

# Residential Support Subsidy – Sole Parent’s Dependent Children Notification



**Work and Income**  
Te Hirainga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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## Please read this before you start

Complete this form if you are a sole-parent, receive a Residential Support Subsidy and are continuing to financially support your children.

**Please answer all questions on this form, sign it and send it to:**

**Residential Support Subsidy, Email [msd\\_rss@msd.govt.nz](mailto:msd_rss@msd.govt.nz) or Freefax 0800 999 199**

## Personal details

### 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 is the name of your residential service provider?

### 4. What date did you enter the residential service?

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Day      Month      Year

## Dependent children

### 5. What are your children’s details, while you are in the residential service?

#### CHILD 1:

Child’s full name

Date of birth

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Day      Month      Year

Who will be caring for this child?

What address will your children be living at?


Will you be financially responsible for this child’s care?

No

Yes

▶ I will pay the Family Tax Credit to the caregiver.

#### CHILD 2:

Child’s full name

Date of birth

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Day      Month      Year

Who will be caring for this child?

What address will your children be living at?


Will you be financially responsible for this child’s care?

No

Yes

▶ I will pay the Family Tax Credit to the caregiver.

## Dependent children – continued

### CHILD 3:

Child's full name

Date of birth

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

Who will be caring for this child?

What address will your children be living at?

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

Will you be financially responsible for this child's care?

No

Yes

▶ I will pay the Family Tax Credit to the caregiver.

### CHILD 4:

Child's full name

Date of birth

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

Who will be caring for this child?

What address will your children be living at?

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

Will you be financially responsible for this child's care?

No

Yes

▶ I will pay the Family Tax Credit to the caregiver.

### CHILD 5:

Child's full name

Date of birth

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

Who will be caring for this child?

What address will your children be living at?

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

Will you be financially responsible for this child's care?

No

Yes

▶ I will pay the Family Tax Credit to the caregiver.

## Declaration

The information I have given is true and complete.

Name (print)

Signature

Date

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