If you’re an amputee, or person born without a limb you may be able get help with some of the costs of going to an Artificial Limb Centre.

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

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

You’re responsible for forwarding the payment to the attendant.

<table>
<thead>
<tr>
<th>What you need to bring</th>
</tr>
</thead>
</table>

**If you need payment before your appointment, you need to provide:**

- Confirmation of your appointment date and time at the Limb Centre
- Quotes or estimates for the costs you’re paying
- Confirmation of any loss of earnings from your employer if you don’t have sick leave available.

**If you need to be reimbursed, you need to:**

- Apply for reimbursement within six months of going to the Limb Centre
- Provide proof that you went to your appointment at the Limb Centre
- Provide receipts for your costs
- Give us confirmation of any loss of earnings from your employer if you don’t have sick leave available.

**Proof of who you are:**

- **If you were born in New Zealand**, bring one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).
- **If you were born overseas**, bring proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).
- **If your name has changed**, bring your marriage certificate, deed poll, or other proof of the name change.
- **Two** more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).
- Proof of your bank account details, such as a bank statement or deposit slip

**One of the documents above must be at least two years old.**
Tell us about yourself

If you have received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

Client number

Tell us the names you have been known by

1 What is your full name?

- [ ] Mr
- [ ] Mrs
- [ ] Ms
- [ ] Miss
- [ ] Other

First and middle names

Surname or family name

2 Is the name on your birth certificate the same as above?

- [ ] No
- [ ] Yes

First and middle names

Surname or family name

3 Have you ever been known by any other name?

- [ ] No
- [ ] Yes

Write them all out below

1.

2.

4 What name would you like us to call you?

- [ ] The name I wrote in Question 1
- [ ] The name I wrote in Question 2
- [ ] Other

Write the full name

5 Are you:

- [ ] Male
- [ ] Female
- [ ] Gender diverse

6 What date were you born?

Day

Month

Year
### Tell us how we can contact you

**HOW TO ANSWER Q7:**
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

**HOW TO ANSWER Q8:**
Mailing address can include a PO Box, rural delivery details, or C/O address.

**HOW TO ANSWER Q9:**
Please only give us contact details you would like us to use.

#### Where do you live?

<table>
<thead>
<tr>
<th>Flat/House number</th>
<th>Street name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Town/City</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### Is your mailing address different from where you live?

- [ ] No
- [ ] Yes

Tell us your mailing address:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### How else can we contact you?

Tick the best way for us to first contact you:

- Home phone (   )
- Mobile phone (   )
- Other phone (   )

#### Do you agree to get emails from us?

- [ ] No
- [ ] Yes

Tell us your email address:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

- [ ] I don’t have an email address

### Reason for appointment

**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.

**What is or was your reason for going to an appointment at the Limb Centre?**

**Limb Centre details**

**What is the name of the Limb Centre that you go to?**

**What date will you or did you go to the Limb Centre?**

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ATTACHMENT FOR Q15:
Please provide quotes or estimates of the costs you will have. If you have more costs after going to the Limb Centre, you can still apply for 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).

**Please provide details of your costs below:**

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>You</th>
<th>Attendant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cost of meals</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total cost of accommodation</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Transport: Public transport or taxi</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Private car cc rating</td>
<td>cc</td>
<td>cc</td>
</tr>
<tr>
<td>Distance travelled in kilometres</td>
<td>km</td>
<td>km</td>
</tr>
<tr>
<td>Actual fuel costs</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Air travel</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Loss of earnings (not for attendants)</td>
<td>$</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Total costs you are applying for</strong></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

ATTACHMENT FOR Q16:
You need to provide proof of your bank account details, such as a bank statement or deposit slip.

**What bank account do you want your payments to be paid into?**

The account is in the name of:

The account number is:

Bank Branch Account number Suffix

Signature

- We make sure we follow the Privacy Act 1993 to do what’s right when we use your information. You also have a right to ask to see your personal information, and to ask for it to be corrected if it’s wrong. If you want to read our full Privacy Statement, you can find it on our website workandincome.govt.nz – search using the words Privacy Statement.

- The information I have provided is true and complete.

Applicant’s name (print) Applicant’s signature Date

Day Month Year