If you need more information go to our website 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
- expect to care for the child for 12 months or more, 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

**Ka mōhio ki a koe**
We will get to know you, your situation and your needs

We will use your feedback to improve our service

Ka tautoko i a koe
We will let you know everything you may be eligible for

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

Ka mahi tahi ki a koe
We will respect you and what is important to you

We will let you know your options, rights and obligations

How did we do?
Let us know by visiting [msd.govt.nz/feedback](http://msd.govt.nz/feedback) or call us on 0800 559 009

We will make sure you understand everything you need to know

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

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

We will be honest about our mistakes and put them right

Our actions will follow our words

We will work together to achieve shared goals
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

<table>
<thead>
<tr>
<th>Proof of who you are:</th>
<th>For you</th>
<th>For your partner (if you have one)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If you were born in New Zealand</strong>, 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).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>If you were born overseas</strong>, 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).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>If your name has changed</strong>, bring your marriage certificate, deed poll, or other proof of the name change.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>All people applying</strong> need to bring two more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A form or letter from Inland Revenue showing your tax number.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Proof of your bank account details, such as a bank statement or deposit slip.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**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.**

---

**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.
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
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

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**

3. **Have you ever been known by any other name?**
   - [ ] No
   - [ ] Yes

   **Write them all out below**
   1. 
   2. 

4. **What name would you like us to call you?**
   - [ ] The name I wrote in Question 1
   - [ ] The name I wrote in Question 2
   - Other

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

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

---

**Orphan’s/Unsupported Child’s Benefit application form**

**Tell us about yourself**

**What is your full name?**
- [ ] Mr
- [ ] Mrs
- [ ] Ms
- [ ] Miss
- Other

**First and middle names**

**Surname or family name**

**Is the name on your birth certificate the same as above?**
- [ ] No
- [ ] Yes

**First and middle names**

**Surname or family name**

**Have you ever been known by any other name?**
- [ ] No
- [ ] Yes

**Write them all out below**
1. 
2. 

**What name would you like us to call you?**
- [ ] The name I wrote in Question 1
- [ ] The name I wrote in Question 2
- Other

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

**ATTACHMENT FOR Q3:** Bring your marriage certificate, deed poll, or other proof of any name change.
Tell us more about you

What date were you born?

Day   Month   Year

Are you:

[ ] Male  [ ] Female  [ ] Gender diverse

What is your Inland Revenue tax number?


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

Tell us how we can contact you

Where do you live?

Flat/House number  Street name

Suburb

Town/City

Is your mailing address different from where you live?

[ ] No  [ ] Yes  Tell us your mailing address

How else can we contact you?

Tick the best way for us to contact you

Home phone (   )
Mobile phone (   )
Other mobile phone (   )

Do you agree to get emails from us?

[ ] No  [ ] Yes  Tell us your email address  [ ] I don’t have an email address

Tell us your email address
Tell us your ethnicity

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

Tick the group(s) you most identify with.

- Māori
- New Zealand European
- Niuean
- Samoan
- Indian
- Other European
- Tokelauan
- Tongan
- Chinese
- Cook Island Māori
- Other

Please write below

Don’t want to answer

Tell us about your residence status

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

Do you usually live in New Zealand?

- No
- Yes

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

- New Zealand citizen by birth
  Go to question 18
- Granted New Zealand citizenship
  Date citizenship granted
  Day  Month  Year
  Go to question 16
- Granted permanent residency
  Date permanent residence granted
  Day  Month  Year
  Go to question 16
- Other
  What is your residence status?

When did you arrive in New Zealand?

Day  Month  Year

What country were you born in?
Tell us about the child

Tell us the names the child has been known by

ATTACHMENT FOR Q18:
Bring proof of the child’s identity. What you need to bring is explained on page 4.

What is the child’s name?
First and middle names
Surname or family name

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

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<tr>
<td>No</td>
<td>Tell us the name that is on the child’s birth certificate</td>
<td>Yes</td>
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</table>

First and middle names
Surname or family name

Has the child ever been known by any other name?

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<td>No</td>
<td>Yes</td>
<td>Write them all out below</td>
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<td>2.</td>
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</table>

What date was the child born?

Day  Month  Year

Tell us about the child’s residence status

Was the child born in New Zealand?

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<tbody>
<tr>
<td>No</td>
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<tr>
<td>Yes</td>
<td>Go to question 27</td>
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</tbody>
</table>

When did the child arrive in New Zealand?

Day  Month  Year

What country was the child born in?

Where was the child’s birth registered?

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

Give reasons why not below

When did the child come into your care?

Day  Month  Year

28

How long will the child be in your care?

29

Why did the child come into your care?

30

What is your relationship to the child?

☐ Natural parent  ☐ Adoptive parent  ☐ Step-parent

☐ Not related  ☐ Other relative  ☐ Please explain below

31
Tell us about income for the child

**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.

### Do you get any income on behalf of the child?

- [ ] No
- [ ] Yes **Please provide details below**

<table>
<thead>
<tr>
<th>Where/who does it come from?</th>
<th>How much?</th>
<th>How often (weekly, fortnightly, etc)</th>
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</table>

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

- [ ] No
- [ ] Yes **Please provide details below**

<table>
<thead>
<tr>
<th>Where/who does it come from?</th>
<th>How much?</th>
<th>How often (weekly, fortnightly, etc)</th>
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**Establishment grant**

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.

**INFORMATION FOR Q34:**
The Home for Life support package is available for approved Home for Life, parents.

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

- [ ] No
- [ ] Yes

**Where to next in this form**

### 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

**Parent 1**

What is the name of this parent?
First and middle names

Surname or family name

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

☐ No  ☐ Yes  Write them all out below

1.

2.

What is their date of birth?

Day  Month  Year

Has this parent died?

☐ No  ☐ Go to question 42

☐ Yes

Where was their death registered?

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

Flat/House number

Street name

Suburb

Town/City

Home phone

Mobile phone

Email

**HOW TO ANSWER Q37:**
For example, have they had married names, English names, changes by deed poll, or aliases?
Is this parent in hospital?

[ ] No  [ ] Yes  [ ] Please provide details below

Date of admission:

[ ] Day  [ ] Month  [ ] Year

Hospital name:

What is this parent’s last known address?

Flat/House number

Street name

Suburb

Town/City

When did someone last hear from them?

[ ] Day  [ ] Month  [ ] Year

Tell us about the child’s other parent

Parent 2

What is the name of the child’s other parent?

First and middle names

Surname or family name

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

[ ] No  [ ] Yes  [ ] Write them all out below

1.

2.

What is their date of birth?

[ ] Day  [ ] Month  [ ] Year

Has this parent died?

[ ] No  [ ] Go to question 51  [ ] Yes

Where was their death registered?
What are the name and contact details of the person who administers their estate?

Flat/House number | Street name
--- | ---

Suburb | Town/City
--- | ---

Home phone ( )
Mobile phone ( )
Email

Is this parent in hospital?

- No
- Yes

Please provide details below

Date of admission:

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

Hospital name:

What is this parent’s last known address?

Flat/House number | Street name
--- | ---

Suburb

Town/City

When did someone last hear from them?

Day | Month | Year
--- | --- | ---
Tell us if the child has lived overseas

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

- No  [Go to question 55]
- Yes  [Please list details below]

<table>
<thead>
<tr>
<th>Name of country</th>
<th>Date child entered this country</th>
<th>Date child left this country</th>
<th>Reason for being in this country</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

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

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

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]

First and middle names
Surname
Flat/House number
Street name
Suburb
Town/City
Phone ( )
Mobile phone ( )
Email
Tell us about the child’s parents

58

Are you fully supporting the child?

☐ No  ☐ Yes  

Please provide details of what help you get from the parents

59

Who has legal custody of the child?


60

What was the date of the custody order?

Day  Month  Year

61

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 and search on other authorised agency.

62

ATTACHMENT FOR Q62:

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

63

HOW TO ANSWER Q63:

Examples of support are board payments, counselling, etc.

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.

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

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

☐ No  ☐ Yes  

Go to question 65

Please provide details below

Reason for payment

<table>
<thead>
<tr>
<th>How much</th>
<th>How often (such as weekly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
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<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
64. Have payments from Oranga Tamariki stopped or are they about to stop?
   - No
   - Yes **When did or will they stop?**
     - Day
     - Month
     - Year

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**

**ATTACHMENT FOR Q69:**
Please bring copies of the Court orders or documentation from Oranga Tamariki where applicable.

**HOW TO ANSWER Q68:**
Give reasons:
Has there been a breakdown?
Comment on financial, accommodation, disability or other limitations.
Tell us about one of the child’s parents

**Parent1**

What is the name of this parent?

First and middle names

Surname or family name

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Write them all out below</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

What is their date of birth?

Day  Month  Year

Do you know where this parent lives?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Please provide details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Flat/House number  Street name

Suburb  Town/City

Home phone  Mobile phone  Email

Do you know where this parent works?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
<th>Please provide details</th>
</tr>
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<tr>
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</tbody>
</table>

Business’ name

Business’ contact details

Address  Phone number  Fax  Email

HOW TO ANSWER Q71:
For example, have they had married names, English names, changes by deed poll, or aliases?
Can you give any other details to help find this parent?

- No
- Yes

Please give details below:

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:

Tell us about the child’s other parent

Parent 2

What is the name of the child’s other parent?

First and middle names

Surname or family name

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

- No
- Yes

Write them all out below:

1.

2.

What is their date of birth?

Day
Month
Year

Do you know where this parent lives?

- No
- Yes

If you can, please give the last known address below

Please provide details:

Flat/House number
Street name

Suburb
Town/City

Home phone
Mobile phone
Email
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

Number  Street name

Suburb  Town/City

Work phone  ( )  Mobile phone  ( )

Email

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

- No
- Yes  Please give details below

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

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

Tell us if you get child support

Does either parent pay child support?

- No
- Yes  Please give details of the payments

<table>
<thead>
<tr>
<th>Who pays?</th>
<th>What do they pay for?</th>
<th>How much?</th>
<th>How often (such as weekly, fortnightly)</th>
</tr>
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<tbody>
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</tbody>
</table>
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.
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.
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

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 have helped the applicant or their partner to complete this application form.

What is your full name?

First and middle names  Surname or family name

What are your contact details?

Address  Phone

Tick the box for the statement that applies

☐ 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
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

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.