

# Orphan's/Unsupported Child's Benefit application form



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DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

If you need more information go to our website [workandincome.govt.nz](https://workandincome.govt.nz) or call us on **0800 559 009**.

We suggest you read the instructions on pages 1 to 4 of this application form before starting to fill it out, so you get a feel for what is needed.

## Support we can give you

If you're raising someone else's child, we may be able to help by meeting some of the costs involved.

**Orphan's Benefit** is for people looking after someone else's child because their parents have died or can't be found, or when they can't look after their child because the parent has a long-term illness.

**Unsupported Child's Benefit** is for people looking after someone else's child because the child's parents can't support them due to a family breakdown.

### **The child you are looking after must be:**

- aged under 18 years, and
- single, and
- financially dependent on you.

### **You must:**

- be aged 18 years or older, and the main caregiver of the child, and
- not be the child's natural or adoptive parent or the step-parent if you are applying for the Unsupported Child's Benefit.

Both you and the child must also normally live in New Zealand.

### **You must give us all the information we need.**

If you don't have all the information we need, talk with us and we may be able to help.

**If we find out later that any information you give us is not true, or that you knew information you should have told us and did not tell us, we may stop paying your benefit. You might need to pay money back. In some cases you could even be prosecuted.**

# Our commitment *to YOU*



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

Ka mōhio  
ki a koe

We will make sure you understand everything you need to know



We will use your feedback to improve our service

—  
**know  
you**

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

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

—  
**support  
you**

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

We will work together to achieve shared goals



We will let you know your options, rights and obligations

—  
**with  
you**

Our actions will follow our words



How did   
*wedo?*

Let us know by visiting [msd.govt.nz/feedback](https://msd.govt.nz/feedback)  
or call us on 0800 559 009

# Orphan's/Unsupported Child's Benefit checklist



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Once you've filled in the application form, use this checklist to tick off all the documents you need for your meeting with us.

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.

## What you need to bring

**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"/>
<b>All people applying</b> need to bring <b>two</b> more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).	<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"/>

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

**There are more things you need to bring in the table over the page.**

## What you need to bring for the child

### What you need to bring for the child

#### Proof of who the child is:

Full birth certificate for the child that you're raising

Proof of any income for the child. This may be income that either you or the child receive

#### For Orphan's Benefit you also need to bring:

Death certificate(s) for the parents and any estate details

#### For Unsupported Child's Benefit you also need to bring:

Copies of Family Group Conference outcomes or Court Orders or Court approved plans

# Orphan's/Unsupported Child's Benefit application form



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## 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 have been known by

**ATTACHMENT FOR Q1:**  
Bring proof of your identity. What you need to bring is explained on page 3.

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

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:

Male     Female     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"/>
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8

### What bank account would you want your payments to be paid into?

The account is in the name of:

The account number is:

	Bank	Branch		Account number		Suffix	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9

## Tell us how we can contact you

### Where do you live?

Flat/House number Street name

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

Suburb

Town/City

10

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

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

  

11

### 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"/>

12

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

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



#### ATTACHMENT FOR Q8:

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



#### HOW TO ANSWER Q9:

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



#### HOW TO ANSWER Q10:

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



#### HOW TO ANSWER Q11:

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.

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 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.

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    ↓ **What is 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.

16

When did you arrive in New Zealand?

Day     Month     Year

17

What country were you born in?

# Tell us about the child

## Tell us the names the child has been known by

18

### What is the child's name?

First and middle names

Surname or family name

19

### Is the name on the child's birth certificate the same as above?

No



**Tell us the name that is on the child's birth certificate**

Yes

First and middle names

Surname or family name

20

### Has the child ever been known by any other name?

No

Yes



**Write them all out below**

1.

2.

21

### What date was the child born?

Day      Month      Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Tell us about the child's residence status

22

### Was the child born in New Zealand?

No

Yes

**Go to question 27**

23

### When did the child arrive in New Zealand?

Day      Month      Year

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

24

### What country was the child born in?

25

### Where was the child's birth registered?

26

### How long will the child stay in New Zealand?



**Tell us about the caring arrangements for the child**

**27**

**Is the child living with you at your address?**

No



**Give reasons why not below**

Yes


**28**

**When did the child come into your care?**

Day      Month      Year

--	--	--

**29**

**How long will the child be in your care?**

--

**30**

**Why did the child come into your care?**


**31**

**What is your relationship to the child?**

Natural parent

Adoptive parent

Step-parent

Not related

Other relative



**Please explain below**


## Tell us about income for the child

32

Do you get any income on behalf of the child?

No

Yes [Please provide details below](#)

**HOW TO ANSWER Q32:**

Examples of income on behalf of the child are:

- money from the child's parents
- ACC
- Oranga Tamariki
- other organisations.

**ATTACHMENT FOR Q32:**

Please provide proof of payments.

Where/who does it come from?	How much?	How often (weekly, fortnightly, etc)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

33

Does the child get any income apart from what they earn themselves?

No

Yes [Please provide details below](#)

Where/who does it come from?	How much?	How often (weekly, fortnightly, etc)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

## Establishment grant

**INFORMATION FOR Q34:**

The Home for Life support package is available for approved Home for Life, parents.

34

Have you or your partner received an upfront payment from Oranga Tamariki as part of the Home for Life support package?

No  Yes

This is a one-off contribution to help with the costs when a child first comes into your care, such as a bed, bedding and clothing. If you or your partner have received (or have been approved to receive) an upfront payment as part of the Home for Life support package you won't be eligible for this grant.

## Where to next in this form

35

What type of assistance are you applying for?

Orphan's Benefit

[Go to question 36](#)

Unsupported Child's Benefit

[Go to question 58](#)



## Tell us about the child's parents

### Tell us about one of the child's parents

36

#### Parent 1

#### What is the name of this parent?

First and middle names

Surname or family name

37

#### Are they known by or have they used any other names?

No

Yes



Write them all out below

1.

2.

38

#### What is their date of birth?

Day Month Year

39

#### Has this parent died?

No

Go to question 42

Yes

40

#### Where was their death registered?

41

#### What are the name and contact details of the person who administers their estate?

Flat/House number

Street name

Suburb

Town/City

Phone

( )

Mobile phone

( )

Email

42

**Is this parent in hospital?**

No

Yes

**Please provide details below**

Date of admission:

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

Hospital name:

43

**What is this parent's last known address?**

Flat/House number

Street name

Suburb

Town/City

44

**When did someone last hear from them?**

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

**Tell us about the child's other parent**

45

**Parent 2****What is the name of the child's other parent?**

First and middle names

Surname or family name

46

**Are they known by or have they used any other names?**

No

Yes

**Write them all out below**

1.

2.

47

**What is their date of birth?**

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

48

**Has this parent died?**

No

**Go to question 51**

Yes

49

**Where was their death registered?**

**HOW TO ANSWER Q46:**

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

**50****What are the name and contact details of the person who administers their estate?**

Flat/House number

Street name

Suburb

Town/City

Phone

(    )

Mobile phone

(    )

Email

**51****Is this parent in hospital?**

No

Yes

**Please provide details below**

Day

Month

Year

Date of admission:

Hospital name:

**52****What is this parent's last known address?**

Flat/House number

Street name

Suburb

Town/City

**53****When did someone last hear from them?**

Day

Month

Year

# Tell us if the child has lived overseas

## Tell us if the child has lived overseas

54

Has the child lived in any countries outside of New Zealand?

No

[Go to question 55](#)

Yes

**Please list details below**

Name of country	Date child entered this country	Date child left this country	Reason for being in this country

55

Are you or any other person getting a social security pension or pension of a similar nature for the child from the government of a country other than New Zealand?

No

[Go to Obligations and Privacy on page 20](#)

Yes

**Tick the box that best describes the payments**

Widow or survivor

Child or dependent

Disability or health condition

Other

56

If you ticked 'yes' for question 55, please give details of the payments.

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

57

Is this social security benefit or benefit of a similar nature paid to you?

No

**Please provide details below for the person who receives the payments**

Yes

[Go to Obligations and Privacy on page 20](#)

Flat/House number

Street name

Suburb

Town/City

Phone	(    )
Mobile phone	(    )
Email	

# Unsupported Child's Benefit

## extra information



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### Tell us about the child's parents

#### Tell us about the child's custody arrangements

**58** Are you fully supporting the child?

- No **↓ Please provide details of what help you get from the parents**
- Yes

**59** Who has legal custody of the child?

**60** What was the date of the custody order?

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

**61** Have you had any contact with a social worker from Oranga Tamariki or another authorised agency?

- No
- Yes **↓ Please give the name of the social worker and name of the Oranga Tamariki or other authorised agency office.**

**62** Have you and the child's family attended a Family Group Conference organised by Oranga Tamariki or another authorised agency?

- No  Yes **↓ Please tell us the date of the conference**

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

**63** Have you received any support from Oranga Tamariki or another authorised agency for the child?

- No **Go to question 65**
- Yes **↓ Please provide details below**

Reason for payment	How much	How often (such as weekly)
<input type="text"/>	\$	<input type="text"/>
<input type="text"/>	\$	<input type="text"/>

**INFORMATION FOR Q61**

Other authorised agencies include:

- iwi social services
- cultural social services
- child and family support services.

For more information go to [workandincome.govt.nz](http://workandincome.govt.nz) and search on *other authorised agency*.

**ATTACHMENT FOR Q62:**

If 'yes' please bring any documentation you would have been given at this meeting.

**HOW TO ANSWER Q63:**

Examples of support are board payments, counselling, etc.

64

Have payments from Oranga Tamariki stopped or are they about to stop?

No

Yes

↓ When did or will they stop?

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

65

Were the child's immediate previous caregivers the child's parents/guardians?

No

Yes

Go to question 68

66

What is the name of the child's previous caregiver?

First and middle names

Surname or family name

67

Why is the child no longer living with the previous caregiver?

  
  


68

Why are the child's parent's/guardians not able to provide fully for this child?

  
  


69

Was the living arrangement ordered by any of the following?

No

Yes

↓ Please tick which agency

Courts

Oranga Tamariki

Not applicable

Other agency

↓ Please name agency below

HOW TO ANSWER Q68:

Give reasons:

- Has there been a breakdown?
- Comment on financial, accommodation, disability or other limitations.

ATTACHMENT FOR Q69:

Please bring copies of the Court orders or documentation from Oranga Tamariki where applicable.



## Tell us about one of the child's parents

**HOW TO ANSWER Q71:**  
For example, have they had married names, English names, changes by deed poll, or aliases?

### Parent1

70

#### What is the name of this parent?

First and middle names

Surname or family name

71

#### Are they known by or have they used any other names?

No

Yes



Write them all out below

1.

2.

72

#### What is their date of birth?

Day Month Year

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

73

#### Do you know where this parent lives?

No



If you can, please give the last known address below

Yes



Please provide details

Flat/House number Street name

Suburb

Town/City

Phone ( )

Mobile phone ( )

Email

74

#### Do you know where this parent works?

No



If you can, please give the details below for their last employer

Yes



Please give details of their employer. If the parent is self-employed, give the name, address and telephone number of their business

Business' name

Business' contact details

Address

Phone number

( )

Email

**HOW TO ANSWER Q75:**

Examples of further details are:

- names and addresses of parents, siblings or friends
- details of insurance, bank accounts or shares
- names and addresses of accountants or solicitors.

**75**

**Can you give any other details to help find this parent?**

No  Yes **↓ Please give details below**


**76**

**Does this parent ever get in touch with you or the child?**

No  Yes **↓ Please tell us about the contact and how often it occurs below**


**INFORMATION FOR Q76**

If the parent gets in touch with you, please pass on any additional information to us.

**Tell us about the child's other parent**

**77**

**Parent 2**

**What is the name of the child's other parent?**

First and middle names

Surname or family name

**78**

**HOW TO ANSWER Q78:**

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

**Are they known by or have they used any other names?**

No  Yes **↓ Write them all out below**

1.
2.

**79**

**What is their date of birth?**

Day      Month      Year

--	--	--

**80**

**Do you know where this parent lives?**

No **↓ If you can, please give the last known address below**

Yes **↓ Please provide details**

Flat/House number      Street name

--	--

Suburb

Town/City

--	--

Phone (      )

Mobile phone (      )

Email

81

**Do you know where this parent works?**

No

**If you can, please give the details below for their last employer**

Yes

**Please give details of their employer. If the parent is self-employed, give the name, address and telephone number of their business**

Business' name

Business' contact details

Address	
Phone number	(     )
Email	

**HOW TO ANSWER Q82:**

Examples of further details are:

- names and addresses of parents, siblings or friends
- details of insurance, bank accounts or shares
- names and addresses of accountants or solicitors.

82

**Can you give any other details to help find this parent?**

No

Yes

**Please give details below**

83

**Does this parent ever get in touch with you or the child?**

No

Yes

**Please tell us about the contact and how often it occurs below****INFORMATION FOR Q83**

If the parent gets in touch with you, please pass on any additional information to us.

**Tell us if you get child support**

84

**Does either parent pay child support?**

No

Yes

**Please give details of the payments**

Who pays?

What do they pay for?

How much?

How often (such as weekly, fortnightly)

Who pays?	What do they pay for?	How much?	How often (such as weekly, fortnightly)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

# Orphan's / Unsupported Child's Benefit obligations and privacy



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## You need to read and complete this section.

This part of the application form:

- lists your obligations
- explains what will happen if obligations are not met
- explains how we protect the information you give to us, and what we can do with it
- includes a signature page for you to sign.

## Obligations

These are what you have to do to receive payments from Work and Income. Please read all the obligations because they could apply to you if your circumstances change.

### Change of circumstances

**I must tell Work and Income immediately if :**

- the care and/or support arrangements for the child change
- the financial circumstances of the child change
- either the child or I intend to travel overseas
- I have changes to personal details (such as name, address or bank account number)
- either the child or I have any other change that may affect my benefit entitlement or rate.

### Not telling us about changes in your circumstances

**I understand that if I don't tell Work and Income about changes that might affect whether I can get Orphan's/Unsupported Child's Benefit or the amount I'm paid, that:**

- 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), and
- I may be prosecuted and fined or imprisoned.

You have the right to review or dispute any decision to reduce or stop your benefit.



# 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](https://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](https://workandincome.govt.nz/privacy)

# Signature page for Orphan's/Unsupported Child's Benefit

## Office copy

By signing this application form, you agree to meet your obligations and conditions of grant

### Applicant

I have completed all the questions or they have been completed for me in this Orphan's/Unsupported Child's Benefit Application.

The information I have given is true and complete.

The conditions for receiving this assistance have been explained to me and I understand these conditions.

I have read (or had explained to me) and understood the Privacy Statement contained in this application form.

Applicant's name (print)

Applicant's signature

Date

Day

Month

Year

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

**If we find out later that any information you give us is not true, or that you knew information you should have told us and did not tell us, we may stop paying your benefit. You might need to pay money back. In some cases you could even be prosecuted.**

**If someone has completed the application form for you please get them to complete the Helper's statement below.**

**Please use the Checklist (page 3) to help you make sure you bring all the documents you need to your meeting with us.**

### Helper's statement

Complete this if you've helped the applicant or their partner to complete this application form.

Your first and middle names

Your surname or family name

Your address

Your phone number

I completed this application form at the request of the person applying for Orphan's/Unsupported Child's Benefit. 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.

Helper's signature

Date

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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# Signature page for Orphan's/Unsupported Child's Benefit

## Applicant's copy

**By signing this application form, you agree to meet your obligations.**

### Applicant

I have completed all the questions or they have been completed for me in this Orphan's/Unsupported Child's Benefit Application.

The information I have given is true and complete.

I have read (or had explained to me) and understood the conditions for receiving this assistance have been explained to me and I understand these conditions.

I have read (or had explained to me) and understood the Privacy Statement contained in this application form.

Applicant's name (print)

Applicant's signature

Date

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

**If we find out later that any information you give us is not true, or that you knew information you should have told us and did not tell us, we may stop paying your benefit. You might need to pay money back. In some cases you could even be prosecuted.**

**Please use the Checklist (page 3) to help you make sure you bring all the documents you need to your meeting with us.**

