

Residential Support Subsidy – Sole Parent’s Dependent Children Notification



Work and Income
Te Hirainga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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Please read this before you start

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

Please answer all questions on this form, sign it and send it to:

Residential Support Subsidy, Email msd_rss@msd.govt.nz or Freefax 0800 999 199

Personal details

1. What is your name?

First name(s)

Surname or family name

2. What is your date of birth?

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Day Month Year

3. What is the name of your residential service provider?

4. What date did you enter the residential service?

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Day Month Year

Dependent children

5. What are your children’s details, while you are in the residential service?

CHILD 1:

Child’s full name

Date of birth

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Day Month Year

Who will be caring for this child?

What address will your children be living at?

Will you be financially responsible for this child’s care?

No

Yes

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

CHILD 2:

Child’s full name

Date of birth

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Day Month Year

Who will be caring for this child?

What address will your children be living at?

Will you be financially responsible for this child’s care?

No

Yes

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

Dependent children – continued

CHILD 3:

Child's full name

Date of birth

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

Who will be caring for this child?

What address will your children be living at?

Will you be financially responsible for this child's care?

No

Yes

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

CHILD 4:

Child's full name

Date of birth

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

Who will be caring for this child?

What address will your children be living at?

Will you be financially responsible for this child's care?

No

Yes

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

CHILD 5:

Child's full name

Date of birth

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

Who will be caring for this child?

What address will your children be living at?

Will you be financially responsible for this child's care?

No

Yes

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

Declaration

The information I have given is true and complete.

Name (print)

Signature

Date

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