## **Child Inclusion** form



If a child has come into your care and you already get a benefit from us, you need to fill in this form.

If the child was cared for by someone else, you need to provide a letter from the previous caregiver telling us :

- when the child left their care
- why the child left their care
- how long the child will be with you, even if the child is your own.

If you and your partner are both under 20 years old and you have dependent children, you may qualify for Young Parent Payment. Please talk to us about this.

## Tell us about yourself Write your client number here if you know it. This number can be found on your Community Services Card. **Client number** What is your full name? **Tell us your** 1 details First and middle names Surname or family name 2 What date were you born? Day Month Year (?) HOW TO ANSWER Q3: 3 Where do you live? If you live in a rural Flat/House number Street name area, flat/house number could include your RAPID number, fire number, Suburb Town/City emergency services number. (?) HOW TO ANSWER Q4: Is your mailing address different from where you live? 4 Mailing address can include a PO Box, rural Tell us your mailing address No Yes delivery details, or C/O address. 1 HOW TO ANSWER Q5: Tick the best way for 5 How else can we contact you? Please only give us us to first contact you contact details you'd like Home phone ( ) us to use. ( ) Mobile phone Email

## If you qualify for any Working for Families tax credits do you want them paid with your benefit?

If you tick 'Yes', we'll tell Inland Revenue for you – so you do not need to.

6

No

Yes

## Tell us about the dependent children you wish to include

A dependent child is a child that you support financially and who lives with you as a member of your family, including your own children, adopted children, stepchildren, children at boarding school and grandchildren/ mokopuna.

Child 1 7 ATTACHMENT FOR CHILD 1: Bring the birth certificate for this dependent child. 8	What is the child's full First and middle names Has the child ever beat No Yes			
9 10	What date did the chi Day Month Ye	ar	care?	
11 12	What date was the ch Day Month Ye Who are the child's pa Parent 1: Full name	ar arents?	Parent 2: Full name	
13	Are there previous ca No Yes Parent 1: Full name Do you have a shared	Give their names	Parent 2: Full name	
14	No Yes	Please provide de           Hours a week in your car	etails below	
<ul> <li>INFORMATION FOR Q15: 15</li> <li>Paid Parental Leave is paid to eligible parents to care for their newborn or newly adopted child. It's paid by Inland Revenue. You may get Best Start tax credits when the Paid Parental Leave</li> </ul>	Have you applied, or the No Yes	Please provide de           What date will it end?	etails below Day Month Y	'ear
ends.	No Go to the de	claration on page 4	Yes Go to questi	on 17 R30 - APR 2020

Child 2 17	What is the child's full name? First and middle names	Surname or family name			
ATTACHMENT FOR CHILD 2: Bring the birth certificate for this dependent child.	Has the child ever been known by	any other name?			
		m all out below			
19	What date did the child come into	o your care?			
20	What is the child's relationship to	you?			
21	What date was the child born?				
22 23	Who are the child's parents? Parent 1: Full name	Parent 2: Full name			
		r this child? names below Parent 2: Full name			
24	No Yes Please pr Hours a week in	ovide details below			
INFORMATION FOR Q25: Paid Parental Leave is paid to eligible parents to care for their newborn or newly adopted child. It's paid by Inland Revenue. You may get Best Start tax credits when the Paid Parental Leave ends.		ovide details below			
	Are there more children you wish to include?				

child 3 27	What is the child's	full name?					
TTACHMENT FOR CHILD 3:	First and middle names		Surname or fam	nily name			
ring the birth							
ertificate for this	Has the child ever l	been known by any o	other name?				
dependent child.	$\square$						
	No Yes	↓ Write them all o	out below				
			•				
29 30	What date did the child come into your care?						
	Day Month Year						
	What is the child's relationship to you?						
	What date was the child born?						
31							
	Day Month	Year					
32	Who are the child's	parents?					
	Parent 1: Full name		Parent 2: Full na	me			
33	Are there previous caregivers for this child?						
	No Yes 🕂 Give their names below						
	$\Box$						
	Parent 1: Full name		Parent 2: Full n	ame			
		]					
34	Do you have a shar	ed custody arrange	ment for this	child?			
	No Yes	↓ Please provide of the second se	details below				
INFORMATION FOR Q35:		Hours a week in your ca	are				
<b>FORMATION FOR Q35:</b> aid Parental Leave is paid		Name of the person yo	ou have shared cu	stody with			
eligible parents to care							
or their newborn or ewly adopted child. <b>35</b>	Have you applied.	or will you apply, for	Paid Parenta	Leave?			
's paid by Inland							
evenue.	No Yes	Please provide of the second secon	details below				
ou may get Best Start ax credits when the		What date will it end?					
aid Parental Leave ends.			Day M	Ionth Year	)		
Declaration an	nd signature						
understand that my or my par	tner's obligations for receiv	ing a benefit may change	when a child is inc	cluded.			
he information I've provided is							
understand if there are any ch			mstances, l must		ne know.		
pplicant's name (print)	Applica	ant's signature		Date			
				Day Month			
				Day Month	Year		