

Child Disability Allowance application form



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

The Child Disability Allowance is a non-taxable, fortnightly payment made to the main carer of a child or young person with a serious disability. It's paid to recognise the extra care and attention needed for that child.

The child needs to be assessed by their health practitioner as needing constant care and attention for at least 12 months because of a serious disability. You also need to meet some other conditions.

Other assistance, such as the Disability Allowance, may be available to help with the costs of treatment, medication or disability related expenses.

You can't get this allowance if the child already gets a benefit (except for the Orphan's or Unsupported Child's Benefit), or if you get Board Payments for them from Oranga Tamariki.

How to apply

Step 1 – Fill in the form

Fill in this application form, and take the medical certificate inside it to your child's health practitioner for them to complete.

Step 2 – Come in and see us

If you already get a benefit from us and your child is included, you can drop the form and documents we need to one of our service centres, or post them to us.

If you don't get any other help from us, please make an appointment to come and see us.

We can grant Child Disability Allowance from the date you first contact us, if you complete your application within 20 days of that date.

What you need to provide

INFORMATION NOTE:
Documents need to be originals, or copies of documents that have been certified as a **true copy** by a Solicitor/Lawyer, Notary Public, Registrar of the Court or Justice of the Peace.

Proof of who you are:

For you

If you were born in New Zealand, provide one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).

If you were born overseas, provide proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).

If your name has changed, provide your marriage certificate, deed poll, or other proof of the name change.

All people applying need to provide **two** more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).

One of the documents above must be at least two years old.

You also need to provide:

Full birth certificate for the dependent child this application is for.

Proof of your bank account details, such as a bank statement or deposit slip.

Our commitment *to YOU*



We will get to know you,
your situation and
your needs



We will use your
feedback to improve
our service

Ka mōhio ki a koe — know you

We will make sure you
understand everything
you need to know



We will respect your
privacy and be clear
about how we use
your information and
who we share it with



We will let you know
everything you may
be eligible for



The information
we give you will
be accessible and
consistent no matter
how you contact us

Ka tautoko i a koe — support you

We will help you
however we can,
as soon as we can



We will be honest
about our mistakes
and put them right



We will respect you
and what is important
to you



We will let you know
your options, rights
and obligations

Ka mahi tahi ki a koe — with you

We will work
together to achieve
shared goals



Our actions will
follow our words



How did 
wedo?

Let us know by visiting msd.govt.nz/feedback
or call us on 0800 559 009

Child Disability Allowance applicant form



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Tell us about yourself

If you have received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

Client number

Tell us about yourself

1

What is your full name?

 Mr Mrs Ms Miss Other

First and middle names

Surname or family name

ATTACHMENT FOR Q1:
Bring proof of who you are. What you need to bring is explained on page 1.

HOW TO ANSWER Q2:
For example, have you had married names, English names, changes by deed poll, or aliases?

ATTACHMENT FOR Q2:
Bring your marriage certificate, deed poll, or other proof of any name change.

2

Have you ever been known by any other name?

 No Yes

1.

2.

3

What date were you born?

Day Month Year

4

Are you:

 Male Female Gender diverse

5

What is your Inland Revenue tax number?

ATTACHMENT FOR Q6:
You need to provide proof of your bank account details, such as a bank statement or deposit slip.

6

What bank account would you want your payments to be paid into?

The account is in the name of:

The account number is:

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

Tell us how we can contact you

7

Where do you live?

Flat/House number

Street name

Suburb

Town/City

8

Is your mailing address different from where you live?

 No

 Yes

↓ Tell us your mailing address

9

How else can we contact you?

Tick the best way for us to first contact you

Home phone	()	
Mobile phone	()	
Other phone	()	

10

Do you agree to get emails from us?

 No

 Yes

↓ Tell us your email address

I don't have an email address

Tell us your ethnicity

11

Tick the group(s) you most identify with.

 Māori

→ Which tribe(s) or iwi?

 New Zealand European

 Niuean

 Samoan

 Indian

 Other European

 Tokelauan

 Tongan

 Chinese

 Cook Island Māori

 Other

↓ Please write below

 Don't want to answer

INFORMATION FOR Q11:

We collect this information for statistics we use in research and future development work.

Tell us about your residence status

12

Do you usually live in New Zealand?

No Yes

13

What best describes your residence status in New Zealand? Tick only one box.

New Zealand citizen by birth

[Go to question 16](#)

Granted New Zealand citizenship

→ **Date citizenship granted**

Day Month Year

[Go to question 14](#)

Granted permanent residency

→ **Date permanent residence granted**

Day Month Year

[Go to question 14](#)

Other

↓ **What is your residence status?**

14

When did you arrive in New Zealand?

Day Month Year

15

What country were you born in?

HOW TO ANSWER Q12:

This means you consider New Zealand your home, you're a legal resident, you usually live here and you intend to stay.

Tell us about the child or young person

Tell us about your dependent children

ATTACHMENT FOR Q16:
Bring the child's birth certificate.

16 What is the name of the child or young person with a disability in your care?

First and middle names

Surname or family name

17 What is the child's or young person's date of birth?

Day Month Year

18 What best describes the child's or young person's residency status in New Zealand?

Tick only one box.

New Zealand citizen by birth

[Go to question 21](#)

Granted New Zealand citizenship

→ **Date citizenship granted**

Day Month Year

[Go to question 19](#)

Granted permanent residency

→ **Date permanent residence granted**

Day Month Year

[Go to question 19](#)

Other

↓ **What is their residence status?**

19 When did the child or young person arrive in New Zealand?

Day Month Year

20 What country was the child or young person born in?

Tell us where the child lives

INFORMATION FOR Q21:
The residential home or hostel must be run by a voluntary organisation where the child returns home for weekends or school holidays and where you have to pay towards the child's or young person's care.

21 Where does the child or young person live?

At the same address as me

[Go to question 24](#)

In a residential home or hostel

↓ **Please provide the name and address**

Name of the residential home or hostel

Address of the residential home or hospital

HOW TO ANSWER Q22:

For example:

- weekends
- holidays.

22

How often does the child or young person return home?

23

Do you pay towards the child's or young person's care in the residential home or hostel?

No

Yes



Tell us what you pay for

24

Are you the child's or young person's parent?

No



What is your relationship to the child or young person?

Yes

25

What are the names and contact details of the child's or young person's parents?

Parent 1

First and middle names

Surname or family name

Address

Parent 2

First and middle names

Surname or family name

Address

26

Do you have primary responsibility for the day-to-day care of the child or young person?

No



Please provide details below

Yes

27

Are you solely responsible for the financial support of the child or young person while they live with you?

No



Please provide details below

Yes

INFORMATION FOR Q28:

Income includes but isn't limited to:

- wages
- ACC or insurance payments
- family trust payments
- maintenance payments
- interest from bank accounts.

28

Does the child or young person receive any income?

No

Yes



Please provide details below

What you need to do – obligations and signature



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA



Let us know when things change

You need to let us know about changes that might affect the amount you're paid.

Changes to the child or young person's situation, like:

- going into or coming out of hospital
- leaving your care
- going into residential care.

Changes to information about you and the child or young person, like:

- name, address, contact details or bank account number
- being held in custody or on remand.

If we have the wrong information we could pay you too much and you might have to pay us back.



Tell us if you or the child or young person is going overseas

If you're travelling overseas, you need to let us know as soon as possible.

You need to let us know before you leave New Zealand. If there's a good reason you can't, then you need to let us know as soon as you can.



Your rights

If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at msd.govt.nz/reviews

Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy (privacy information is on page 9).

Applicant's name (print)

Applicant's signature

Date

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



How we protect your privacy



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Collecting your information

We collect your personal information, so we can provide income support, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at workandincome.govt.nz/privacy

- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don't.

Using your information

We use the information you give us to make decisions about the best way to help you.

- These decisions may be about:
 - whether you're eligible for our services
 - running our operations and ensuring our services are effective
 - the services we'll provide in the future.

Sharing your information

Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.

- To do this, we may share your information with:
 - prospective employers to help you find work
 - contracted service providers that help us to help you
 - health providers if we need your medical information to assess your eligibility
 - other government agencies when we have an agreement with them
 - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

Respecting you and your information

We make sure we follow the Privacy Act to do what's right when we use your information.

- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

Get in touch if you have a question

You have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong.

- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at: workandincome.govt.nz/privacy

Child Disability Allowance medical certificate



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Health practitioner to complete

The Child Disability Allowance is a non-taxable, fortnightly payment made to the main carer of a child or young person with a serious disability. It's paid recognition of the extra care and attention needed for that child.

The child needs to be assessed as needing constant care and attention for at least 12 months because of a serious disability. They also need to meet some other conditions.

Other assistance, such as the Disability Allowance, may be available to help with the costs of treatment, medication or disability related expenses.

This medical certificate should be completed by the health practitioner who provides the ongoing care of the child or young person.

For more information go to workandincome.govt.nz and search on *Child Disability Allowance*.

This information is required under the Social Security Act 2018

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

Client number

 | |

Child or young person's details

1

What is the child's or young person's full name?

First and middle names

Surname or family name

2

What date was the child born?

Day Month Year

3

Who is the main caregiver of the child or young person?

First and middle names

Surname or family name

Disability or medical condition information

4

What are the main clinical conditions affecting this child or young person?

Diagnosis	Is this covered by ACC?
1. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes

HOW TO ANSWER Q4:

Please list the diagnoses in order of their impact on the child or young person.

5 **INFORMATION FOR Q5:**
Serious disability includes: physical, sensory, mental health, intellectual or developmental disability, or chronic medical condition.

6 **INFORMATION NOTE FOR A:**
Bodily function includes activities such as toileting and eating.

7 **INFORMATION NOTE FOR B:**
Attention and supervision needs to be focused on functions such as activities of daily living, mobility, learning, behaviour and/or health needs.

8 **INFORMATION NOTE FOR C:**
Substantial danger needs to be as a consequence of the disability and pose a real threat of physical or mental harm.

9 **HOW TO ANSWER Q9:**
If the child or young person has a chronic or severe condition, it would help Work and Income determine appropriate assistance if you could attach a copy of a recent report or referral letter.

10 **HOW TO ANSWER Q10:**
Where the need for constant care and attention is likely to reduce over time, a review should be undertaken at regular intervals.

5 Does the child or young person or young person have a serious disability?

No **Go to question 9**

Yes **Go to question 6**

6 Due to that serious disability, do they need constant care and attention as follows?

A. Frequent attention from another person in connection with bodily functions which is required as a consequence of the disability, and is in excess of that normally required by a child or young person of the same age?

No Yes

OR

B. Attention and supervision **substantially** in excess of that normally required by a child or young person of the same age and sex?

No Yes

OR

C. Regular supervision from another person in order to avoid **substantial** danger to themselves or others?

No Yes

7 Are they likely to require such care and attention for more than 12 months?

No **Go to question 9** Yes

8 Is the child or young person currently in hospital?

No Yes **Which hospital are they in?**

9 Would you like the Ministry of Social Development to contact you about the child's or young person's diagnosis or disability?

No Yes

Please provide any other relevant information that could help us work out the child's or young person's eligibility for the Child Disability Allowance.

10 When should the child's or young person's disability next be reassessed for entitlement to the Child Disability Allowance? (select one)

1 year 2 years 5 years Never **OR** At what age?

Health practitioner's details

Please print your details below.

HPI number |

Health practitioner's full name

Practice name and address

Telephone number ()

Health practitioner's signature

Date

Day Month Year

Child Disability Allowance application form



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All people applying need to provide **two** more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).

One of the documents above must be at least two years old.

You also need to provide:

Full birth certificate for the dependent child this application is for.

Proof of your bank account details, such as a bank statement or deposit slip.

Our commitment *to YOU*



We will get to know you,
your situation and
your needs



We will use your
feedback to improve
our service

Ka mōhio
ki a koe
—
**know
you**

We will make sure you
understand everything
you need to know



We will respect your
privacy and be clear
about how we use
your information and
who we share it with



We will let you know
everything you may
be eligible for



The information
we give you will
be accessible and
consistent no matter
how you contact us

Ka tautoko
i a koe
—
**support
you**

We will help you
however we can,
as soon as we can



We will be honest
about our mistakes
and put them right



We will respect you
and what is important
to you



We will let you know
your options, rights
and obligations

Ka mahi
tahi ki a koe
—
**with
you**

We will work
together to achieve
shared goals



Our actions will
follow our words



How did 
wedo?

Let us know by visiting msd.govt.nz/feedback
or call us on 0800 559 009

Child Disability Allowance applicant form



MINISTRY OF SOCIAL DEVELOPMENT
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Tell us about yourself

If you have received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

Client number

Tell us about yourself

1

What is your full name?

 Mr Mrs Ms Miss Other

First and middle names

Surname or family name

2

Have you ever been known by any other name?

 No Yes

1.

2.

3

What date were you born?

Day Month Year

4

Are you:

 Male Female Gender diverse

5

What is your Inland Revenue tax number?

6

What bank account would you want your payments to be paid into?

The account is in the name of:

The account number is:

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

ATTACHMENT FOR Q1:
Bring proof of who you are. What you need to bring is explained on page 1.

HOW TO ANSWER Q2:
For example, have you had married names, English names, changes by deed poll, or aliases?

ATTACHMENT FOR Q2:
Bring your marriage certificate, deed poll, or other proof of any name change.

ATTACHMENT FOR Q6:
You need to provide proof of your bank account details, such as a bank statement or deposit slip.

Tell us how we can contact you

7

Where do you live?

Flat/House number

Street name

Suburb

Town/City

8

Is your mailing address different from where you live?

 No

 Yes

↓ Tell us your mailing address

9

How else can we contact you?

Tick the best way for us to first contact you

Home phone	()	
Mobile phone	()	
Other phone	()	

10

Do you agree to get emails from us?

 No

 Yes

↓ Tell us your email address

I don't have an email address

Tell us your ethnicity

11

Tick the group(s) you most identify with.

 Māori

→ Which tribe(s) or iwi?

 New Zealand European

 Niuean

 Samoan

 Indian

 Other European

 Tokelauan

 Tongan

 Chinese

 Cook Island Māori

 Other

↓ Please write below

 Don't want to answer

INFORMATION FOR Q11:

We collect this information for statistics we use in research and future development work.

Tell us about your residence status

12

Do you usually live in New Zealand?

No Yes

13

What best describes your residence status in New Zealand? Tick only one box.

New Zealand citizen by birth

[Go to question 16](#)

Granted New Zealand citizenship

→ **Date citizenship granted**

Day Month Year

[Go to question 14](#)

Granted permanent residency

→ **Date permanent residence granted**

Day Month Year

[Go to question 14](#)

Other

↓ **What is your residence status?**

14

When did you arrive in New Zealand?

Day Month Year

15

What country were you born in?

Tell us about the child or young person

Tell us about your dependent children

ATTACHMENT FOR Q16:
Bring the child's birth certificate.

16 What is the name of the child or young person with a disability in your care?

First and middle names

Surname or family name

17 What is the child's or young person's date of birth?

Day Month Year

18 What best describes the child's or young person's residency status in New Zealand?

Tick only one box.

New Zealand citizen by birth

Go to question 21

Granted New Zealand citizenship

→ Date citizenship granted

Day Month Year

Go to question 19

Granted permanent residency

→ Date permanent residence granted

Day Month Year

Go to question 19

Other

↓ What is their residence status?

19 When did the child or young person arrive in New Zealand?

Day Month Year

20 What country was the child or young person born in?

Tell us where the child lives

INFORMATION FOR Q21:
The residential home or hostel must be run by a voluntary organisation where the child returns home for weekends or school holidays and where you have to pay towards the child's or young person's care.

21 Where does the child or young person live?

At the same address as me

In a residential home or hostel

↓ Please provide the name and address

Name of the residential home or hostel

Address of the residential home or hospital

HOW TO ANSWER Q22:

For example:

- weekends
- holidays.

22

How often does the child or young person return home?

23

Do you pay towards the child's or young person's care in the residential home or hostel?

No

Yes

↓ Tell us what you pay for

24

Are you the child's or young person's parent?

No

↓ What is your relationship to the child or young person?

Yes

25

What are the names and contact details of the child's or young person's parents?

Parent 1

First and middle names

Surname or family name

Address

Parent 2

First and middle names

Surname or family name

Address

26

Do you have primary responsibility for the day-to-day care of the child or young person?

No

↓ Please provide details below

Yes

27

Are you solely responsible for the financial support of the child or young person while they live with you?

No

↓ Please provide details below

Yes

INFORMATION FOR Q28:

Income includes but isn't limited to:

- wages
- ACC or insurance payments
- family trust payments
- maintenance payments
- interest from bank accounts.

28

Does the child or young person receive any income?

No

Yes

↓ Please provide details below

What you need to do – obligations and signature



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DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA



Let us know when things change

You need to let us know about changes that might affect the amount you're paid.

Changes to the child or young person's situation, like:

- going into or coming out of hospital
- leaving your care
- going into residential care.

Changes to information about you and the child or young person, like:

- name, address, contact details or bank account number
- being held in custody or on remand.

If we have the wrong information we could pay you too much and you might have to pay us back.



Tell us if you or the child or young person is going overseas

If you're travelling overseas, you need to let us know as soon as possible.

You need to let us know before you leave New Zealand. If there's a good reason you can't, then you need to let us know as soon as you can.



Your rights

If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at msd.govt.nz/reviews

Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy (privacy information is on page 9).

Applicant's name (print)

Applicant's signature

Date

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



How we protect your privacy



MINISTRY OF SOCIAL
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Collecting your information

We collect your personal information, so we can provide income support, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at workandincome.govt.nz/privacy

- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don't.

Using your information

We use the information you give us to make decisions about the best way to help you.

- These decisions may be about:
 - whether you're eligible for our services
 - running our operations and ensuring our services are effective
 - the services we'll provide in the future.

Sharing your information

Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.

- To do this, we may share your information with:
 - prospective employers to help you find work
 - contracted service providers that help us to help you
 - health providers if we need your medical information to assess your eligibility
 - other government agencies when we have an agreement with them
 - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

Respecting you and your information

We make sure we follow the Privacy Act to do what's right when we use your information.

- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

Get in touch if you have a question

You have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong.

- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at: workandincome.govt.nz/privacy

Child Disability Allowance medical certificate



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Health practitioner to complete

The Child Disability Allowance is a non-taxable, fortnightly payment made to the main carer of a child or young person with a serious disability. It's paid recognition of the extra care and attention needed for that child.

The child needs to be assessed as needing constant care and attention for at least 12 months because of a serious disability. They also need to meet some other conditions.

Other assistance, such as the Disability Allowance, may be available to help with the costs of treatment, medication or disability related expenses.

This medical certificate should be completed by the health practitioner who provides the ongoing care of the child or young person.

For more information go to workandincome.govt.nz and search on *Child Disability Allowance*.

This information is required under the Social Security Act 2018

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

Client number

 | |

Child or young person's details

1

What is the child's or young person's full name?

First and middle names

Surname or family name

2

What date was the child born?

Day Month Year

3

Who is the main caregiver of the child or young person?

First and middle names

Surname or family name

Disability or medical condition information

4

What are the main clinical conditions affecting this child or young person?

Diagnosis	Is this covered by ACC?
1. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes

HOW TO ANSWER Q4:

Please list the diagnoses in order of their impact on the child or young person.

5 **INFORMATION FOR Q5:**
Serious disability includes: physical, sensory, mental health, intellectual or developmental disability, or chronic medical condition.

6 **INFORMATION NOTE FOR A:**
Bodily function includes activities such as toileting and eating.

7 **INFORMATION NOTE FOR B:**
Attention and supervision needs to be focused on functions such as activities of daily living, mobility, learning, behaviour and/or health needs.

8 **INFORMATION NOTE FOR C:**
Substantial danger needs to be as a consequence of the disability and pose a real threat of physical or mental harm.

9 **HOW TO ANSWER Q9:**
If the child or young person has a chronic or severe condition, it would help Work and Income determine appropriate assistance if you could attach a copy of a recent report or referral letter.

10 **HOW TO ANSWER Q10:**
Where the need for constant care and attention is likely to reduce over time, a review should be undertaken at regular intervals.

5 Does the child or young person or young person have a serious disability?

No
 Yes

6 Due to that serious disability, do they need constant care and attention as follows?

A. Frequent attention from another person in connection with bodily functions which is required as a consequence of the disability, and is in excess of that normally required by a child or young person of the same age?

No Yes

OR

B. Attention and supervision **substantially** in excess of that normally required by a child or young person of the same age and sex?

No Yes

OR

C. Regular supervision from another person in order to avoid **substantial** danger to themselves or others?

No Yes

7 Are they likely to require such care and attention for more than 12 months?

No Yes

8 Is the child or young person currently in hospital?

No Yes **↓ Which hospital are they in?**

9 Would you like the Ministry of Social Development to contact you about the child's or young person's diagnosis or disability?

No Yes

Please provide any other relevant information that could help us work out the child's or young person's eligibility for the Child Disability Allowance.

10 When should the child's or young person's disability next be reassessed for entitlement to the Child Disability Allowance? (select one)

1 year 2 years 5 years Never **OR** At what age?

Health practitioner's details

Please print your details below.

HPI number |

Health practitioner's full name

Practice name and address

Telephone number ()

Health practitioner's signature

Date

Day Month Year