

# Guaranteed Childcare Assistance Payment application



MINISTRY OF SOCIAL DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

If you're under 20 and in full-time education, training or work-based learning, you may be able to get the Guaranteed Childcare Assistance Payment (GCAP) to help with the cost of childcare.

If you have a partner, in order to get GCAP there needs to be a good reason why your partner can't provide childcare. For example, your partner is studying, working or actively seeking work.

You can find out more at [workandincome.govt.nz](http://workandincome.govt.nz) and search on GCAP.

## When to apply

### Apply now – before your child starts the programme

To get GCAP from the day your child starts the programme, you need to apply before your child's first day.

You can apply online at [workandincome.govt.nz](http://workandincome.govt.nz)

If you don't apply online, send your application and supporting documents to the address below or take them to your nearest Work and Income service centre.

Youth Services Support Unit  
PO Box 200010  
Manukau 2156.

## Who needs to complete each section

Part A – You need to complete this section.

Part B – If you don't have a partner, live at home and are dependent on your parents/step-parents/guardians, please ask them to complete Part B.

Part C – If you have a partner, they need to complete and sign Part C.

Part D – You complete this section, then ask your school to sign it.

Part E – You complete this section, then ask your training or work-based learning provider to sign it.

Part F – Your childcare provider completes and signs this section.

## What you need to bring

Use this checklist to tick off all the documents you need to provide. Talk to us if you don't have any of the documents, have given them to us recently or if there might be a delay in getting them.

**INFORMATION NOTE:**  
Documents need to be originals, or copies of documents that have been certified as a **true copy** by a Solicitor/Lawyer, Notary Public, Registrar of the Court or Justice of the Peace.

Proof of who you are:	For you	For your partner (if you have one)
<b>If you were born in New Zealand</b> , 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).	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you were born overseas</b> , 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).	<input type="checkbox"/>	<input type="checkbox"/>
<b>If your name has changed</b> , bring your marriage certificate, deed poll, or other proof of the name change.	<input type="checkbox"/>	<input type="checkbox"/>
You need to bring <b>two</b> more documents that help to prove who you are (for example, a bank statement, phone or power account, driver licence).	<input type="checkbox"/>	<input type="checkbox"/>
A form or letter from Inland Revenue showing your tax number.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of your bank account details, such as a bank statement or deposit slip.	<input type="checkbox"/>	<input type="checkbox"/>
Full birth certificate for each dependent child in your care	<input type="checkbox"/>	<input type="checkbox"/>

**One of the documents above must be at least two years old**

# Guaranteed Childcare Assistance Payment

## Part A – Applicant’s form



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In the applicant form, ‘you’, ‘your’, and ‘yourself’ means the person applying for Guaranteed Childcare Assistance Payment.

If we say ‘your partner’ this only applies to you if you have one.

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

1

#### What is your full name?

 Mr  Mrs  Ms  Miss Other 

First and middle names

Surname or family name

#### ATTACHMENT FOR Q1:

Bring proof of your identity. What you need to bring is explained on page 3.

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:

Bring 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?

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

6

Are you:

Male     Female     Gender diverse



### ATTACHMENT FOR Q7:

Bring a form or letter from Inland Revenue showing your tax number.

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"/>
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## Tell us how we can contact you

8

Where do you live?

Flat/House number    Street Name

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

Town/City



### 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.

9

Is your mailing address different from where you live?

No     Yes    [↓ Tell us your mailing address](#)

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



### HOW TO ANSWER Q10:

Please only give us contact details you would like us to use.

10

How else can we contact you?

Tick the best way for us to contact you

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

11

Do you agree to get text messages and emails from us?

No     Yes    [↓ Tell us your email address](#)     I don't have an email address

## Tell us your ethnicity

12

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 ↓ **Please write below**     Don't want to answer

**INFORMATION FOR Q12:**  
We collect this information for statistics that 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 question 17**

Granted New Zealand citizenship    → **Date citizenship granted**     
Day    Month    Year

**Go to question 15**

Granted permanent residency    → **Date permanent residence granted**     
Day    Month    Year

**Go to question 15**

Other    ↓ **What is 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.

15

When did you arrive in New Zealand?

Day    Month    Year

16

What country were you born in?

## Tell us about your children

17

What is the name of the child(ren) you are applying for GCAP for?

	Child's full name	Date of birth
1.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
2.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
3.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
4.	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**INFORMATION FOR Q18:**

If you're getting a Childcare Subsidy for your child(ren), it'll need to be stopped if you want to get the GCAP – as you can only get one.

**18**

**If you're currently getting Childcare Subsidy from Work and Income for your children, do you give permission to stop it?**

No  Yes  Not applicable

**INFORMATION FOR Q19:**

Generally, a parent/step-parent/guardian is someone you're living with who provides financial support for you.

**19**

**Are you still under the care of your parents/step-parents/guardian?**

No  
 Yes

**Your parent/step-parent/guardian must complete and sign Part B of this form (unless you have a partner).**

**Tell us about your relationship status**

**20**

**Do you have a partner?**

By 'partner' we mean someone you're in a relationship with. If you're not sure, please leave this section blank until you talk to us. In the meantime, go to question 21.

No  Yes

Your partner needs to complete the Partner form on page 9.

**Tell us about your work**

**21**

**Are you working?**

No  Yes

**Go to the Declaration and signature section**

**22**

**Who are you working for?**

Employer's name

Employer's contact details

Address		
Phone number	( )	Fax ( )
Email		

**23**

**How many hours a week, including lunch hours, do you spend at work?**

**24**

**How many hours a week do you spend travelling from the childcare centre to work and returning?**

# Obligations, signature and checklist

## Let us know when things change

You need to let us know about changes that might affect the Childcare Assistance, like:

- your child leaving the childcare centre
- if your child is absent and no absence fee is charged. Note: you must let us know within 15 days if the child is absent and the childcare centre charges a fee
- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
- the number of children in your care, including having another baby.

We also need to know if you:

- go into or come out of hospital
- are being held in custody or on remand.

## Your rights

If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at [msd.govt.nz/reviews](https://msd.govt.nz/reviews)

## Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy (privacy information is on page 16).

Applicant's name (print)

Applicant's signature

Date

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

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## Part B



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Parents, step-parents or guardians form

If you don't have a partner, live at home and are dependent on a parent/step-parent or guardian, please ask them to complete this section.

### Parent, step-parent or guardian's details

1

What is your full name?

Mr  Mrs  Ms  Miss Other

First and middle names

Surname or family name

2

What name would you like us to call you?

3

Are you currently getting Childcare Subsidy from Work and Income for the applicant's child (eg your grandchild)?

No

Yes

If you're getting Childcare Subsidy for your grandchild, this will need to be stopped if your child is to get GCAP

→ Tick here to stop this

→ Write your client number  |  |

### Declaration and signature

The information I have given you is true and complete.

I consent to my child receiving GCAP for their child(ren).

Parent, step-parent or guardian's name (print)

Parent, step-parent or guardian's signature

Date

Day Month Year



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## Part C – partner's form



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If you're married, in a civil union or in a de facto relationship, your partner needs to complete and sign this form.

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**

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

**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.

4

**What name would you like us to call you?**

The name I wrote in Question 1    The name I wrote in Question 2

**ATTACHMENT FOR Q3:**

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

## Tell us more about you

5

What date were you born?

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

6

Are you:

Male       Female       Gender diverse

**ATTACHMENT FOR Q7:**  
Bring a form or letter from Inland Revenue showing your tax number.

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"/>
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## Tell us how we can contact you

8

Where do you live?

Flat/House number      Street name

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

Suburb

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

Town/City

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

**HOW TO ANSWER Q8:**  
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

9

Is your mailing address different from where you live?

No       Yes      **↓ Tell us your mailing address**

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

**HOW TO ANSWER Q9:**  
Mailing address can include a PO Box, rural delivery details, or C/O address.

**HOW TO ANSWER Q10:**  
Please only give us contact details you'd like us to use.

10

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"/>

11

Do you agree to get emails from us?

No       Yes      **↓ Tell us your email address**       I don't have an email address

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

12

Are you able to care for the children while your partner participates in education, training, work-based learning or part-time work?

No      **↓ Please explain why not below**

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

Yes

# Obligations, signature and checklist

## Let us know when things change

You need to let us know about changes that might affect the Childcare Assistance, like:

- your child leaving the childcare centre
- if your child is absent and no absence fee is charged. Note: you must let us know within 15 days if the child is absent and the childcare centre charges a fee
- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
- the number of children in your care, including having another baby.

We also need to know if you:

- go into or come out of hospital
- are being held in custody or on remand.

## Your rights

If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at [msd.govt.nz/reviews](https://msd.govt.nz/reviews)

## Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy (privacy information is on page 16).

Applicant's name (print)

Applicant's signature

Date

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

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## Part D – Secondary school information

This part of the form is filled in by the applicant. A teacher (or someone in authority from the school) will need to confirm the details and sign the School Statement below. If you're attending The Correspondence School, the teacher can write a letter to confirm the school details rather than completing the School Statement on the next page.

### Secondary school details

1

What is the name of the secondary school you are enrolled in?

2

The secondary school is a:

- Mainstream school     Teen Parent Unit     The Correspondence School  
 Activity Centre     Other

↓ Please provide details below

3

What dates are you attending secondary school this year?

Date you start(ed) school

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

Date you finish school

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

4

Will you be returning to secondary school next year?

- No     Yes

5

On average, how much time each week will you spend at school or in schooling, and travelling between the childcare provider and school?

Hours at school or in schooling    Travelling between childcare provider and school

<input type="text"/>	<input type="text"/>
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## School declaration

I confirm that the information provided is true and complete and I have the authority of the school to sign this statement. I also confirm that this school is an institution that runs a course of education at a secondary level as established under the Education Act 1989.

Name of school

School name and address

  

Phone number

Email

Official school stamp

Authorised signatory's name (print)

Authorised signatory's signature

Date

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

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## Part E

### Training or work-based learning



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This part of the form is filled in by the applicant. The training or work-based learning provider will need to confirm the details and sign the Statement below.

#### Provider's details

1

What training or work-based learning do you attend?

2

Who runs this course?

3

What dates are you attending training or work-based learning this year?

Date you start(ed) attending

Day Month Year

Date you finish attending

Day Month Year

4

On average, how much time each week will you spend at training or work-based learning, and travelling between the childcare provider and training or work-based learning?

Hours at training or work-based learning

Travelling between childcare provider and training or work-based learning

### Training or work-based learning provider's declaration

I confirm that the information provided is true and complete and I have the authority to sign this statement.

Name of training or work-based learning provider

Training or work-based learning provider's name and address

  

Phone number

Email

Authorised signatory's name (print)

Authorised signatory's signature

Date

Day Month Year

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## Part F – Childcare service supervisor's form



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This form needs to be completed by the supervisor of the childcare or OSCAR programme.

The information is required under section 298 of the Social Security Act 2018.

### Childcare service/ OSCAR programme details

#### Keep this application moving

So the subsidy can start from the day the child starts the programme, we need the application before the child's first day. This is especially important for school holidays.

Your childcare service or OSCAR programme must already be approved to provide childcare and have a Work and Income childcare service/OSCAR provider number.

**1** What is the name of your childcare service/OSCAR programme?

**2** What is your Work and Income childcare service/OSCAR provider number?

 |  | 

**3** What are your organisation's contact details?

Work phone	(    )
Mobile phone	(    )
Email	

**INFORMATION FOR Q4:**

If you offer 20 Hours ECE you can't charge a fee for those hours. The Childcare Subsidy cannot be used to cover any donations or optional charges that may be asked.

**4** Does your childcare service offer 20 Hours ECE?

 No  Yes

**5** Do you charge a holding or absence fee?

 No  Yes

**HOW TO ANSWER Q6:****6**

Please tell us your hourly fee after you've applied any discount (for example staff discount) but before any Work and Income subsidy is applied.

If you don't have an hourly fee (for example if you have a session fee), please write 'N/A' in this box and just tell us the total weekly fee, before subsidy.

**Please provide details of the care for each child.****Child 1**

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text" value="/ /"/>	Care end date - OSCAR only	<input type="text" value="/ /"/>
Your hourly fee (before subsidy)	<input type="text" value="\$"/>	Total weekly fee (before subsidy)	<input type="text" value="\$"/>

**Child 2**

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text" value="/ /"/>	Care end date - OSCAR only	<input type="text" value="/ /"/>
Your hourly fee (before subsidy)	<input type="text" value="\$"/>	Total weekly fee (before subsidy)	<input type="text" value="\$"/>

**Child 3**

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text" value="/ /"/>	Care end date - OSCAR only	<input type="text" value="/ /"/>
Your hourly fee (before subsidy)	<input type="text" value="\$"/>	Total weekly fee (before subsidy)	<input type="text" value="\$"/>

**Child 4**

Child's full name

Hours of care (weekly total)	<input type="text"/>	Hours of 20 Hours ECE received (weekly total)	<input type="text"/>
Care start date	<input type="text" value="/ /"/>	Care end date - OSCAR only	<input type="text" value="/ /"/>
Your hourly fee (before subsidy)	<input type="text" value="\$"/>	Total weekly fee (before subsidy)	<input type="text" value="\$"/>

**Supervisor's statement**

- The information I have provided is true and complete.
- I have authority to complete this form for my organisation.

Supervisor's name (print)

Supervisor's signature

Date

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

# Privacy Statement

The Ministry of Social Development includes Work and Income, MSD Housing Assessment, Senior Services, StudyLink and other service lines. The legislation administered by the Ministry of Social Development allows us to check the information that you give us. This may happen when you apply for assistance and at any time after that. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

## Why we collect information

The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development and 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:

- granting benefits and other assistance under the Social Security Act 2018
- delivering superannuation services under the New Zealand Superannuation and Retirement Income Act 2001
- delivering assistance under the Veterans' Support Act 2014
- providing services under the Residential Care and Disability Support Services Act 2018
- statistical and research purposes
- providing advice to Government
- providing support and services for you and your family
- providing education related services
- care and protection needs of children
- assessing eligibility for social housing and calculating income-related rents under the Housing Restructuring and Tenancy Matters Act 1992
- assessing whether you and/or your partner may be entitled to an overseas pension, benefit or allowance.

You are not required to give the Ministry of Social Development information, but if you do not give us all the information we ask for, your application for benefits or pensions and other assistance may be declined.

## We may contact health practitioners

The Ministry of Social Development may contact health practitioners to check any health related information you give us.

## We may use information for public housing

Information you give us when you apply for assistance, and at any time after that, may also be used for public housing purposes under the Housing Restructuring and Tenancy Matters Act 1992, including reviewing your eligibility for social housing or your income-related rent. Public housing is subsidised housing available to people in the greatest need of housing for the duration of their need. It is provided by Housing New Zealand and approved community housing providers.

## We may compare the information you give us with information held by other agencies

The information you give us may be compared with information held by other agencies such as Inland Revenue, the Ministry of Justice, Department of Corrections, New Zealand Customs Service, Department of Internal Affairs, 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, Malta and the Netherlands).

## We may share information with Inland Revenue

Under the Tax Administration Act 1994, if you have dependent children, the information you give us 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 Ministry of Business, Innovation, and Employment, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
- disclose your personal information to your partner.

## We may give information to service providers, employers, public housing providers and childcare providers

The Ministry of Social Development may:

- give employers information about you if you use our employment services
- share information with childcare centres to administer your entitlement to childcare assistance
- give information about you to the Tertiary Education Commission, Workbridge, training providers, career services or other agencies that have a formal agreement to provide services on behalf of the Ministry of Social Development, if you use our employment services
- share information about you with public housing providers (such as Housing New Zealand) to administer your housing-related assistance.

## We may use your information to give you a better service

Other information that you give us that is not required to assess your entitlement may be used to provide a better service to you.

## You have the right to see and correct your information

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.