Residential Support Subsidy – Sole Parent’s Dependent Children Notification

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 or Freephone 0800 999 199

Personal details

1. What is your name?
   First name(s)
   Surname or family name

2. What is your date of birth?
   Day Month Year

3. What is the name of your residential service provider?

4. What date did you enter the residential service?
   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
   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
   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
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 4:
Child’s full name
Date of birth
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 5:
Child’s full name
Date of birth
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.

Declaration

The information I have given is true and complete.

Name (print)

Signature

Date
Day Month Year