Residential Support Subsidy
resident's details notification

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

This form is to be used when a client, who receives Residential Support Subsidy, has a change in their circumstances.

Within 24 hours of the change, please email or fax this form to:

Residential Support Subsidy, Email: **msd_rss@MSD.govt.nz** or Fax **0800 999 199**

If the person is living in a family-like environment (not a boarding house) and they are paying board, they are not entitled to Residential Support Subsidy.

1 **Do you receive Contract Board for this resident?**

☐ No ☐ Yes → **You do not need to complete this form**

Service provider's details

2 **What are the service provider's details?**

Provider's name	
Provider's address	
Phone	( )
Email	

Client's details

3 **Client number** ☐☐☐ | ☐☐☐ | ☐☐☐

4 **What is the client's name**

First name(s) _____ Surname _____

5 **What is the client's date of birth?**

Day ____ Month ____ Year ____

6 **What is the residential service address the client is currently living in?**

_____

_____

7 **Please tick and provide details about the client's circumstances that have changed.**

☐ Entry to Service Provider

→ **Date entered care**

Day | Month | Year

☐ Internal Transfer

→ **Date transferred**

Day | Month | Year

↓ **What is the client's new address?**

☐ Hospital

→ **Date entered hospital**

Day | Month | Year

→ **Date left hospital**

Day | Month | Year

↓ **Hospital name**

→ **Returning to care?** ☐ No ☐ Yes

☐ Discharge from Service Provider

→ **Date left care**

Day | Month | Year

↓ **Where were they discharged to?**

☐ Another service provider

☐ Home ↓ **What is the client's new address?**

☐ Death

→ **Date of death**

Day | Month | Year

↓ **Please provide details of the person's next of kin, or administrator of their estate.**

Name	
Address	
Phone	( )
Email	

Declaration

The information I have given is true and complete.

Service Provider's name (print) | Service Provider's signature | Date

Day | Month | Year