



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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About this form

This form provides you with information about:

- the Residential Support Subsidy
- who may qualify
- how payments are made.

The form also asks for information about:

- the level of support you need
- how you would like your contribution and your Personal Allowance paid
- your residential service provider
- whether your residential service provider will be acting as your agent.

Once you and your residential service provider have completed this form, please send it to:

Specialised Processing Services, Whangarei
Private Bag 9032, Whangarei 0148
Fax: 0800 999 199
Email: msd_rss@msd.govt.nz

About the subsidy

Residential Support Subsidy is a payment that helps with the cost of residential support for a person with a physical, sensory, intellectual, psychiatric disability (including drug and alcohol rehabilitation) or disabling chronic health condition. It is paid to the residential service provider by the Ministry of Health.

People who receive a benefit and have been assessed as needing residential support services are eligible for the Residential Support Subsidy, and must contribute to the cost of the care they receive.

Who may qualify

You may get a Residential Support Subsidy if:

- you are assessed as needing residential support
- you need this care because of your physical, intellectual, drug and alcohol, or psychiatric disability or disabling chronic health condition
- your disability is not age-related.

Payment information

If you receive Residential Support Subsidy and receive a benefit, you must contribute to the cost of the care you receive. You will receive a Personal Allowance while you are in the residential support service.

You can choose to pay your contributions directly to the residential service provider or the amount can be deducted from your benefit and paid to the service provider on your behalf.

Appointing your residential service provider as your agent

An agent is someone who can act on your behalf when dealing with us. You may already have an agent or you can choose your residential service provider to be your agent.

You are responsible for choosing your agent **and** for anything they do on your behalf, so it is important that you take care when appointing an agent.

You can stop anyone from being your agent at any time. To do this, you need to call us on **☎ 0800 999 779**. They can also stop being your agent if they wish, but they need to talk about this with you first. If this happens, you will need to act for yourself or appoint another agent.

If you want your residential service provider to act as your agent while you are in residential support, complete the Appointing an Agent section on page 4 of this form.

If you would like to appoint someone other than your residential service provider as your agent, you will need to complete an 'Appointment of an Agent' form which is available from Work and Income.

Please keep pages 1 and 2 – you don't need to send these back to us.

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 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.
- Work and Income may contact health providers to verify any health related information you give us.
- Work and Income may give employers information about you to find you employment. Where Work and Income refer you to a job vacancy, we may also contact the employer to discuss the result of any job interview that you attend.
- 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 New Zealand Customs Service, 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 my partner or 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
- are imprisoned / held in custody on remand
- are admitted to or discharged from hospital or residential service
- 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.

Residential Support Subsidy Application



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Client to complete

CLIENT NUMBER

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Please read this before you start

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

Client details

Client to complete

1. What is your name?

First name(s)

Surname or family name

2. What is your date of birth?

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Day Month Year

3. What was your residential address prior to entering the Residential Support Service?

Flat/house no.

Street name

Suburb

City

Payment authorisation

Q4 note: Please tick one box only.

4. How would you like your Residential Support Subsidy contributions paid?

Please pay my contributions directly to my residential service provider from my benefit until the date I leave the service.

OR

I will pay the contribution myself.

Q5 note: Please tick one box only.

5. Where would you like your Personal Allowance payments paid to?

The same bank account held on my Work and Income records.

OR

The Residents Trust Account with my residential service provider.
(The provider will be responsible to forward payments to you.)

Appointing an Agent

Note: An agent can also include a welfare guardian/attorney or property manager/attorney.

6. Do you already have an agent for Work and Income?

No ▶ Go to Question 9

Yes

7. What is your agent's name?

First name(s)

Surname or family name

8. Was this person appointed by the court?

No

Yes

9. Do you want your residential service provider to act as an agent on your behalf while you are receiving residential services?

No ▶ Go to Client declaration

Yes

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Appointing an Agent – continued

10. What rights and responsibilities do you want to give your agent?

(Please tick as appropriate)

- Access my files to obtain personal information about me (under the Privacy Act 1993).
- Provide information about me to Work and Income, such as income details.
- Change details of my personal file with Work and Income.
- Receive my mail from Work and Income.
- Complete and sign Work and Income application forms on my behalf.
- Have authority over my affairs with Work and Income while I am receiving residential services.

11. Is there anything else you want to let the residential service provider do? If so, write

12. Is there anything you don't want the residential service provider to do? If so, write this

Client declaration

I have read and understand the information on page 1 and 2 of this form. I agree to the residential service provider named as my agent in this form. The information I have provided in this form is true and complete. I understand that:


- the agent named in this form will have the authority to act in the areas I have stated above
- I continue to have full responsibility for all matters concerning my benefit, including the warnings and obligations
- while my agent may be able to act on my behalf in some circumstances, they cannot undertake any job search requirements I may have
- Work and Income takes no responsibility for actions carried out by my agent
- the agent will continue to act for me until I tell Work and Income otherwise, **or** until I leave the residential support service
- my information (including payment rate, benefit/pension type, etc) will be shared with the Ministry of Health, District Health Board and my provider in order to determine a rate of subsidy.


Client's signature

Date

Day	Month	Year

Client unable to sign

 *Enduring Power of Attorney or Court Order is attached.*

 *If you have not already provided this, please make sure evidence from a registered medical practitioner is attached. This needs to state the reason why the client can't act for themselves and how long it is likely to last.*

If the client is unable to sign this form, and the form is being completed on their behalf by a person who is or wishes to be appointed their agent, please tick the appropriate box below:

- I am already the client's agent.
- I have authority over this client's affairs, as covered by an appropriate and valid Enduring Power of Attorney or Court Order, made under the Protection of Personal and Property Rights Act 1988.
- This client is temporarily incapacitated, and I wish to be appointed their agent for a short period of time to enable Work and Income to meet their immediate needs.

Agent's signature (if agent is not the Service Provider)

Date

Day	Month	Year

Residential Support Subsidy Application

CLIENT NUMBER

Residential service provider to complete

Provider details

1. What is the name of the residential service provider?

2. What is the contact person's name?

3. What are the contact person's details?

Work phone

Fax

Mobile phone

Email

4. What is the postal address of the residential service provider?

5. What are the bank account details of the residential service provider?

These details are already held by Specialised Processing Services, Whangarei, and have not changed.

Name of the account:

The account number is:

Bank	Branch	Account number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office use only

Verified by

Needs assessment details

6. What Primary disability type has been determined by the needs assessment?

(Please tick one box only, that indicates primary disability)

Alcohol and drug

Intellectual disability

Psychiatric disability

Physical/sensory disability

Long term support chronic health condition

7. Who completed the last Needs Assessment?

Assessor's name

Assessment Agency name:

8. What was the date of the assessment?

Day Month Year

Residence details

9. What residential address will the client live at?

Flat/house no. Street name

Suburb

City

10. What will their postal address be? (if different from above)

11. What date did they enter your service?

Day	Month	Year

12. What date should Residential Support Subsidy commence?

(if different from date of entry, eg, respite care)

Day	Month	Year

Declaration if provider is the Agent

 I/we are not acting as the client's agent ► Go to Provider declaration section

 I/we agree to act as agent for the client in this form.

I/we understand that:

- I/we need to meet the responsibilities granted to me/us as an agent, as stated in the Appointing an Agent section of this form
- at all times I/we must act in the best interests of the client
- while I may act on the client's behalf in some circumstances, if the client has job search requirements, I cannot undertake them on the client's behalf.

I/we have read and I/we understand the warnings and obligations placed on the client and the Privacy Information.

If I/we wish to cease being this client's agent I/we must inform the client **and** Work and Income.

Full name of person (if signing on behalf of an organisation)

Agent's signature

Date

Day	Month	Year

Provider declaration

I/we have a signed contract with the Ministry of Health or a District Health Board for Residential Support Services and will be invoicing the Ministry of Health for Residential Support Subsidy costs for this person while they are in our residential support service.

I/we have read and understand the information on pages 1 and 2 of this form.

The information I/we have provided on this form is true and complete.

Within 24 hours I/we will advise the Specialised Processing Services, Whangarei of any changes in circumstances of the client, including hospitalisation, or the client's departure from my care.

Provider's organisation (print)

Provider's name (print)

Provider's signature

Date

Day	Month	Year