The Community Services Card can help you and your family with the costs of health care. It can also help the card holder with the cost of public transport.

Always carry your card to make it easy to get the benefits, like paying less on some health services, prescriptions and public transport.

If you have any questions or need help with this application, please call us on 0800 999 999.

You only need to complete this form if you’re:
• working and have a low income and no children
• working, have children and are getting family tax credits
• getting NZ Super and have a low income.

Some people don’t need to fill in the form because they automatically get sent a card.

These include people who get Work and Income benefits, Veteran’s Pension or Accommodation Supplement, students getting a Student Allowance, people getting Residential Care or Residential Support Subsidy.

Who should fill in this form?

What you need to provide

<table>
<thead>
<tr>
<th>Proof of who you are:</th>
<th>For you</th>
<th>For your partner (if you have one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you were born in New Zealand, provide 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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you were born overseas, provide 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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If your name has changed, provide your marriage certificate, deed poll, or other proof of the name change.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All people applying need to provide two more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full birth certificate for each dependent child in your care.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you’re using identification that has expired, it must not be more than two years past the expiry date.
Our commitment to YOU

Ka mōhio ki a koe
We will get to know you, your situation and your needs
We will use your feedback to improve our service
We will make sure you understand everything you need to know
We will respect your privacy and be clear about how we use your information and who we share it with

Ka tautoko i a koe
We will let you know everything you may be eligible for
The information we give you will be accessible and consistent no matter how you contact us
We will help you however we can, as soon as we can
We will be honest about our mistakes and put them right

Ka mahi tahi ki a koe
We will respect you and what is important to you
We will let you know your options, rights and obligations
We will work together to achieve shared goals
Our actions will follow our words

How did we do? Let us know by visiting msd.govt.nz/feedback or call us on 0800 559 009
In the applicant form, ‘you’, ‘your’, and ‘yourself’ means the person applying for a Community Services Card.
If we say ‘your partner’ this only applies to you if you have one.

Tell us about yourself
If you’ve 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’ve been known by

What is your full name?

- Mr
- Mrs
- Ms
- Miss
- Other

First and middle names

Surname or family name

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

- No  If no, tell us the name that is on your birth certificate
- Yes

First and middle names

Surname or family name

Have you ever been known by any other name?

- No
- Yes  If yes, write them all out below

1.

2.

What name would you like us to call you?

- The name I wrote in Question 1
- The name I wrote in Question 2
- Other  If other, write the full name
Tell us more about you

What date were you born?
Day
Month
Year

Are you:
Male  Female  Gender diverse

What is your Inland Revenue tax number?

Tell us how we can contact you

Where do you live?
Flat/House number Street name
Suburb
Town/City

Is your mailing address different from where you live?
No  Yes  If yes, tell us your mailing address

Are there other adults living at your address?
No  Yes

Are you in a rest home or hospital?
No  Yes

How else can we contact you?

Home phone (   )
Mobile phone (   )
Other phone (   )
Email
Tell us your ethnicity

INFORMATION FOR Q13:
We collect this information for statistics we use in research and future development work.

Tick the group(s) you most identify with.

- Māori
- Which tribe(s) or iwi? [ ]
- New Zealand European
- Niuean
- Samoan
- Indian
- Other European
- Tokelauan
- Tongan
- Chinese
- Cook Island Māori
- Other [ ]
- If other, write below [ ]
- Don’t want to answer [ ]

Tell us about your residence status

HOW TO ANSWER Q14:
This means you consider New Zealand your home, you’re a legal resident, you usually live here and you intend to stay.

Do you usually live in New Zealand?

- No [ ]
- Yes [ ]

What best describes your residence status in New Zealand? Tick only one box.

- New Zealand citizen by birth [Go to question 18]
- Granted New Zealand citizenship [Date citizenship granted Day Month Year] [Go to question 16]
- Granted permanent residency [Date permanent residence granted Day Month Year] [Go to question 16]
- Other [If other, what is your residence status?]

When did you arrive in New Zealand?

Day Month Year

What country were you born in?

Tell us about your dependent children

How to answer Q18:
Please give the names of children you support financially and who live with you as a member of your family, including:
• your own children
• adopted children
• stepchildren
• children at boarding school
• grandchildren / mokopuna.
The child’s name should be the same as on the child’s birth certificate.
Tell us the names of all parents of each child.

Attachment for Q18:
Provide the birth certificate for each dependent child.

Do you have dependent children in your care?

☐ No  Go to question 19  ☑ Yes  If yes, please provide details below

Child 1
Full name
Date of birth
Day  Month  Year
Relationship to you
Parent 1: Full name  Parent 2: Full name

Child 2
Full name
Date of birth
Day  Month  Year
Relationship to you
Parent 1: Full name  Parent 2: Full name

Child 3
Full name
Date of birth
Day  Month  Year
Relationship to you
Parent 1: Full name  Parent 2: Full name

Child 4
Full name
Date of birth
Day  Month  Year
Relationship to you
Parent 1: Full name  Parent 2: Full name

Child 5
Full name
Date of birth
Day  Month  Year
Relationship to you
Parent 1: Full name  Parent 2: Full name

If you need to include more than four children in your application, please write these details about each one on a separate sheet of paper, and provide them with this application form.
Tell us about your relationship status

19

Do you have a partner?

By ‘partner’ we mean someone you’re in a relationship with.

☐ No Go to question 23

☐ Yes

20

What is your partner’s full name?

☐ Mr  ☐ Mrs  ☐ Ms  ☐ Miss  ☐ Other

First and middle names

Surname or family name

21

What is your partner’s date of birth?

Day

Month

Year

Please ask your partner to fill in the Partner’s section on page 12

22

What is your relationship status with your partner?

Tick one of the following boxes

☐ Married  ☐ In a civil union  ☐ In a relationship

23

Overseas pensions and benefits

Do you receive or qualify for a social security benefit, pension or allowance from overseas?

☐ No Go to question 25

☐ Yes

If yes, tick the box that best describes your benefit, pension or allowance

☐ Retirement or old age  ☐ Superannuation  ☐ Disability or health condition

☐ Widow or survivor  ☐ Child or dependent  ☐ War related

☐ Other  If other, please provide details below
If you ticked ‘Yes’ for question 23, please give details of the payments you or your partner get.

<table>
<thead>
<tr>
<th>Who is the payment for (you or your partner)?</th>
<th>Payment 1</th>
<th>Payment 2</th>
<th>Payment 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>What country does the payment come from?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much do you get each time the payment is made (in overseas currency)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this amount before or after tax?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do you get the payment (for example: weekly, fortnightly, monthly)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the name of your pension, allowance or benefit?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the payment reference number?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you or your partner self-employed?

- No  
- Yes □ If yes, please describe your business □ Sole trader □ Partnership □ Limited liability company

Please complete the following table for your last financial year.

<table>
<thead>
<tr>
<th></th>
<th>You</th>
<th>Your partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net profit before tax</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Shareholder salaries</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Depreciation</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Net drawings</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Funds introduced</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Are you working?

- No  
- Yes

How much do you get paid?

<table>
<thead>
<tr>
<th>Where does it come from?</th>
<th>Amount paid (before tax)</th>
<th>How often? (for example weekly, fortnightly, monthly)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
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<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
Is your partner working?

- No [ ] [Go to question 31]
- I don’t have a partner [ ] [Go to question 31]
- Yes [ ]

How much is your partner’s regular gross wage (before tax)?

<table>
<thead>
<tr>
<th>Where does it come from?</th>
<th>Amount paid (before tax)</th>
<th>How often? (for example weekly, fortnightly, monthly)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Tell us about income in the last 52 weeks?

Did you or your partner get income from any of the following sources in the last 52 weeks?

- Accident compensation (eg ACC) [ ] No [ ] Yes
- Income insurance (replacement/protection) [ ] No [ ] Yes
- Interest from savings, investments, or bonds [ ] No [ ] Yes
- Dividends from shares, unit trusts, or managed funds [ ] No [ ] Yes
- Income from rents [ ] No [ ] Yes
- Payments from boarders or flatmates [ ] No [ ] Yes
- 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 (don’t include NZ Super or Veteran’s Pension because we already know what you get) [ ] No [ ] Yes
- Income from an estate, if you’ve inherited money [ ] No [ ] Yes
- Income from trusts [ ] No [ ] Yes
- Other [ ] No [ ] Yes

⚠️ Important: you must answer question 32.
ATTACHMENT FOR Q32:
You need to provide proof of income you’ve received in the last 52 weeks.

Did you answer ‘yes’ or ‘jointly with partner’ to any of the sources of income listed in question 31?

☐ No  ☐ Yes  If yes, tell us the total before-tax amounts, for the last 52 weeks

Where did the income come from?

<table>
<thead>
<tr>
<th></th>
<th>You</th>
<th>Payment made to?</th>
<th>Jointly with partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Did you or your partner 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

<table>
<thead>
<tr>
<th>Type of payment</th>
<th>Where did it come from?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Do you think you and your partner will get the same amounts you’ve told us in questions 31, 32 and 33 in the next 12 months?

☐ No  ☐ Yes  Go to question 36

Tell us what income or other payments you expect to get in the next 12 months. Please use the before-tax amounts.

<table>
<thead>
<tr>
<th>Where will the payment come from?</th>
<th>Payment made to?</th>
<th>How often do you expect the payment?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>You</td>
<td>Your partner</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Do you or your partner pay a professional to prepare your tax return?

☐ No  ☐ Yes  If yes, please tell us below how much you pay

<table>
<thead>
<tr>
<th>You</th>
<th>Your partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Do you or your partner pay child support?

☐ No  ☐ Yes  If yes, please tell us below how much you pay and how often

<table>
<thead>
<tr>
<th>How much?</th>
<th>How often?</th>
<th>How much?</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
Are you a tertiary student or will you be one next year?
- No
- Yes

Do you or your partner get Working for Families tax credit?
- No
- Yes

If yes, please tell us below how much you get and how often

<table>
<thead>
<tr>
<th></th>
<th>How much?</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td>You</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your partner</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How much per week? $___

What is the date of the last payment?

Day _ _ Month _ _ Year

Paid parental leave

ATTACHMENT FOR Q40:
Please provide proof of these payments, eg your payment advice letter from Inland Revenue.
This partner form should be completed by the partner of the person applying for Community Services Card. If you don’t have a partner please go to page 15.

If you’ve 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 expired Community Services Card if you have one.

<table>
<thead>
<tr>
<th>Client number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Tell us about yourself**

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

   - If no, tell us the name that is on your birth certificate

   - First and middle names
   - Surname or family name

3. **Have you ever been known by any other name?**

   - [ ] No
   - [ ] Yes

   - If 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

   - If other, write the full name
What date were you born?

Day  Month  Year

Are you:

Male  Female  Gender diverse

What is your Inland Revenue tax number?

Where do you live?

Flat/House number  Street name

Suburb  Town/City

Are you in a rest home or hospital?

No  Yes

Is your mailing address different from where you live?

No  Yes  If yes, tell us your mailing address

How else can we contact you?

Home phone  (  )
Mobile phone  (  )
Other phone  (  )
Email

Tick the group(s) you most identify with.

Māori  Which tribe(s) or iwi?
New Zealand European  Niuean  Samoan  Indian
Other European  Tokelauan  Tongan  Chinese
Cook Island Māori  Other  If other, write below  Don’t want to answer
Tell us about your residence status

**HOW TO ANSWER Q13:**
This means you consider New Zealand your home, you’re a legal resident, you usually live here and you intend to stay.

Do you usually live in New Zealand?

- [ ] No
- [ ] Yes

What best describes your residence status in New Zealand? Tick only one box.

- [ ] New Zealand citizen by birth
- [ ] Granted New Zealand citizenship
- [ ] Granted permanent residency
- [ ] Other

When did you arrive in New Zealand?

Day  Month  Year

What country were you born in?

...
How we protect your privacy

Collecting your information

We collect your personal information, so we can provide income support, NZ Super or Veteran’s Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at workandincome.govt.nz/privacy

• To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
• We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
• You can choose not to give us your personal information, but we might not be able to help you if you don’t.

Using your information

We use the information you give us to make decisions about the best way to help you.

• These decisions may be about:
  – whether you’re eligible for our services
  – running our operations and ensuring our services are effective
  – the services we’ll provide in the future.

Sharing your information

Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.

• To do this, we may share your information with:
  – prospective employers to help you find work
  – contracted service providers that help us to help you
  – health providers if we need your medical information to assess your eligibility
  – other government agencies when we have an agreement with them
  – some other governments if you may be eligible to get or are getting an overseas pension.
• We also share personal information when the law says we have to.

Respecting you and your information

We make sure we follow the Privacy Act to do what’s right when we use your information.

• We treat you and your information with respect, by acting responsibly and being ethical.
• We make sure any technology we use meets strict security standards so it keeps your information safe.

Get in touch if you have a question

You have a right to ask to see your personal information, and to ask for it to be corrected if it’s wrong.

• If you have a question or a complaint, please get in touch.
• You can find full details about what we do with personal information in our privacy notice at: workandincome.govt.nz/privacy
Signature page

Applicant and partner

The information that I have given, or that has been given about me in this application is true and complete.

I understand what you do with my personal information and how you protect my privacy.

Applicant’s name (print)  Applicant’s signature  Day  Month  Year

Applicant’s partner’s name (print)  Applicant’s partner’s signature  Day  Month  Year

Helper’s statement

Complete this if you’ve helped anyone to complete this application form.

Your first name  Your surname or family name

Your address

Your phone number (   )

Tick the box for the statement that applies

☐ I completed this application form at the request of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the person applying.

☐ I completed this application form at the request of the partner of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the partner of the person applying.

Helper’s signature  Day  Month  Year

Next steps

Next steps:

Send this form to:
Seniors Support Centre
Ministry of Social Development
PO Box 5054
Wellington 6145