

Orphan's/Unsupported Child's 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 faafesoata'i le ofisa o le Work and Income.

Unsupported Child's Benefit

To be eligible for the Unsupported Child's Benefit, you must:

- be 18 years or over, **and**
- be the main caregiver of an 'unsupported' child whose parents can't support them (because of a breakdown in family relationships), **and**
- be expecting to support and care for the child for 12 months or more, **and**
- **not** be the natural parent, step-parent or adoptive parent of the child.

Orphan's Benefit

To be eligible for the Orphan's Benefit you must:

- be 18 years or over, **and**
- be the main caregiver of a child under 18 whose parents have died, can't be found, or can't care for the child because they have a long-term illness or disability, **and**
- be expecting to support and care for the child for 12 months or more.

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.

Proof of your identity history

You must provide one form of identification that proves you have been using your legal identity for at least 2 years.

When you apply for Orphan's/Unsupported Child's Benefit you will need to complete this application form and provide the following:

- Proof of your lawful residence in New Zealand (eg New Zealand birth certificate or current New Zealand passport, or other country passport with residence visa).
- One other form of identification (eg driver's licence, firearms licence or a bank card with signature). If you are unable to provide at least one form of photo identification you will need to provide one further form of identification (3 forms of identification in total).
- Full birth certificate for the child.
- Details about the child's income.
- Parent's death certificate(s) and estate details (only required if you are applying for the Orphan's Benefit).
- Copies of Family Group Conference outcomes / Court Orders / Court approved plans where applicable.
- Proof of bank account details.

What other help can you get?

If you have dependent children and they attend either a childcare service, or before or after school care programme, please talk to us about how we can help with childcare assistance.

You may also be able to get the Child Disability Allowance. Please talk to us about this.

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.

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.
- 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

I must tell Work and Income immediately if:

- the care and/or support arrangements for the child change
- the financial circumstances of the child change
- either myself or the child intend to travel overseas
- I have changes to personal details (such as name, address or bank account details)
- either myself or the child 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

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"/>
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Information required by

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

Contact name

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

Orphan's/Unsupported Child's Benefit Application



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 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. How can we contact you?

Work phone

Home phone

Mobile phone

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Email

Fax

--	--

Benefit details

9. Are you currently receiving any type of benefit?

No Yes ▶ What type of benefit?

10. Have you ever received any type of benefit before?

No ▶ Go to Question 12 Yes ▶ What type of benefit?

11. What was your client number?

| |

Residency

Q12 note: Tick one box.

12. Indicate which describes your residency situation:

New Zealand citizen (by birth) ▶ Go to Question 16

New Zealand citizen (other) ▶ Go to Question 14
Date of citizenship
Day Month Year

Permanent resident ▶ Go to Question 14
Date permanent residence granted
Day Month Year

Other ▶ Go to Question 13

13. What is your residency status?

14. When did you arrive in New Zealand?

Day Month Year

15. Where were you born?

Q16 note: This means that you consider New Zealand your home, you are a legal resident, usually live here and intend to stay permanently.

16. Do you usually live in New Zealand?

No Yes

Ethnic group

Q17 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.

17. 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:

Bank details

18. What bank account do you want the benefit paid into?

Name of bank (eg ANZ):

Name of branch (eg Lower Hut):

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

Child's details

19. What is the child's name?

First name(s)

Surname or family name

20. Is the child known by or have they ever used any other names?

No

Yes

▶ Please provide details below:

1.
2.

21. What is the child's date of birth?

Day Month Year

22. Is the child living with you at your address?

No

▶ Give reasons why not below:

Yes

Q23 note: Please tick one.

23. What is your relationship to the child?

Natural parent

Adoptive parent

Step-parent

Not related

Other relative

▶ Show your relationship to the child below:

24. Was the child born in New Zealand?

Yes

▶ Go to Question 31

No

▶ Please answer the questions below:

25. When did the child arrive in New Zealand?

Day Month Year

26. Where was the child born?

27. Where was the child's birth registered?

28. How long will the child stay in New Zealand?

29. When did the child come into your care?

Day Month Year

30. How long will the child be in your care?

31. Why did the child come into your care?

Details of child's income

Q32 note: Examples of income on behalf of the child are:

- money from the child's parents
- ACC
- Child, Youth and Family
- other organisations.

 Please provide proof of payments.

32. Do you get any income on behalf of the child?

No Yes ▶ Please provide details below:

Where/who does it come from?	How much?	How often (weekly, fortnightly etc)?
	\$	
	\$	
	\$	

33. Does the child get any income apart from what they earn themselves?

No Yes ▶ Please provide details below:

Where/who does it come from?	How much?	How often (weekly, fortnightly etc)?
	\$	
	\$	
	\$	

Unsupported Child's Details

If you are applying for an Unsupported Child's Benefit please answer questions 1-24 below.
If you are applying for Orphan's Benefit please go to the Orphan Details section on page 9.

Details of unsupported child

1. Are you fully supporting the child?

Yes

No ▶ Please give details of what help you get from the parents

2. Who has legal custody of the child?

3. What was the date of the custody order?

Day Month Year

4. Have you had any contact with a social worker from Child, Youth and Family?

No

Yes ▶ Please give the name of the social worker and the name of the Child, Youth and Family office

5. Have you and the child's family attended a Family Group Conference organised by Child, Youth and Family?

No ▶ Go to Question 7

Yes ▶ Please answer the questions below

6. What was the date of the conference?

Day Month Year

7. Are you receiving any support from Child, Youth and Family for the child?

No ▶ Go to Question 9

Yes ▶ Please provide details below:

Reason for payment	Amount	How often (eg weekly)
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Have payments from Child, Youth and Family stopped or are they about to stop?

No

Yes ▶ When did/will these stop?

Day Month Year

9. Were the child's immediate previous caregivers the child's parents/guardians?

No

Yes ▶ Go to Question 12

10. What is the name of the child's previous caregiver?

11. Why is the child no longer living with the previous caregiver?

12. Why are the child's parents/guardians not able to provide fully for the child?

13. Who was the living arrangement ordered by?

Courts

Child, Youth and Family

Not applicable

Other agency ▶ Please name agency below:

Q5 note: If 'Yes' please bring any documentation you would have been given at this meeting.

Q7 note: Examples of Child, Youth and Family support are board payments, counselling, etc.

Q12 note: Give reasons:
Has there been a breakdown?
Comment on financial, accommodation, disability or other limitations.

Q13 note: Tick one.
Please bring copies of the Court orders or documentation from Child, Youth and Family where applicable.

Mother's details

14. What is the child's mother's name?

First name(s)

Surname or family name

15. What is the mother's date of birth?

Day Month Year

16. Is the mother known by or has she used any other names?

Q16 note: Give other names that the mother has been known by including maiden name.

Father's details

17. What is the child's father's name?

First name(s)

Surname or family name

18. What is the father's date of birth?

Day Month Year

19. Is the father known by or has he used any other names?

Q19 note: Give other names that the father has been known by.

Parent contact details

20. Do you know where one or both of the parents live?

No ▶ If you can, please give the last known address below

Yes ▶ Please give address and telephone number below

Mother

Father

21. Do you know where one or both of the parents work?

No ▶ If you can, please give the name, address and telephone number of the parent's last employer

Yes ▶ Please give the name, address and telephone number of the parent's employer (If the parent is self-employed, give name, address and phone number of their business)

Mother

Father

22. Can you give any other details to help find the parents?

No Yes ▶ Please give details below:

Mother

Father

23. Do either of the parents ever get in touch with you or the child?

Mother

No

Yes

▶ Give details of contact/frequency of visits below

Father

No

Yes

▶ Give details of contact/frequency of visits below

Q22 note: Examples of further details are:

- names and addresses of parents, brothers, sisters or friends
- details of insurance, bank accounts or shares
- names and addresses of accountants or solicitors.

If either parent gets in touch with you, please pass on any additional information to us.

Child support

24. Does either parent pay Child Support?

No

Yes

▶ Please give details of Child Support and how much the parent pays

Mother

Father

Orphan Details

If you are applying for Orphan's Benefit please answer questions 1–16.

Parent names

1. Have both of the child's parents died?

No Yes

2. What is the mother's name?

First name(s)

Surname or family name

3. Is the mother known by or has she used any other names?

4. What is the father's name?

First name(s)

Surname or family name

5. Is the father known by or has he used any other names?

Q3 note: Give other names that the mother has been known by including maiden name.

Q5 note: Give other names that the father has been known by.

Parent details

6. If one or both parents have died, what was their date of death, and where was the death registered?

Mother:

Father:
Day Month Year

7. What is the name and address of the person who administers the parents' estate(s)?

Mother's estate

Father's estate

Q8 note: If the parents have died you do not need to answer questions 8, 9 and 10.

8. Are either of the parents in hospital?

Mother: No Yes ▶ Admission date
Day Month Year

▶ Hospital name

Father: No Yes ▶ Admission date
Day Month Year

▶ Hospital name

Parent addresses

9. What is the last known address for either of the parents?

Mother

Father

10. When did someone last hear from either of the parents?

Mother:

Father:
Day Month Year

Periods of overseas residence

11. Has the child lived in any countries outside New Zealand?

No Yes ▶ Please provide details below:

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

Overseas pensions and benefits

12. Are you or any other person receiving a social security pension or pension of a similar nature for the child from the government of a country other than New Zealand?

No Yes

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

Disability or invalidity Widow or survivor Child or dependant
 Sickness benefit Other payments

If you ticked any of the boxes above, please give details about the type of payment you or any other person receive below:

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

14. Is this social security benefit or benefit of a similar nature paid to you?

No ▶ Go to Question 15 Yes

15. If you answered NO to question 14, please provide the name, address and telephone number of the person to whom payments are made.


First name(s)

Surname or family name

Address

Mailing address – if different from above

Contact phone number

 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.

Q15 note: Mailing address includes:

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

Client's Obligations

Please read this statement carefully and sign.

I must tell Work and Income immediately if:

- the care and/or support arrangements for the child change
- the financial circumstances of the child change
- either myself or the child intend to travel overseas
- I have changes to personal details (such as name, address or bank account details)
- either myself or the child have any other changes that may affect my benefit entitlement or rate.

I have completed all the questions or they have been completed for me in this Orphan's/Unsupported Child's Benefit Application.

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 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

Day	Month	Year

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

				Initials	Completion date						
Application form completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="text"/>	<table border="1"><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;">Day</td><td style="text-align: center;">Month</td><td style="text-align: center;">Year</td></tr></table>				Day	Month	Year
Day	Month	Year									
UCB Interview form completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	<input type="text"/>	<table border="1"><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;">Day</td><td style="text-align: center;">Month</td><td style="text-align: center;">Year</td></tr></table>				Day	Month	Year
Day	Month	Year									
Case discussed with Child, Youth and Family (or other agency)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	<input type="text"/>	<table border="1"><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;">Day</td><td style="text-align: center;">Month</td><td style="text-align: center;">Year</td></tr></table>				Day	Month	Year
Day	Month	Year									
Documentation from Child, Youth and Family (or other agency) to confirm family breakdown?	<input type="checkbox"/> Attached	<input type="checkbox"/> To be obtained	<input type="checkbox"/> N/A	<input type="text"/>	<table border="1"><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;">Day</td><td style="text-align: center;">Month</td><td style="text-align: center;">Year</td></tr></table>				Day	Month	Year
Day	Month	Year									
<i>or</i>											
Family meeting: To be arranged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	<input type="text"/>	<table border="1"><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;">Day</td><td style="text-align: center;">Month</td><td style="text-align: center;">Year</td></tr></table>				Day	Month	Year
Day	Month	Year									
To be held on:	<table border="1"><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;">Day</td><td style="text-align: center;">Month</td><td style="text-align: center;">Year</td></tr></table>				Day	Month	Year	<input type="text"/>			
Day	Month	Year									

Additional information:

Decision

Processor's signature

Day	Month	Year

Authenticator's signature

Day	Month	Year

10% 100% Critical data

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Checker's signature

Day	Month	Year

Bring up

B	F
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Day	Month	Year