

# Application for Civilian Amputee Assistance



**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

If you need help with this form call us on ☎ **0800 559 009**.

## Who can get this assistance

*If you need help filling in this form, please ask at your nearest Work and Income Service Centre.*

*Mehemea e hiahia me awhina a koe ki te whakaki i tenei panui, haere patai ki te poari o te Work and Income tata tonu ki a koe.*

*Afai e te mana'omia se fesoasoani i le faatumuina o so'o se pepa talosaga e uiga i penefiti, faamolemole faafesoota'i le ofisa o le Work and Income.*

People who attend an Artificial Limb Centre can receive assistance for the costs they have had, or will have. These costs can include travel, accommodation, meals and loss of earnings.

If the assistance is paid before your appointment but does not cover all the costs, you can still apply for a reimbursement.

You can also apply for assistance for an attendant's travel, accommodation and meals (not loss of earnings) if:

- the person traveling to the Limb Centre is a child under 15 years old, or
- medical evidence is provided stating that the person cannot travel by themselves.

**You are responsible for forwarding the appropriate payment to the attendant.**

**If you need further information on claiming these costs, call us on ☎ 0800 559 009.**

## What to bring

**For payment before your appointment, you must provide:**

- confirmation of your appointment date and time at the Limb Centre **and**
- quotes or estimates **and**
- confirmation of any loss of earnings from your employer if you don't have sick leave available.

**For reimbursement of costs, you must:**

- have applied for reimbursement within six months of attendance at the Limb Centre **and**
- provide proof of your attendance at the Limb Centre **and**
- provide receipts of your costs **and**
- provide confirmation of any loss of earnings from your employer if you don't have sick leave available.

**If you are not currently receiving Income Support, you will also need to provide:**

- proof of bank account details **and**
- a birth certificate or passport, and one other form of identification, for example, a driver's licence, firearms licence or a bank card with your signature.

# Application for Civilian Amputee Assistance – Applicant's details



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CLIENT NUMBER

## Please read this before you start

Please check that you have all relevant "What to bring" items on the front of this form.

Please complete all questions – if not applicable write N/A.

## Name

**Q2 note:** Give any other names that you use now or have used in the past (including your maiden name).

**Q4 note:** Please tick one box to show the title you want to be known by.

### 1. What is your name?

First name(s)

Surname or family name

### 2. Are you known by or have you used any other names?

No

Yes

▶ Please provide details below:

1.
2.

### 3. Are you: Male Female

### 4. What do you want to be called?

Mrs

Miss

Ms

Mr

No title

Other

## Birth date

### 5. What is your date of birth?

Day

Month

Year

## Address

**Q6 note:** If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

**Q7 note:** Mailing address includes:

- postal box (PO Box)
- rural delivery details
- C/O address.

### 6. Where do you live?

Flat/house no.

Street name

Suburb

City

### 7. What is your mailing address (if different from above)?

If you live at a rural address please include your rural delivery details here:

  

### 8. How can we contact you?

Work phone

Home phone

Mobile phone

Email

Fax

## Reason for appointment

### 9. Is the loss of limb the result of an accident?

No

Yes

▶ If you qualify for assistance from ACC, you do not qualify for assistance from Work and Income

### 10. What is/was your reason for attending an appointment at the Limb Centre?


## Limb Centre details

### 11. What is the name of the Limb Centre that you attend?

### 12. What date will you/did you visit the Limb Centre?

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

## Cost details

*Please provide quotes or estimates of the costs you will have. If you have further costs after attending the Limb Centre, you can still apply for a reimbursement.*

*For travel by taxi or private vehicle, we will only pay for one person's transport costs.*

*If you are applying for reimbursement, please provide proof of the costs you have paid.*

*You are responsible for forwarding the appropriate payment to your attendant (if you have one).*

### 13. Please provide details of your costs below:

Description	You	Attendant
Total cost of meals	\$	\$
Total cost of accommodation	\$	\$
Transport: Public transport or taxi	\$	\$
Private car cc rating		
Distance travelled in kilometres		
Actual fuel costs	\$	\$
Air travel	\$	\$
Loss of earnings (not applicable for Attendants)	\$	
<b>Total costs claimed</b>	<b>\$</b>	<b>\$</b>

## Bank details

*If you are not currently receiving income support you will need to provide proof of your account number or have the bank stamp and sign below.*

Verified by .....

### 14. What bank account do you want the assistance paid into?

Name of bank (eg ANZ):

Name of branch (eg Lower Hutt):

The account is in the name of:

The account number is:

Bank	Branch	Account number
■	■ ■	■ ■ ■

## Privacy Statement

The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form.

This may happen when you apply for a benefit and at any time after that.

### The Privacy Act 1993 requires us to tell you that:

- The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development.
- The information will be held by the Ministry of Social Development.
- The information is collected for the purposes of the legislation administered by the Ministry of Social Development (including Work and Income, Child, Youth and Family and other service lines of the Ministry), and in particular for:
  - granting benefits and other assistance under the Social Security Act 1964
  - granting financial assistance under the Disabled Persons Community Welfare Act 1975
  - providing employment related services
  - statistical and research purposes
  - providing advice to Government.
- Work and Income may contact health providers to verify any health related information you give us.
- The information you give us 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, Ministry of Health and Immigration New Zealand. 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 Privacy Act 1993 you have the right to ask to see all information we hold about you, and to ask us to correct that information.
- You are not required to give us information, but if you do not give us all the information we ask for, your application for benefits may be declined.

## Client obligations

### Please read this statement carefully and sign.

I have completed all the questions on this Application for Civilian Amputee Assistance form, or this application has been completed for me, and the information I have given is true and complete.

I understand the information I have given is needed to assess my entitlement to Civilian Amputee Assistance.

I have read and understand the Privacy Act Statement contained in this application form.

## Client declaration

I have read and understand the above. The information I have given is true and complete.

Client's name (print)

Client's signature

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

## OFFICE USE ONLY

### Additional information:

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

### Decision

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

Processor's signature

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

Authenticator's signature

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

10%      100%      Critical data

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Checker's signature

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

Bring up

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