

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 ☐

Your and/or your child's medical details (if applicable) ☐

The childcare provider has completed and signed their section on page 7 ☐

The training organisation's representative has signed their section on page 7 (if applicable) ☐

Tell us about yourself

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?

☐ You've started or ended a relationship ☐ Medical reasons

☐ Children have come into or left your care ☐ Other

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

Childcare changes

6

Have the number of hours of childcare changed?

☐ No [Go to question 7](#)

☐ Yes ↓ If yes, please provide details below

Date care changed Date 20 Hours ECE changed (if applicable) Date Top-up fee changed (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)							

Reason for change

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

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 New Top-up fee start date

Day Month Year 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 7.

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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	/	/
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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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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



Important:

The training provider **must** sign on page 7

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

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[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

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Finish date

Day

Month

Year

Finish date

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Important:

The training provider **must** sign on page 7

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 your income

17

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

18

Has your family income changed?

☐ No

Go to page 7

☐ Yes

→ What date did the income change from?

Day Month Year

19

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 Q19:

Bring a copy of your business accounts.

INFORMATION FOR Q19:

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

ATTACHMENT FOR Q20:
You need to show us proof of income you've received in the last 52 weeks.

20

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 19?

☐

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 Q21:
Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

21

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 Q22:
The types of income you need to include here are listed on page 5.

22

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?			How often do you expect the payment?
	You	Your partner	Jointly with partner	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

Signature page

Applicant

The information I have given you is true and complete.

Applicant's name (print)

Applicant's signature

Day

Month

Year

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Childcare supervisor

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

Work and Income childcare service number

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Supervisor's name (print)

Supervisor's signature

Day

Month

Year

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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

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Official training provider's stamp

