Application for Home Help Payments

Who can get this payment

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

Who can get this payment

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 a te Work and Income tata tonu ki a koe.

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

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

You may be able to get Home Help assistance for up to 3 months (or more in some cases) if you need a helping hand at home. Payments are made weekly if you have young children or people dependent on you and:

• you are struggling to manage the home or

• there’s an emergency and you need some short-term help in the home, and there’s no-one else who can help out or

• you’ve had a multiple birth (two or more surviving babies from one pregnancy) – if you have twins you can only get Home Help assistance if you have other children under five years old.

To get Home Help assistance:

• you’ll need to be a New Zealand citizen or permanent resident who normally lives here and

• you (or your partner) need to hold a current community services card* and

• you and your partner need to have assets under a certain amount.*

* This doesn’t apply to people who have had a multiple birth.

What to bring to this meeting

Please ask Work and Income staff for help if:

• you do not have any of the documents we have asked for

• you think there could be a delay in providing this information

• you would like to know about extra help.

It is really important that you bring everything we need to see to your meeting. If you don’t you will have to come back and your application could take longer. If you’re not sure of what you need to bring call us on 0800 559 009.

Once you, your home helper and your social worker (if you’re applying for domestic emergency reasons) have completed this form you’ll need to meet with us and bring these things:

• your birth certificate or passport, and one other form of identification, for example, driver’s licence

• your partner’s (if you have one) birth certificate or passport, and one other form of identification, for example, driver’s licence

• your or your partner’s Community Services Card (people who have had a multiple birth don’t need to provide this)

• proof of your home helper’s bank account details, for example, a preprinted deposit slip

• full birth certificates for your children or

• hospital discharge papers for the babies from a multiple birth

• proof of your assets (people who have had a multiple birth don’t need to provide this), for example, bank statements, investment advice slips.
Application for Home Help Payments

A service of the Ministry of Social Development

Please read this before you start

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

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

Name

1. What is your name?
First name(s)
Surname or family name

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

Birth date

4. What is your date of birth?
Day Month Year

Address

Q5 note: If you live in a rural area, a house number could include:
• RAPID number
• fire number
• emergency services number.

Q6 note: Mailing address includes:
• postal box (PO Box)
• rural delivery details
• C/O address.

5. Where do you live?
Flat/house no. Street name
Suburb City

6. What is your mailing address (if different from above)?
If you live at a rural address please include your rural delivery details here:

7. How can we contact you?
Work phone Home phone Mobile phone
Email Fax
Residency

Q8 note: Tick one box.

8. Indicate which describes your residency situation:
   - New Zealand citizen (by birth)  ▶ Go to Question 12
   - New Zealand citizen (other)  ▶ Go to Question 10
   - Permanent resident  ▶ Go to Question 10
   - Other  ▶ Go to Question 9

9. What is your residency status?

10. When did you arrive in New Zealand?
    Day  Month  Year

11. Where were you born?

12. Have you lived in New Zealand continuously for two years at any one time since becoming a New Zealand citizen or permanent resident?
   - No  ▶ Talk to us about other assistance you may be able to get
   - Yes

Q13 note: This means that you consider New Zealand your home, you are a legal resident, usually live here and intend to stay permanently.

13. Do you usually live in New Zealand?
    - Yes  ▶ You won’t be able to get Home Help payments
    - No

Ethnic group

Q14 note: You don’t have to answer this question if you don’t want to. This information is for statistics and will be used for research and future development work.

14. To what ethnic group do you believe you belong?
   - New Zealand Maori  ▶ Which tribe(s)/iwi?
   - New Zealand European
   - Other European
   - Cook Island Maori
   - Other  ▶ Please specify below:

Home help payments

15. Why are you applying for Home Help assistance?
   - I have children or people dependent on me and I’m struggling to manage the home  ▶ Go to Question 16
   OR
   - There has been an emergency and I need some help until I sort things out  ▶ Go to Question 16
   OR
   - I have had a multiple birth  ▶ Go to Question 20

16. Please provide us with details of what your situation is and why you need home help, then go to Question 17:
### Living arrangements

17. **Do you live with anyone (over the age of 16 who is not at secondary school) and who is able to help you?**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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*Please provide details below:*

<table>
<thead>
<tr>
<th>First name(s)</th>
<th>Surname or family name</th>
<th>Relationship to you</th>
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</table>

### Children or other dependents

**Q18 note:** Children or other dependents includes your partner (if you have one) if they are dependent on you for care.

18. **Do you have children or other dependents in your care?**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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</table>

*You won’t be able to get Home Help payments if you answer No.*

*Please provide details below:*

<table>
<thead>
<tr>
<th>Dependent child’s or other dependent’s full name</th>
<th>Male/Female</th>
<th>Date of birth</th>
<th>Relationship to you</th>
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### Community Services Card

**Q19 note:** If you or your partner (if you have one) hold a current Community Services Card you automatically meet the income test for Home Help Domestic Support or Domestic Emergency.

If you or your partner (if you have one) do not hold a current Community Services Card you need to apply for one in order to determine whether you meet the income test. Please ask us for an application form.

19. **Do you or your partner (if you have one) have a current Community Services Card?**

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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</table>

*Please provide details below:*

<table>
<thead>
<tr>
<th>Your Community Services Card Number</th>
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</table>

<table>
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<tr>
<th>Your partner’s Community Services Card Number</th>
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</table>

*Go to Question 22*

### Multiple birth

20. **Please provide us details of your multiple birth:**

<table>
<thead>
<tr>
<th>Child’s full name</th>
<th>Date of birth</th>
<th>Date of discharge from hospital</th>
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</table>

### Do you have other children in your care?

21. **Do you have other children in your care?**

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<tr>
<th>Yes</th>
<th>No</th>
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*Go to page 6 (You do not need to answer Questions 22–24)*

<table>
<thead>
<tr>
<th>Child’s full name</th>
<th>Date of birth</th>
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<tbody>
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Assets

**Q22 note:** Examples of cash assets:
- money in bank or savings organisation
- money lent to other people or organisations
- money in Bonus Bonds, shares, debentures or government stock.

**Q23 note:** Examples of non-cash assets:
- leisure boats
- caravans
- land or buildings other than your home, eg holiday homes.

You may be required to show proof of these details.

**Q24 note:** Examples of items or services:
- funeral services.

<table>
<thead>
<tr>
<th>22. Do you or your partner have any cash assets?</th>
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<tbody>
<tr>
<td>[ ] No  [ ] Yes  Please provide details below:</td>
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</table>

<table>
<thead>
<tr>
<th>Type of asset</th>
<th>You</th>
<th>Your partner</th>
<th>Jointly owned</th>
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<tbody>
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<table>
<thead>
<tr>
<th>23. Do you or your partner have any non-cash assets?</th>
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<tr>
<td>[ ] No  [ ] Yes  Please provide details below:</td>
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</table>

<table>
<thead>
<tr>
<th>Type of asset</th>
<th>Total value</th>
<th>Money owing</th>
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<th>24. Have you already paid for any items or services that you haven't received yet?</th>
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<tr>
<td>[ ] No  [ ] Yes  Please provide details below:</td>
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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 services lines of the Ministry), and in particular for:
  - granting benefits and other assistance under the Social Security Act 1964
  - providing employment related services
  - statistical and research purposes
  - providing advice to Government
  - care and protection needs of children
  - providing support and services for you and your family
  - providing education related services.
- Work and Income may contact health providers to verify any health related information you give us.
- Work and Income may share information you have given us with childcare centres to administer your entitlement to childcare assistance.
- Other information that you give us on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by the Ministry of Social Development.
- The information you give us may be compared with information held by Inland Revenue, the Ministry of Justice, the Department of Corrections, 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 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 Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
  - disclose your personal information to your partner.
- 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.

Obligations

Work situation changes include starting part-time, casual or full-time work, whether paid or unpaid.

Changes in your living situation include:

- marriage or separation
- starting or ending a civil union
- starting or ending a de facto relationship with someone of the same or opposite sex
- change in the number of children supported
- change in accommodation costs.

I must tell Work and Income immediately if I:

- have a change in work situation
- become self employed / start to run a business
- have changes to my / our income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account details)
- have changes to my / our living situation
- am imprisoned / held in custody on remand
- am admitted to or discharged from hospital
- have been granted an overseas pension
- have any other changes that may affect my / our benefit entitlement or rate.

Important

I understand that:

- if I have made a false statement or
- if I have failed to answer all the questions in full or
- if I do not tell Work and Income about changes in my life that might affect my entitlement or rate then
  - my benefit may be reviewed and cancelled and
  - I may have to pay back the total amount of any overpayment that I have received and
  - Work and Income may impose a penalty (up to three times the value of the overpayment) or
  - I may be prosecuted and fined or imprisoned.

Client’s name (print)  

Client’s signature  

Day  Month  Year

Partner’s name (print)  

Partner’s signature  

Day  Month  Year
Application for Home Help Payments – Home Helper Section

This section is to be completed by the person helping in your home.

About home help payments

- Home Help payments are taxed. Please contact Inland Revenue for more details.
- The hourly rate for Home Help payments includes holiday pay.
- If you get a benefit you need to tell your Case Manager about this income.
- We will need to see your timesheets for Home Help payments to be made.

Applicant details

1. What is the name of the person who needs home help?
   First name(s) 
   Surname or family name 

2. What is their date of birth? 
   Day  Month  Year

Address

Q3 note: If you live in a rural area, a house number could include:
- RAPID number
- fire number
- emergency services number.

3. Where do they live?
   Flat/house no.  Street name
   Suburb  City

Home helper details

4. What is your name?
   First name(s) 
   Surname or family name 

5. What is your date of birth? 
   Day  Month  Year

Q6 note: If you live in a rural area, a house number could include:
- RAPID number
- fire number
- emergency services number.

6. Where do you live?
   Flat/house no.  Street name
   Suburb  City

7. How can we contact you?
   Work phone  Home phone  Mobile phone
   Email  Fax
Income and costs

8. Are you receiving any type of benefit or allowance?
   - No ▶ Go to Question 9
   - Yes ▶ Please provide details below:
     Type of benefit/allowance: 
     Your client number: 

9. Are you providing home help in more than one place?
   - No ▶ Go to Question 11
   - Yes ▶ Please provide details below:
     Number of kilometres travelled between houses: 

10. If you are using public transport, how much does it cost you to get between houses?
    $ 

Bank details

11. What bank account do you want the benefit paid into?
    Name of bank (eg ANZ): 
    Name of branch (eg Lower Hutt): 
    The account is in the name of: 
    The account number is: 

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- 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
  - providing employment related services
  - statistical and research purposes
  - providing advice to Government
  - care and protection needs of children
  - providing support and services for you and your family
  - providing education related services.
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  - disclose it to the Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
  - disclose your personal information to your partner.
- 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.
Verification Section

This section is to be completed by your social worker or health professional to confirm that you need domestic support or that there has been an emergency and you need temporary Home Help. It doesn't apply to people who are applying for Home Help because of multiple birth.

Please read this before you start

Verification statement

What is your name?
First name(s) ____________________________ Surname or family name ____________________________

What is your profession?
☐ Social worker ☐ Medical doctor
☐ Other health professional

Please provide details below:

I certify that the applicant:

needs domestic help because:

- there has been a sudden change to the applicant's health or family circumstances and it is likely that this has caused a crisis situation at home and
- the applicant's health complaint is not due to age, disability, post-operation or some other condition that can be covered by the District Health Board through Home Support.

Please describe briefly the applicant's family circumstances:

Please print or stamp your full name, address, telephone number and Medical Council/registration number.

Social Worker's/Health Professional's stamp or name and address ____________________________

Medical Council/registration number ____________________________

Social Worker's/Health Professional's signature __________________________________________

Day ________ Month ________ Year ________

M29 – DEC 2010 9
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Additional information:

Applicant has a partner:  
[ ] Yes  [ ] No

Applicant living with partner:  
[ ] Yes  [ ] No

Applicant has a CSC:  
[ ] Yes  [ ] No

Applicant's partner has a CSC:  
[ ] Yes  [ ] No

If no, will they be applying for one?  
[ ] Yes  [ ] No

Details of client and family circumstances:

Grant/Review/Renew Home Help of up to $ per hour for up to _______ hours per week
from _______ to _______ subject to the applicant meeting the cost of the first
$ per week of assistance provided

Decline/Cancel Home Help from _______ on account of _______

Processor's name (print)  

Processor's signature  

Authenticator's name (print)  

Authenticator's signature  

[ ] Applicant advised  [ ] Home helper advised

Assets

Sub-total $  

Less exemption $  

TOTAL $ 

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