

Community Services Card application



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

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**.

Who should fill in this form?

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.

What you need to provide

Proof of who you are:

For you For your partner
(if you have one)

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).

☐☐

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).

☐☐

If your name has changed, provide your marriage certificate, deed poll, or other proof of the name change.

☐☐

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).

☐☐

A form or letter from Inland Revenue showing your tax number.

☐☐

Full birth certificate for each dependent child in your care.

☐☐

If you're using identification that has expired, it must not be more than two years past the expiry date.

Our commitment *to YOU*



We will get to know you,
your situation and
your needs

Ka mōhio
ki a koe

know
you

We will make sure you
understand everything
you need to know



We will use your
feedback to improve
our service

We will respect your
privacy and be clear
about how we use
your information and
who we share it with



We will let you know
everything you may
be eligible for

Ka tautoko
i a koe

support
you

We will help you
however we can,
as soon as we can



The information
we give you will
be accessible and
consistent no matter
how you contact us

We will be honest
about our mistakes
and put them right



We will respect you
and what is important
to you

Ka mahi
tahi ki a koe

with
you

We will work
together to achieve
shared goals



We will let you know
your options, rights
and obligations

Our actions will
follow our words



How did 
*w*e do?

Let us know by visiting msd.govt.nz/feedback
or call us on 0800 559 009

Community Services Card applicant's form



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TE MANATŪ WHAKAHIATO ORA

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

Client number

It's on your Community Services Card if you've had one before, or if you've applied for support from StudyLink or Work and Income before it's on a letter from us.

Tell us the names you've been known by

1

What is your full name?

☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

First and middle names

Surname or family name

ATTACHMENT FOR Q1:

Provide proof of who you are. What you need to provide is explained on page 1.

2

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

☐ No ☐ Yes

First and middle names

Surname or family name

HOW TO ANSWER Q3:

For example, have you had married names, English names, changes by deed poll, or aliases?

3

Have you ever been known by any other name?

☐ No ☐ Yes

1.

2.

ATTACHMENT FOR Q3:

Provide your marriage certificate, deed poll, or other proof of any name change.

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

Tell us more about you

5

What date were you born?

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

6

Are you:

| | | |
|-------------------------------|---------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Gender diverse |
|-------------------------------|---------------------------------|---|

7

What is your Inland Revenue tax number?

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

8

Tell us how we can contact you

Where do you live?

| | |
|----------------------|----------------------|
| Flat/House number | Street name |
| <input type="text"/> | <input type="text"/> |
| Suburb | |
| <input type="text"/> | |
| Town/City | |
| <input type="text"/> | |

9

Is your mailing address different from where you live?

| | | |
|-----------------------------|------------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="button" value="↓ If yes, tell us your mailing address"/> |
| <input type="text"/> | | |
| <input type="text"/> | | |

10

Are there other adults living at your address?

| | |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|

11

Are you in a rest home or hospital?

| | |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|

12

How else can we contact you?

Tick the best way for us to first contact you

| | | |
|--------------|---------|--------------------------|
| Home phone | () | <input type="checkbox"/> |
| Mobile phone | () | <input type="checkbox"/> |
| Other phone | () | <input type="checkbox"/> |
| Email | | <input type="checkbox"/> |

ATTACHMENT FOR Q7:

A form or letter from Inland Revenue showing your tax number.

HOW TO ANSWER Q8:

If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

HOW TO ANSWER Q9:

Mailing address can include a PO Box, rural delivery details, or C/O address.

HOW TO ANSWER Q12:

Please only give us contact details you'd like us to use.

Tell us your ethnicity

13

Tick the group(s) you most identify with.

| | | | |
|---|------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Māori | → Which tribe(s) or iwi? | | |
| <input type="checkbox"/> New Zealand European | <input type="checkbox"/> Niuean | <input type="checkbox"/> Samoan | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Other European | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Tongan | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Other | ↓ If other, write below | <input type="checkbox"/> Don't want to answer |
| | | | |

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

Tell us about your residence status

14

Do you usually live in New Zealand?

☐ No ☐ Yes

15

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

| | | | | |
|--|--|-----|-------|------|
| <input type="checkbox"/> New Zealand citizen by birth | Go to question 18 | | | |
| <input type="checkbox"/> Granted New Zealand citizenship | → Date citizenship granted | Day | Month | Year |
| | Go to question 16 | | | |
| <input type="checkbox"/> Granted permanent residency | → Date permanent residence granted | Day | Month | Year |
| | Go to question 16 | | | |
| <input type="checkbox"/> Other | ↓ If other, what is your residence status? | | | |
| | | | | |

16

When did you arrive in New Zealand?

Day Month Year

| | | |
|--|--|--|
| | | |
|--|--|--|

17

What country were you born in?

Tell us about your dependent children

18

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 five children in your application, please write these details about each one on a separate sheet of paper, and provide it with this application form.



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.

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

Overseas pensions and benefits

23

Do you or your partner 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 the 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

ATTACHMENT FOR Q24:

24

You'll need to provide proof of these payments, such as a pension certificate.

If you ticked 'Yes' for question 23, please give details of the payments you or your partner get.

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

Business income

25

HOW TO ANSWER Q25:
You must use NZ\$ and before tax (gross) amounts.

Are you or your partner self-employed?

☐ No [Go to question 27](#)

☐ Yes

↓ If yes, please describe your business

☐ Sole trader ☐ Partnership ☐ Limited liability company

ATTACHMENT FOR Q26:

26

We may ask you to provide your business accounts.

Please complete the following table for your last financial year.

| | You | Your partner |
|-----------------------|-----|--------------|
| Net profit before tax | \$ | \$ |
| Shareholder salaries | \$ | \$ |
| Depreciation | \$ | \$ |
| Net drawings | \$ | \$ |
| Funds introduced | \$ | \$ |

Tell us about your current work

27

Are you working?

☐ No [Go to question 29](#)

☐ Yes

INFORMATION FOR Q27:

28

Working means for wages or salary.

How much do you get paid?

| Where does it come from? | Amount paid? (before tax) | How often? (for example weekly, fortnightly, monthly) |
|--------------------------|---------------------------|---|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

29

Is your partner working?☐ No[Go to question 31](#)☐

I don't have a partner

[Go to question 31](#)☐ Yes

30

How much is your partner's regular gross wage (before tax)?How often?
(for example weekly,
fortnightly, monthly)

Where does it come from?

Amount paid?
(before tax)

| | | |
|--|----|--|
| | \$ | |
| | \$ | |
| | \$ | |

**Tell us
about
income
in the last
52 weeks?**

31

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

Net income from rents

☐ No ☐ Yes

Payments from three or more 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 ☐ YesOther 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 received in the last 52 weeks.

32

Did you answer 'yes' 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? | Payment made to? | | |
|---------------------------------|------------------|--------------|----------------------|
| | You | Your partner | Jointly with partner |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |

HOW TO ANSWER Q33:
Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

33

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

| Type of payment | Where did it come from? | Its value |
|-----------------|-------------------------|-----------|
| | | \$ |
| | | \$ |
| | | \$ |

34

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

35

Tell us what income or other payments you and your partner expect to get in the next 12 months. Please use 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 your partner | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |
| | \$ | \$ | \$ | |

36

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

| | |
|-----|--------------|
| You | Your partner |
| \$ | \$ |

37

Do you or your partner pay child support?

☐ No

☐ Yes

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

| You | | Your partner | |
|-----------|------------|--------------|------------|
| How much? | How often? | How much? | How often? |
| \$ | | \$ | |

38

Are you a tertiary student or will you be one next year?

☐ No☐ Yes

39

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

| You | | Your partner | |
|-----------|------------|--------------|------------|
| How much? | How often? | How much? | How often? |
| \$ | | \$ | |

Paid parental leave

40

Are you or your partner getting paid parental leave payments?

☐ No☐ Yes


How much per week?

\$

41

What is the date of the last payment?

| Day | Month | Year |
|-----|-------|------|
| | | |

 **ATTACHMENT FOR Q40:**
Please provide proof of these payments, eg your payment advice letter from Inland Revenue.

Community Services Card partner form



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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.

Tell us about yourself

Client number

It's on your Community Services Card if you've had one before, or if you've applied for support from StudyLink or Work and Income before it's on a letter from us.

Tell us about yourself

1

What is your full name?

| | | | | | |
|-----------------------------|------------------------------|-----------------------------|-------------------------------|-------|----------------------|
| <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss | Other | <input type="text"/> |
| First and middle names | | | Surname or family name | | |
| <input type="text"/> | | | <input type="text"/> | | |

2

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

| | | |
|-----------------------------|--|------------------------------|
| <input type="checkbox"/> No | <input type="button" value="↓ If no, tell us the name that is on your birth certificate"/> | <input type="checkbox"/> Yes |
| First and middle names | | |
| <input type="text"/> | | |
| Surname or family name | | |
| <input type="text"/> | | |

3

Have you ever been known by any other name?

| | | |
|-----------------------------|------------------------------|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="button" value="↓ If yes, write them all out below"/> |
| 1. | | |
| <input type="text"/> | | |
| 2. | | |
| <input type="text"/> | | |

4

What name would you like us to call you?

| | |
|---|--|
| <input type="checkbox"/> The name I wrote in Question 1 | <input type="checkbox"/> The name I wrote in Question 2 |
| <input type="checkbox"/> Other | <input type="button" value="↓ If other, write the full name"/> |
| <input type="text"/> | |

ATTACHMENT FOR Q1:
Provide proof of your identity. What you need to provide is explained on page 1.

HOW TO ANSWER Q3:
For example, have you had married names, English names, changes by deed poll, or aliases?

ATTACHMENT FOR Q3:
Provide your marriage certificate, deed poll, or other proof of any name change.

5

What date were you born?

| Day | Month | Year |
|-----|-------|------|
| | | |

6

Are you:

☐ Male
 ☐ Female
 ☐ Gender diverse


ATTACHMENT FOR Q7:

A form or letter from Inland Revenue showing your tax number.

7

What is your Inland Revenue tax number?

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Tell us where you live

8

Where do you live?

| | |
|-------------------|-------------|
| Flat/House number | Street name |
| | |
| Suburb | Town/City |
| | |

9

Are you in a rest home or hospital?

☐ No
 ☐ Yes

10

Is your mailing address different from where you live?

☐ No
 ☐ Yes

| |
|--|
| |
| |

11

How else can we contact you?

Tick the best way for us to first contact you

| | | |
|--------------|---------|--|
| Home phone | () | |
| Mobile phone | () | |
| Other phone | () | |
| Email | | |

Tell us your ethnicity

12

Tick the group(s) you most identify with.

| | | | |
|---|---|--|---|
| <input type="checkbox"/> Māori | <input type="button" value="→ Which tribe(s) or iwi?"/> | | |
| <input type="checkbox"/> New Zealand European | <input type="checkbox"/> Niuean | <input type="checkbox"/> Samoan | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Other European | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Tongan | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Other | <input type="button" value="↓ If other, write below"/> | <input type="checkbox"/> Don't want to answer |
| | | | |



INFORMATION FOR Q12:

We collect this information for statistics we use in research and future development work.

**Tell us
about your
residence
status**

13

Do you usually live in New Zealand?

☐

No

☐

Yes

14

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

☐

New Zealand citizen
by birth

Go to page 15

☐

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?

15

When did you arrive in New Zealand?

Day Month Year

16

What country were you born in?



How we protect your privacy



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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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Applicant's partner's name (print) | Applicant's partner's signature | Day | Month | Year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Helper's statement

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

| | |
|----------------------|-----------------------------|
| Your first name | Your surname or family name |
| <input type="text"/> | <input type="text"/> |
| Your address | |
| <input type="text"/> | |
| Your phone number | |
| <input type="text"/> | |

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

Next steps

Next steps:

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