

Child Inclusion form



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

If you already get a benefit from us and a child has come into your care, you need to fill in this form so that the child can be included in your benefit.

If a child has come into your care after being cared for by someone else, even if this child is your own, you will need to provide a letter from the previous caregiver stating when the child has left their care, why this child has left their care and how long the child will be with you.

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. It can be found on your Community Services Card.

Client number

Tell us your details

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

HOW TO ANSWER Q3:

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

4

Is your mailing address different from where you live?

No

Yes



Tell us your mailing address

HOW TO ANSWER Q5:

Please only give us contact details you would like us to use.

5

How else can we contact you?

Tick the best way for us to contact you

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

Tell us about your partner

6

What is your partner's full name?

7

What is your partner's date of birth?

Day Month Year

Family tax credit

8

If you qualify for any family tax credit do you want it paid with your benefit?

No Yes

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

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

9

What is the child's full name?

First and middle names

Surname or family name

 ATTACHMENT FOR Q9:

Bring the birth certificate for this dependent child.

10

Has the child ever been known by any other name?

No Yes  Write them all out below

1.

2.

11

What date did the child come into your care?

Day Month Year

12

What is the child's relationship to you?

13

What date was the child born?

Day Month Year

14

Who are the child's parents?

Parent 1: Full name

Parent 2: Full name

15

Are there previous caregivers for this child?

No

Yes

↓ Give their names below

1.
2.

16

Do you have a shared custody arrangement for this child?

No

Yes

↓ Please provide details below

Hours a week in your care

Name of the person you have shared custody with

17


Are there more children you wish to include?

No

↶ Go to the declaration on page 5

Yes

Child 2

 **ATTACHMENT FOR Q18:**
Bring the birth certificate for this dependent child.

18

What is the child's full name?

First and middle names Surname or family name

19

Has the child ever been known by any other name?

No

Yes

↓ Write them all out below

1.
2.

20

What date did the child come into your care?

Day Month Year

21

What is the child's relationship to you?

22

What date was the child born?

Day Month Year

23

Who are the child's parents?

Parent 1: Full name

Parent 2: Full name

24

Are there previous caregivers for this child?

No

Yes

 **Give their names below**

1.

2.

25

Do you have a shared custody arrangement for this child?

No

Yes

 **Please provide details below**

Hours a week in your care

Name of the person you have shared custody with

26

Are there more children you wish to include?

No

 **Go to the declaration on page 5**

Yes

Child 3

27

What is the child's full name?

First and middle names


Surname or family name

28

Has the child ever been known by any other name?

No

Yes

 **Write them all out below**

1.

2.


29

What date did the child come into your care?

Day Month Year

30

What is the child's relationship to you?

 **ATTACHMENT FOR Q27:**
Bring the birth certificate for this dependent child.

31**What date was the child born?**

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Day Month Year

32**Who are the child's parents?**

Parent 1: Full name

Parent 2: Full name

33**Are there previous caregivers for this child?**
 No

 Yes
**Give their names below**

1.	
2.	

34**Do you have a shared custody arrangement for this child?**
 No

 Yes
**Please provide details below**

Hours a week in your care

Name of the person you have shared custody with

If you need to include more than three children, please write these details for each extra child on a separate sheet of paper, and bring it in with this form.

Declaration

I understand that my or my partner's obligations for receiving a benefit may change when a child is included.

The information I have provided is true and complete.

I understand that if there are any changes in either my circumstances or the child's circumstances, I must let Work and Income know.

Your name (print)

Your signature

Date

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Day Month Year

The Family Violence Intervention Programme is available to any Work and Income clients affected by family violence (victim, perpetrator or witness). Case managers can provide you with information about local family violence support services or stopping violence services so you can seek support. If you have any concerns about your safety or the safety of your children please talk to us about how we can help you.

