Childcare Assistance
change of circumstances form

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Please use a separate form for each child.

There are some other documents you may need to provide with this form. Use the checklist to make sure you provide everything you need to.

Checklist

- [ ] **Identification for you and your partner**, such as a Community Services Card, or something you've provided before, like a passport or driver licence
- [ ] **The child's** full birth certificate for any child added
- [ ] **Proof of income** for you and your partner, if either of your income has changed
- [ ] Details of your work, course or organised activity
- [ ] Proof of your accommodation costs if people pay you board or rent
- [ ] Your and/or your child's medical details (if applicable)
- [ ] The childcare provider has completed and signed their section on page 11
- [ ] The training organisation's representative has signed their section on page 11 (if applicable)

Client number | | | | | | | | | It's on your Community Services Card, or if you've applied for support from StudyLink or Work and Income before it's on a letter from us.

Tell us your details

ATTACHMENT FOR Q1:
Bring proof of who you are.

HOW TO ANSWER Q3:
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

1 What is your full name?

First and middle names

Surname or family name

2 What date were you born?

Day | Month | Year

3 Where do you live?

Flat/House number

Street name

Suburb

Town/City

Tell us your child's details

4

What are the child's details?

Full name

Date of birth (Day / Month / Year)

Relationship to you

Do you have a shared care arrangement for this child? ☐ No ☐ Yes

Has this child left your care? ☐ No ☐ Yes

Date left care (Day / Month / Year)

Tell us about changes

5

What are the changes in your circumstances? (tick as many as apply)

- ☐ You've started or ended a relationship
- ☐ Children have come into or left your care
- ☐ The people who live at my address have changed
- ☐ Medical reasons
- ☐ Other
- ☐ My income (including board or rent I may receive) has changed

Please provide as much information as you can about these changes to your circumstances, including the date of the change.

6

INFORMATION FOR Q6:
Where we say ECE in this question we mean 20 Hours ECE.

Have the number of hours of childcare changed?

☐ No **Go to question 7**

☐ Yes **If yes, please provide details below**

Date care changed (Day / Month / Year)

Date 20 Hours ECE changed (if applicable) (Day / Month / Year)

Date Top-up fee changed (if applicable) (Day / Month / Year)

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours							
ECE hours used (if applicable)							

Reason for change

7

Have the fees to the childcare service changed?

☐ No **Go to question 8**

☐ Yes **If yes, please provide details below**

New care fee start date (Day / Month / Year)

New Top-up fee start date (Day / Month / Year)

Type of childcare	Childcare provider	Home-based	OSCAR provider
Total hours each week			
ECE top-up fee charged to caregiver per hour		$	
Total weekly fee charged to caregiver (don't include ECE)	$	$	$

HOW TO ANSWER Q8:

Please tell us your fee **after** you've applied any discount but **before** any Work and Income subsidy is applied.

The Childcare Subsidy can't be used for donations or optional charges, but can be used for the top-up fee.

INFORMATION FOR Q8:

Where we say ECE in this question we mean 20 Hours ECE.

Important:

The childcare service's or programme's supervisor **must** sign on page 11.

8 Has the child moved to a new childcare service/programme?

☐ No **Go to question 9**

☐ Yes **If yes, please provide details below**

Name of old childcare service/programme

End date at the old service/programme — Day / Month / Year

Name of new childcare service/programme

Care start date	20 Hours ECE start date (if applicable)	Top-up fee start date (if applicable)
Day / Month / Year	Day / Month / Year	Day / Month / Year

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours							
ECE hours used (if applicable)							

Type of childcare	Childcare provider	Home-based	OSCAR provider
Total hours each week			
ECE top-up fee charged to caregiver per hour		$	
Total weekly fee charged to caregiver (don't include ECE)	$	$	$

OSCAR care period end date	/ /

Tell us about your study

9 Have your training or study details changed?

☐ No **Go to question 13**

☐ Yes **If yes, please provide details below**

☐ I stopped attending a work related course or study on: Day / Month / Year **Go to question 13**

☐ I am on a work related course or study. **Go to question 10**

10 What are your course details?

Training provider's name

Course name

11 Is the course NZQA accredited?

☐ No ☐ Yes **If yes, what are the start and finish dates?**

Start date — Day / Month / Year

Finish date — Day / Month / Year

Important:

The training provider **must** sign on page 11.

12 How many hours a week do you spend on the following?

At your course

On other study

Travelling from the childcare service to your course and returning?

Tell us about your partner's study

13 **Have your partner's training or study details changed?**

☐ No **Go to question 17**

☐ Yes **If yes, please provide details below**

☐ My partner stopped attending a work related course or study on: Day | Month | Year **Go to question 17**

☐ My partner is on a work related course or study. **Go to question 14**

14 **What are your partner's course details?**

Training provider's name

Course name

15 **Is the course NZQA accredited?**

☐ No ☐ Yes **If yes, what are the start and finish dates?**

Start date Day | Month | Year

Finish date Day | Month | Year

Important: The training provider **must** sign on page 11.

16 **How many hours a week does your partner spend on the following?**

At their course ____ On other study ____

Travelling from the childcare service to their course and returning? ____

Tell us about who you live with

17 **What other people live at your residence?** (Tick all that apply)

☐ I live alone **Go to question 19**

☐ My partner and/or dependent children **Go to question 19**

☐ The people listed below (don't list your partner or dependent children)

First name	Surname or family name	Relationship to you

INFORMATION FOR Q17:
If the people you live with get a benefit or pension from us, we'll match your information with theirs, and we may need to contact them.

ATTACHMENT FOR Q17:
If more than 4 other people live at your address, please write these details about each one on a separate sheet of paper, and bring them with this application form.

Our definitions of renters and boarders are:

- **Renters**: people who pay for accommodation only
- **Boarders**: people who pay a fixed amount for accommodation, food and utilities, and are not included on the tenancy agreement. This includes people living in a boarding house (with food provided) or social housing property and are not the head tenant.

18 **Do any of the people you live with, listed in Q17 above, pay you board or rent?**

☐ No **Go to question 19** ☐ Yes **If yes, please provide details below**

HOW TO ANSWER Q18:
'Self-contained' means there is a kitchen or a kitchenette and a bathroom. If it's a caravan or campervan it needs to have facilities for:

- day-to-day living
- sleeping
- preparing and cooking food.

It must also have a:

- Sink
- Toilet

HOW TO ANSWER Q18:
The floor area for the whole home can be found by looking up the address on **qv.co.nz**

Person 1

Full name of renter or boarder

Date of birth / /

Phone number ( )

Email address

Do they pay you rent or board? ☐ Rent ☐ Board

How much do they pay? $ | How often?

When did they start paying? / /

Does this person live in a self-contained part of the property?

☐ No **Go to next person or question 19**

☐ Yes **What is the floor area of the self-contained part of property?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres²)
.	×	.	=	.

What is the total floor area of the whole property? . metres²

Person 2

Full name of renter or boarder

Date of birth / /

Phone number ( )

Email address

Do they pay you rent or board? ☐ Rent ☐ Board

How much do they pay? $ | How often?

When did they start paying? / /

Does this person live in a self-contained part of the property?

☐ No **Go to next person or question 19**

☐ Yes **What is the floor area of the self-contained part of property?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres²)
.	×	.	=	.

What is the total floor area of the whole property? . metres²

Person 3

Full name of renter or boarder

Date of birth / /

Phone number ( )

Email address

Do they pay you rent or board? ☐ Rent ☐ Board

How much do they pay? $ | How often?

When did they start paying? / /

Does this person live in a self-contained part of the property?

☐ No **Go to next person or question 19**

☐ Yes **What is the floor area of the self-contained part of property?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres²)
.	×	.	=	.

What is the total floor area of the whole property? . metres²

Person 4

Full name of renter or boarder

Date of birth / /

Phone number ( )

Email address

Do they pay you rent or board? ☐ Rent ☐ Board

How much do they pay? $ | How often?

When did they start paying? / /

Does this person live in a self-contained part of the property?

☐ No **Go to next person or question 19**

☐ Yes **What is the floor area of the self-contained part of property?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres²)
.	×	.	=	.

What is the total floor area of the whole property? . metres²

HOW TO ANSWER Q18:

'Self-contained' means there is a kitchen or a kitchenette and a bathroom. If it's a caravan or campervan it needs to have facilities for:

- day-to-day living
- sleeping
- preparing and cooking food.

It must also have a:

- Sink
- Toilet

HOW TO ANSWER Q18:

The floor area for the whole home can be found by looking up the address on **qv.co.nz**

Tell us about your income

19 Have your or your partner's (if you have one) hours of work and travel times changed?

☐ No

☐ Yes **If yes, please provide details below**

Hours you work each week (including lunch breaks)

Hours a week you spend travelling from the childcare service to work and returning

Hours your partner works each week (including lunch breaks)

Hours a week your partner spends travelling from the childcare service to work and returning

20 Has your family income changed?

☐ No **Go to question 25**

☐ Yes **What date did the income change from?** Day / Month / Year

ATTACHMENT FOR Q21:
Bring a copy of your business accounts.

INFORMATION FOR Q21:
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

21 Did you or your partner (if you have one) get income from any of the following sources in the last 52 weeks?

Wages or salary	☐ No	☐ Yes	
Termination pay	☐ No	☐ Yes	
Redundancy pay	☐ No	☐ Yes	
Accident compensation (eg ACC)	☐ No	☐ Yes	
Income insurance (replacement/protection)	☐ No	☐ Yes	☐ Jointly with partner
Farm or business income	☐ No	☐ Yes	☐ Jointly with partner
Payments from self-employment or contract work	☐ No	☐ Yes	☐ Jointly with partner
Interest from savings, investments, or bonds	☐ No	☐ Yes	☐ Jointly with partner
Dividends from shares, unit trusts, or managed funds	☐ No	☐ Yes	☐ Jointly with partner
Income from rents	☐ No	☐ Yes	☐ Jointly with partner
Payments from boarders or flatmates	☐ No	☐ Yes	☐ Jointly with partner
Child Support payments (private arrangement or through Inland Revenue)	☐ No	☐ Yes	
Other income for a child	☐ No	☐ Yes	
Maintenance payments	☐ No	☐ Yes	
Payments from a former partner	☐ No	☐ Yes	
Student Allowance, scholarship, or Student Loan living cost payments	☐ No	☐ Yes	
Overseas pension, benefit or allowance payments	☐ No	☐ Yes	
Other superannuation or retirement scheme income (government or private)	☐ No	☐ Yes	
Income from an estate, if you've inherited money	☐ No	☐ Yes	☐ Jointly with partner
Income from trusts	☐ No	☐ Yes	☐ Jointly with partner
Other	☐ No	☐ Yes	☐ Jointly with partner

ATTACHMENT FOR Q22:
You need to show us proof of income you've received in the last 52 weeks.

22 Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 21?

☐ No ☐ Yes **If yes, tell us the total before-tax amounts, for the last 52 weeks**

Where did the income come from?	Payment made to? You	Your partner	Jointly with partner
	$	$	$
	$	$	$
	$	$	$

HOW TO ANSWER Q23:
Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

23 Did you or your partner (if you have one) get other types of payment apart from money in the last 52 weeks?

☐ No ☐ Yes **If yes, tell us about the type of payment and its value**

Type of payment	Where did it come from?	Its value
		$
		$
		$

HOW TO ANSWER Q24:
The types of income you need to include here are listed on page 7.

24 **Do you and your partner (if you have one) expect to get income or other payments in the next 52 weeks?**

☐ No ☐ Yes **If yes, write the details below. Tell us the before-tax amounts**

Where will the payment come from?	Payment made to? You	Your partner	Jointly with partner	How often do you expect the payment?
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	

25 **Do you run your own business?**

☐ No **Go to question 28** ☐ Yes

INFORMATION FOR Q26:
For example a room you use as an office.

26 **Do you claim back part of the home you live in as a business expense from Inland Revenue at the end of each tax year?**

☐ No **Go to question 28** ☐ Yes

HOW TO ANSWER Q27:
If you don't know the exact amount please estimate it, based on the percentage of your home used for the business. Talk with us if you're not sure.

27 **What is the amount you claim back from Inland Revenue?**

$

Other rent payments

28 **Do you rent out some of your residence (not used for accommodation purposes) to another person or organisation?**

☐ No **Go to question 33** ☐ Yes

HOW TO ANSWER Q28:
For example:

- a person pays you to use your garage to park their car in each week
- an organisation rents a bedroom they use as an office.

29 **What is the space they rent?**

30 **What is the floor area of the space they use?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres^2)
.	×	.	=	.

HOW TO ANSWER Q30:
For example a bedroom or garage.

HOW TO ANSWER Q31:
The floor area for the whole home can be found by looking up the address on **qv.co.nz**

31 **What is the total floor area of the whole property?**

. metres^2

32 **How much do they pay you?**

Amount	How often (eg weekly)?	Start date of payment
$		/ /

Tell us about your accommodation costs

33 Do you get board or rent payments from another person?

☐ No **Go to page 11** ☐ Yes **Go to question 34**

34 Do you pay rent?

☐ No **Go to question 39** ☐ Yes

INFORMATION FOR Q34:
By rent we mean the amount you pay is for your accommodation only and doesn't include other costs such as food or electricity.

35 Do you pay rent to Kāinga Ora or an approved community housing provider?

☐ No ☐ Yes

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

$

ATTACHMENT FOR Q37:
You'll need to show proof of what you pay for rent.

37 How much of this total amount do you pay for you and your family?

$

ATTACHMENT FOR Q38:
You'll need to show proof of what you pay for water rates.

38 Do you pay water rates separately from your rent?

☐ No

☐ Yes **If yes, tell us how much you pay**

$ How often

Go to question 41

HOW TO ANSWER Q39:
For example food, electricity, telephone.

INFORMATION FOR Q39:
By board we mean the amount you pay for your accommodation where it includes food costs and may also include other costs like electricity.

39 Do you pay board?

☐ No **Go to question 42**

☐ Yes **If yes, tell us what costs your board includes**

ATTACHMENT FOR Q40:
You'll need to show proof of what you pay for rent or board.

40 What is the total amount of board you pay for you and your family?

$

INFORMATION FOR Q41:
If your landlord gets a benefit or pension from us, we may need to contact them. We need this information so we can correctly identify them.

41 Tell us about the person or organisation you pay rent or board to:

Person's or organisation's full name

Person's or organisation's contact details

Address	
Phone number	( )
Email	

If paid to a person, what is their date of birth (if known)?

Day Month Year

42

Do you own the home you live in?

☐ No Go to page 11 ☐ Yes

43

HOW TO ANSWER Q43:

Only include mortgages you used to buy or alter your home. Include both interest and principal.

List any other mortgages such as a second mortgage or revolving mortgage.

Don't include contents insurance.

ATTACHMENT FOR Q43:

You'll need to show proof of your home ownership costs.

What are your home ownership costs?

	Who do you pay?	How much do you pay?	How often do you make the payment (such as weekly, monthly or yearly)?
First mortgage		$	
Other mortgage		$	
House insurance		$	
Mortgage insurance		$	
Rates		$	
Ground lease		$	
Water rates		$	
Body corporate fees		$	

ATTACHMENT FOR Q44:

Bring receipts for any repair and maintenance costs.

44

Did you have to pay for repairs and maintenance to your home in the last 12 months?

☐ No ☐ Yes **If yes, please write the total amount** $

45

Have you received a rates rebate in the last 52 weeks?

☐ No ☐ Yes Amount $ Rating year 1 July 20

to 30 June 20

Signature page

Applicant

The information I have given you is true and complete.

Applicant's name (print)

Applicant's signature

Day Month Year

Childcare supervisor

I confirm the information provided in questions 6–8 is true and complete.

Work and Income childcare service number

Supervisor's name (print)

Supervisor's signature

Day Month Year

Trainer

Complete this if you've helped anyone to complete this application form.

☐ I confirm the information provided in questions 10–12 is true and complete.

☐ I confirm the information provided in questions 13–16 is true and complete.

Trainer's name (print)

Trainer's signature

Day Month Year

Official training provider's stamp