Civil Defence Payments to Evacuees – Application

Civil Defence Payments are available to meet the immediate needs of people who are resident in an area where a civil defence emergency has been declared and are required to leave their home.

**Personal Details**

Name: [First name(s) | Surname or family name]

Date of birth: [Day | Month | Year]

Address before the event

- Flat/House no.
- Suburb
- Street name
- Town/City

Current contact details

- Flat/House no.
- Suburb
- Street name
- Town/City

Name and address of next of kin

- Flat/House no.
- Suburb
- Street name
- Town/City

**Assistance**

Assistance required:

[Blank space for details]

Have you been required to leave your home as a result of the emergency or are you unable to return to your home because of the emergency?

- No [ ]
- Yes [ ]

Please give details below:

[Blank space for details]
### Assistance Continued...

Are any dependent members of your family (e.g., children, elderly relations) affected by the civil defence emergency?

- [ ] No
- [ ] Yes

Please give details below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Relationship to You</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please use another piece of paper if you need more space.

Do you have any insurance cover:

- [ ] No
- [ ] Yes

Please give details below:

<table>
<thead>
<tr>
<th>Company</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Excess on policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Does your policy cover:

- [ ] Loss of clothing
- [ ] Loss of earnings
- [ ] Loss of food
- [ ] Loss of temporary accommodation

### Payment Schedule – Food, Clothing, or Bedding

**Supplier 1**  Food, clothing, or bedding (to be paid to the supplier where possible)

<table>
<thead>
<tr>
<th>Food</th>
<th>Clothing</th>
<th>Bedding</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Payment(s) to be made to:

- Bank: [ ]
- Branch: [ ]

Account Number: / / / / / /

Verified by Work and Income staff: [ ]

Form of ID: [ ]

**Supplier 2**  Food, clothing, or bedding (to be paid to the supplier where possible)

<table>
<thead>
<tr>
<th>Food</th>
<th>Clothing</th>
<th>Bedding</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Payment(s) to be made to:

- Bank: [ ]
- Branch: [ ]

Account Number: / / / / / /

Verified by Work and Income staff: [ ]

Form of ID: [ ]
**Payment Schedule – Temporary Accommodation Costs**

Temporary accommodation costs (to be paid to the supplier)

Cost of billet  $ __________________________ per day  Number of days ___________

Cost of motel/hotel  $ __________________________ per day  Number of days ___________

Cost of other accommodation  $ __________________________ per day  Number of days ___________

Payment to be made to:

Accommodation provider's name: __________________________

Bank: __________________________ Branch: __________________________

Account Number: __________________________ / __________________________ / __________________________ / __________________________

Verified by Work and Income staff: __________________________

Form of ID: __________________________

**Payment Schedule – Loss of Livelihood**

Loss of livelihood (to be paid to the applicant)

Loss of wages/salary  $ __________________________ net per day to date

Period unable to work  ________ days to date

Employer details:

______________________________

______________________________

I am unable to attend work and my employer has ceased paying wages/salary  ________________

Yes  No

OR

I am self employed and am unable to engage in business and have lost income due to the civil defence emergency  ________________

Yes  No

AND

I am available for alternative work (eg clean up operations)  ________________

Yes  No

Payment to be made to:

Bank: __________________________ Branch: __________________________

Account Number: __________________________ / __________________________ / __________________________ / __________________________

Verified by Work and Income staff: __________________________

Form of ID: __________________________
Statement

The information I have given is true and I have not left anything out. I understand that:

- if my insurance policy covers any payments made by Work and Income I will refund this amount to the Ministry of Social Development (MSD)
- if there are any changes to my situation I must notify MSD immediately
- the information I have provided may be verified by Work and Income with Civil Defence, employers, accommodation providers etc
- if you give us false or incomplete information, or don’t tell us about changes that could affect your payments, your payments may be cancelled. You’ll have to pay back any money you have been overpaid. You could also be prosecuted and fined or imprisoned.

Signature: ____________________________________________  Date: ____________
Name (printed): _______________________________________  Day: ________
                          Month: ________  Year: ________

Privacy & Social Security Act

The Social Security Act allows us to check the information that you have given us in this form. This may happen at the time of application and at any time after that.

The Privacy Act 1993 requires us to inform you that:

- The information provided in this form is being collected under the authority of the Social Security Act 1964.
- The information will be held by Work and Income.
- The information is being collected for the functions and purposes of Work and Income, and in particular
  - the granting of benefits and other financial assistance under the Social Security Act 1964
  - the provision of employment related services
  - statistical and research purposes
  - the provision of advice to Government.
- Work and Income may contact health providers to verify any health related information provided on this form.
- Work and Income may provide information about you to employers to find you employment. Where Work and Income refer you to a job vacancy, Work and Income may also contact the employer to assess the outcome of any job interview that you may have attended.
- The information you have provided may also be shared between childcare centres and Work and Income for the purpose of administering your entitlement to childcare.
- Other information that you give us on your skills, aspirations etc, is not required to assess your entitlement to a benefit but will be used to provide a better service to you.
- The information you have provided may be compared with information held by Inland Revenue, the Ministry of Justice, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the Accident Compensation Corporation, Housing New Zealand Corporation and the New Zealand Immigration Service. It may also be compared with Social Security information (for example, pension or benefit information) held by other governments (including Australia and the Netherlands).
- Under the Tax Administration Act 1994, if you have dependent children, the information you have provided may be shared with Inland Revenue for the purpose of administering Working for Families Tax Credits. Inland Revenue may also:
  - use the information for the purposes of child support, student loans and taxation
  - disclose it to the Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
  - disclose your personal information to your partner.
- Under the Privacy Act 1993 you have the right to request access to all information held about yourself and to request corrections to that information.
- It is not compulsory to provide us with information but if you do not provide us with all the information we request, your application may be declined.