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.

### Service provider’s details

1. Do you receive Contract Board for this resident?
   - [ ] No
   - [X] Yes  ➡️ You do not need to complete this form

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?
Please tick and provide details about the client’s circumstances that have changed.

- [ ] Entry to Service Provider
  - **Date entered care**: [ ] [ ] [ ]

- [ ] Internal Transfer
  - **Date transferred**: [ ] [ ] [ ]

- [ ] Hospital
  - **Date entered hospital**: [ ] [ ] [ ]
  - **Date left hospital**: [ ] [ ] [ ]
  - **Hospital name**: 

- [ ] Discharge from Service Provider
  - **Date left care**: [ ] [ ] [ ]
  - **Where were they discharged to?**
    - [ ] Another service provider
    - [ ] Home
      - **What is the client’s new address?**

- [ ] Death
  - **Date of death**: [ ] [ ] [ ]
  - **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 [ ] [ ] [ ]