other income

Q36 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.

36. 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)
	\$
	\$
	\$
	\$

37. 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)
	\$
	\$
	\$
	\$

Personal details

Work and Income will obtain information, where necessary, about your circumstances from an assessment provider, school counsellor, parents and/or wider family.

38. Are you living at your parent's/step-parent's/guardian's home?

Yes ▶ Please discuss with Work and Income staff

No ▶ When did you leave?
Day Month Year

39. Please provide the reason why you are not living with them below.

40. If the reason for applying for income support is because of a relationship breakdown, how long have you been experiencing problems with your parents/step-parents/guardians?

41. What are the names and addresses of your parents/step-parents/guardians?

42. Are you receiving any money from them or any other person?

Yes ▶ How much? \$ Who from?

No ▶ Please provide details below of why you are not receiving any support

43. Are you seeing a social worker or counsellor because of the relationship breakdown?

No Yes ▶ Please provide their name and organisation below

Q42 note: Examples of any other person include:

- partner /boyfriend/girlfriend
- family /relatives
- friends.

Education

44. Are you attending a school or any other educational institution?

Yes ▶ Go to Question 47 No

45. Why did you stop attending? You will need to provide proof of this

46. When did you stop attending?

Day	Month	Year

47. Where do you attend school or other educational institution?

--

48. Are you attending full-time, an approved training course?

No Yes

49. Do you have a student allowance or a student loan?

No Yes



You will need to provide a Training Statement completed by your trainer.

Sickness, injury or disability

50. What is your medical condition/disability? (please describe in your own words)

51. How do you believe your medical condition/disability affects your ability to do some work?

Q52 note: You may be sick because of an accident or injury. Please write down how and when the accident or injury happened.

52. Is your sickness a result of accident or injury?

No ▶ Go to Question 57 Yes ▶ Please provide details below:

53. Are you applying for earnings related Accident Compensation payments?

Yes ▶ Go to Question 54 No ▶ Please provide reasons why you are not applying below:

54. What ACC office did you apply at?

--

55. When did you apply?

Day	Month	Year

56. What is your reference number?

--

Insurance

57. Do you have personal accident or sickness insurance?

No Yes ▶ Please provide the name of insurance company or scheme below:

58. How much do you expect to get from insurance?

Weekly \$ Lump sum \$

Dependent children currently in your care

59. Do you have dependent children in your care?

No Yes ▶ Please discuss this with Work and Income staff

Partner

Q60 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 (boyfriend or girlfriend).

60. Do you have a partner?

No ▶ Go to Question 65
 Yes ▶ Are you: Married In a civil union In a relationship
▶ Please provide details below:

61. What is your partner's name?

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

63. Are you married to your partner?

Yes ▶ When did you get married?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

No ▶ How long have you lived with your partner?

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

64. What are your partner's parents' names and address(es)?

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

Accommodation Supplement

Who can get Accommodation Supplement?

If you are renting, boarding or own your own home, you may be able to get extra help through Accommodation Supplement.

65. Do you want to apply for Accommodation Supplement?

Yes ▶ Please provide details below: No ▶ Please go to page 11, Disability Allowance section

Living situation

66. Do you live alone?

Yes No ▶ Please provide the names of the others you live with below:

First name	Surname	Relationship to you

Assets

Q67 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.

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

No Yes ▶ Please provide details below:

Type of asset	You	Your partner	Jointly owned
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$


Q68 note: Examples of non-cash assets:

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


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

No Yes ▶ Please provide details below:

Type of asset	Total value	Money owing
	\$	\$
	\$	\$
	\$	\$

 You may be required to show proof of these details.

Rent

 You may be asked to bring something that proves how much you pay, eg rent book, tenancy agreement.

69. Do you pay rent?

No ▶ Go to Question 74 Yes ▶ Please provide details below:

70. What is the total amount of rent paid for your home each week?


71. How much of this do you pay for yourself and your family?

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

73. Do you live in a property owned or managed by Housing New Zealand?

No ▶ Go to Question 74 Yes ▶ You are not entitled to receive an Accommodation Supplement

Board

 Please bring something that proves how much you pay.

Board includes:

- food
- power
- cost of room
- telephone.

74. Do you pay board?


No ▶ Go to Question 77 Yes ▶ Please provide details below:

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

\$

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

Home owner


 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.

 Please bring in receipts for repairs and maintenance.

77. Do you own the home you live in?

No ▶ Go to Question 81 Yes ▶ Please provide details below:

	Name of company	Amount of payment	How often is the payment (weekly, monthly, 2-monthly, 6-monthly, yearly)?
First mortgage	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Other mortgage	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
House insurance	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Ground lease	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Mortgage insurance	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Rates	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Water rates	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

78. What was the total cost of repairs and maintenance in the last 12 months?

\$

79. If you have a Housing New Zealand mortgage, what is your interest rate? %

80. Have you received a Rates Rebate?

Yes ▶ Amount \$ Rating year 1 July

No to 30 June

Disability Allowance Application

Please complete all questions – if not applicable write N/A.

Who can get Disability Allowance?

If you, or a family member, have a disability, likely to continue for at least six months, you may be able to get extra help through a Disability Allowance.

We may be able to help with costs such as ongoing visits to the doctor, medicines, medical alarms and travel.

Your doctor or specialist will need to complete the Disability Certificate.

81. Do you want to apply for Disability Allowance?

Yes ▶ Please provide details below: No ▶ Please go to page 15, Temporary Additional Support section

Disability Allowance

Q82 note: Please tick one box only.

You may be able to get Child Disability Allowance for the same dependent child. Please talk to us about this.

82. Who are you applying for?

- Yourself ▶ Go to Question 83
- Your partner ▶ Please provide their full name below:
- Your dependent child ▶ Please provide their full name below:

First name(s)	Surname	Relationship to you

Entitlements

83. Is this disability covered by private medical insurance?

No Yes ▶ Please provide details below:

84. Is this disability covered by ACC or War Disablement Pension?

No Yes ▶ If 'Yes', you may not be entitled to a Disability Allowance

Expenses

Q85 note: You must provide invoices, receipts, quotes or printouts for each additional expense before they can be considered as an ongoing cost for Disability Allowance. These must be attached to this form when you have completed it.

All of these expenses must be directly related to the disability and verified as necessary by a registered medical practitioner.

85. What additional expenses are paid for as a result of the disability?

List pharmaceuticals/items/services/treatments (eg medical costs, gardening, transport, medical alarms)	Cost?	How often (eg daily, weekly, monthly)?	Verification provided (please tick ✓)
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

--	--	--	--	--	--	--	--	--	--

Please read this before you start

The Disability Allowance is available for reimbursement of additional costs arising from a Disability where the following criteria is met:

1. The person has a disability which is likely to continue for not less than six months; and
2. The disability has resulted in a reduction of the person's independent function to the extent that:
 - the person requires ongoing support to undertake the normal functions of life, or
 - the person requires ongoing supervision or treatment by a registered health professional.

For the purposes of qualifying for Disability Allowance, a disability means:

- physical disability or impairment
- physical illness
- psychiatric illness
- intellectual or psychological disability or impairment
- any other loss or abnormality of psychological, physiological, or anatomical structure or function (including sensory impairment)
- reliance on a guide dog, wheelchair, or other remedial means
- the presence of the body of organisms capable of causing illness.

For more information about Disability Allowance, refer to the "Guide for Medical Practitioners – Disability Allowance" brochure.

Name

1. What is the client's name:

First name(s)

Surname or family name

Disability details

2. Does the person have a disability that meets the Disability Allowance criteria?

- Yes ▶ Please provide details below:
 No ▶ Please go to Registered Medical Practitioner Verification

3. What is the nature of the person's disability? Please tick the major disabilities or specify below:

Psychological or psychiatric conditions

- Stress (160)
 Depression (161)
 Bipolar disorder (162)
 Schizophrenia (163)
 Other psychological/psychiatric (165)

Nervous system disorders

- Epilepsy (120)
 Multiple sclerosis (121)
 Parkinson's disease (122)
 Muscular dystrophy (123)
 Other nervous system disorders (124)

Cardio-vascular disorders

- Heart disease (130)
 Stroke (131)
 Other cardio-vascular (132)

Immune system disorders

- HIV / Aids (140)
 Other immune system disorders (141)

Metabolic and endocrine disorders

- Diabetes (150)
 Other metabolic or endocrine disorders (151)

Substance Abuse

- Alcohol (170)
 Drug (171)
 Other substance abuse (172)

Sensory disorders

- Blindness (180)
 Other visual / eye (181)
 Hearing / ear (182)
 Other sensory disorders (183)

continued overleaf...

Accident

- Burns (190)
- Fractures, dislocations, soft tissue injury (191)
- Poisoning, toxic effects (192)
- Internal injuries (193)
- Injury to the nervous system (194)
- Back pain / injury (195)
- Overuse injury [RSI] (196)
- Complications of medical or surgical care (197)
- Other injury (198)

Other disorders

- Congenital conditions (103)
- Intellectual disability (164)
- Cancer (104)
- Infectious / parasitic diseases (105)
- Musculo-skeletal system disorder (106)
- Respiratory disorders (107)
- Genito-urinary disorders (108)
- Blood and blood forming organs (109)
- Skin disorders (110)
- Digestive system disorder (111)

4. Please indicate the expected duration of the disability:

- Less than 6 months ▶ There may be no entitlement to Disability Allowance
- 6 to 12 months 1 to 2 years 2 to 3 years Permanent ▶ Never reassess

Verification of doctor or specialist visits

5. Please list the type, cost and how often visits to doctors or specialists are necessary and result from the stated disability:

Type of consultation	Cost	How often (eg daily, weekly, monthly)?	Registered Medical Practitioner's initials
	\$		
	\$		
	\$		

Items / services / treatments / pharmaceuticals

6. Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:

Item / service / treatment / pharmaceutical	Registered Medical Practitioner's initials

Registered Medical Practitioner's verification

Please print your details below.

HPI number

Medical Practitioner's full name

Practice name and address

Telephone number ()

Medical Practitioner's signature

Day Month Year

This information is required under the Social Security Act 1964.

Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.

Temporary Additional Support Application

Who can get Temporary Additional Support?

If you are finding it hard financially, extra help with essential costs may be available through Temporary Additional Support.

It's important that you take all necessary steps to get other assistance towards costs and take reasonable steps to increase income and reduce costs where possible.

To get Temporary Additional Support, your cash assets will need to be below a certain level.

86. Do you want to apply for Temporary Additional Support?

Yes ▶ Please provide details below: No ▶ Please go to page 18, Overseas Residence Details section

Assets

Q87 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.

Q88 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.

87. Do you and/or your partner have any cash assets?

No Yes ▶ Please provide details below:

Type of asset	You	Your partner	Jointly owned
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

88. Do you and/or your partner have any non-cash assets?

No Yes ▶ Please provide details below:

Type of asset	Total value	Money owing
	\$	\$
	\$	\$
	\$	\$

Working for Families Tax Credits

Q89 note: Working for Families Tax Credits payments include:

- family tax credit
- in-work payment
- minimum family tax credit
- child tax credit
- parental tax credit.

89. Do you and/or your partner receive any Working for Families Tax Credits payments from Inland Revenue?

No Yes ▶ Please provide details below and provide a Certificate of Entitlement from Inland Revenue. You can get a Certificate of Entitlement by calling Inland Revenue on ☎ 0800 257 720. Please have your IRD number available

Type of payment	You	Your partner	How often (weekly, fortnightly etc)?
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Employment costs

Q90 note: Employment costs include:

- vehicle running costs or public transport to employment
- childcare if the caregiver is working
- telephone if it is a condition for employment.



You may be required to show proof of these costs.

90. Do you and/or your partner have any essential employment costs?

No Yes ▶ Please provide details below:

Employment cost	Amount	How often (weekly, fortnightly etc)?
	\$	
	\$	
	\$	
	\$	

Accommodation costs

Q92 note: If you don't have a cost, write 'nil'.

 Please provide proof of these costs.

91. Do you or your partner have any accommodation costs?

No ▶ Go to Question 93 Yes ▶ Please complete details below if you have not applied for the Accommodation Supplement

92. Please provide details of your costs.

	Name of company or person you pay	Your cost	How often (weekly, fortnight etc)?
Rent		\$	
Board		\$	
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Ground lease		\$	
Mortgage insurance		\$	
Rates		\$	
Water rates		\$	
Cost of essential repairs and maintenance for the last 12 months		\$	

93. Have you received a Rates Rebate?

Yes ▶ Amount \$ Rating year 1 July
 No to 30 June

Credit sales (hire purchases) and regular costs

Q94 note: Essential items that may be included:

- beds, dining suites, fridge / freezer, portable heaters, lounge suite, stove, television
- vehicle repayments
- washing machine (or laundrette costs)
- dryer (disability)
- childcare costs (disability).

94. Do you and/or your partner have any essential credit sales (hire purchases) or regular costs?

Item	Amount	How often (weekly, fortnight etc)?	Start / purchase date	End date
	\$		/ /	/ /
	\$		/ /	/ /
	\$		/ /	/ /
	\$		/ /	/ /
	\$		/ /	/ /
	\$		/ /	/ /
	\$		/ /	/ /
	\$		/ /	/ /
	\$		/ /	/ /

Please talk to us if you, your partner or any dependent children have disability costs but have not applied for a Disability Allowance.

Overseas Residence Details

Periods of overseas residence

Q97 note: Periods of overseas residence may affect entitlement to some benefits.

This information is required to assess eligibility to any overseas benefits and pensions.

For more information call International Services on ☎ 0800 777 227.

97. Have you lived in any countries outside New Zealand?

No Yes ▶ Please provide details below:

Name of country	Entry date	Exit date	Purpose (eg working, immigration)
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

Overseas pensions and benefits

98. Are you receiving a social security pension or pension of a similar nature from the government of a country other than New Zealand?


No Yes

If 'Yes', what type of social security pension or pension of a similar nature are you receiving from another country or countries?

- Retirement or old age
 War service
 Disability or invalidity
 War widow
 Widow or survivor
 War restitution
 Superannuation
 War injury
 Child or dependant
 Other payments

If you ticked any of the boxes above, please provide details about the type of payment you receive below:

Your payment details	Pension 1	Pension 2	Pension 3	Pension 4
Country the payment comes from:				
How much do you receive in each payment? (in overseas currency):				
Is this amount before or after tax?:				
How often do you receive this payment? (eg weekly, monthly, annually):				
Overseas payment reference number:				
Name of your pension, benefit or allowance:				

 Please attach any documents to your completed application form that confirm the payment(s), eg pension certificates.

If you receive more than four payments, please attach a separate sheet showing the details.

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, starting 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.

I understand that while I get this benefit, I will be required to meet the following activity obligations:

- participate in school or education (for 30–40 hours per week), **or**
- participate in employment related training courses (for 30–40 hours per week), **or**
- be available for and take reasonable steps to find full-time work (of at least 30 hours per week) that is suitable for me. While I am looking for work I may be expected to participate in any work-focused activities (for 30–40 hours per week) including:
 - work assessments
 - planning for work
 - work related seminars or training
 - interviews for suitable jobs
 - any interview with Work and Income, **or**
- if I am sick, injured or disabled take part in at least one approved activity that Work and Income require me to (for at least 3 hours per week). The activities may include education, training or a developmental activity.

I agree to these activity obligations and understand that:

- my benefit will be reduced by 50% if I do not meet my activity obligations without a good and sufficient reason. To have my benefit increased again I will either need to undertake the activity I failed to do, or undertake another appropriate activity that has been approved by Work and Income. If I don't do this activity within 4 weeks of my benefit being reduced, my benefit will be stopped until I undertake that activity or another appropriate activity
- if I don't meet my activity obligations for a second time, without a good and sufficient reason, then my benefit will stop until I either undertake the activity I failed to do, or undertake another appropriate activity that has been approved by Work and Income
- if I do not meet my activity obligations for a third time, without a good and sufficient reason, then my benefit will be stopped for 13 weeks. If my benefit has been stopped, and I agree to take part in an activity approved by Work and Income for at least 6 weeks and I am still entitled to my benefit, then my benefit will be restarted
- when my benefit is reduced or stopped this may affect my entitlement to any supplementary assistance I am receiving
- I have the right to review or dispute any decision to reduce or stop my benefit.

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

I understand that if I have made an application for Temporary Additional Support, my partner and I must take all necessary steps to get other assistance towards costs and take reasonable steps to increase my income and reduce costs where possible.

I have completed all the questions or they have been completed for me in the following applications:

- | | |
|--|---|
| <input type="checkbox"/> Independent Youth Benefit | <input type="checkbox"/> Accommodation Supplement |
| <input type="checkbox"/> Disability Allowance | <input type="checkbox"/> Temporary Additional Support |

The information I have given is true and complete. The conditions for receiving this assistance have been explained to me and I understand these conditions.

I acknowledge that Work and Income will obtain information, where necessary, about my circumstances from an Independent Youth Benefit assessment provider, my school counsellor, parents and/or my wider family.

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

Name (print)

Client's signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
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, starting 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.

I understand that while I get this benefit, I will be required to meet the following activity obligations:

- participate in school or education (for 30–40 hours per week), **or**
- participate in employment related training courses (for 30–40 hours per week), **or**
- be available for and take reasonable steps to find full-time work (of at least 30 hours per week) that is suitable for me. While I am looking for work I may be expected to participate in any work-focused activities (for 30–40 hours per week) including:
 - work assessments
 - planning for work
 - work related seminars or training
 - interviews for suitable jobs
 - any interview with Work and Income, **or**
- if I am sick, injured or disabled take part in at least one approved activity that Work and Income require me to (for at least 3 hours per week). The activities may include education, training or a developmental activity.

I agree to these activity obligations and understand that:

- my benefit will be reduced by 50% if I do not meet my activity obligations without a good and sufficient reason. To have my benefit increased again I will either need to undertake the activity I failed to do, or undertake another appropriate activity that has been approved by Work and Income. If I don't do this activity within 4 weeks of my benefit being reduced, my benefit will be stopped until I undertake that activity or another appropriate activity
- if I don't meet my activity obligations for a second time, without a good and sufficient reason, then my benefit will stop until I either undertake the activity I failed to do, or undertake another appropriate activity that has been approved by Work and Income
- if I do not meet my activity obligations for a third time, without a good and sufficient reason, then my benefit will be stopped for 13 weeks. If my benefit has been stopped, and I agree to take part in an activity approved by Work and Income for at least 6 weeks and I am still entitled to my benefit, then my benefit will be restarted
- when my benefit is reduced or stopped this may affect my entitlement to any supplementary assistance I am receiving
- I have the right to review or dispute any decision to reduce or stop my benefit.

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

I understand that if I have made an application for Temporary Additional Support, my partner and I must take all necessary steps to get other assistance towards costs and take reasonable steps to increase my income and reduce costs where possible.

I have completed all the questions or they have been completed for me in the following applications:

- | | |
|--|---|
| <input type="checkbox"/> Independent Youth Benefit | <input type="checkbox"/> Accommodation Supplement |
| <input type="checkbox"/> Disability Allowance | <input type="checkbox"/> Temporary Additional Support |

The information I have given is true and complete. The conditions for receiving this assistance have been explained to me and I understand these conditions.

I acknowledge that Work and Income will obtain information, where necessary, about my circumstances from an Independent Youth Benefit assessment provider, my school counsellor, parents and/or my wider family.

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

Name (print)

Client's signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

OFFICE USE ONLY

Statement by Interviewing / Interpreting Officer

I have explained the conditions for receiving a benefit and explained what the client's obligations mean and the reason for them. The client has indicated that he / she understands and accepts responsibility to provide true and complete information and to advise immediately of any changes in circumstances. All questions have been completed.

Name (print)

Interviewer's signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Follow-up actions to be completed prior to deciding benefit:

IYB Interview form completed? Yes No ▶ Why not?

Case discussed with Child, Youth and Family (or other agency)? Yes No ▶ Why not?

Documentation from authorised agency (or Child, Youth and Family) to confirm family breakdown? (Not required for orphans whose parents have died.) Attached

Additional information:

Decision:

Processor's signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Authenticator's signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Service Centre Manager's signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

10%	100%	Critical data
<input type="text"/>	<input type="text"/>	<input type="text"/>

Checker's signature

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Bring up

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year