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

When you’ve completed this form, send it to us:

**Email:**
msd_rss@MSD.govt.nz

**Or**

**Post:**
Ministry of Social Development
Centralised Processing Services
Private Bag 9032
Whangarei 0148

**Client number**

Your client number can be found on your Community Services Card or SuperGold card if you have one.

Tell us your details

**1. What is your full name?**
First and middle names
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

Tell us about your dependent children on the next page.
Tell us about your dependent children

What are your children’s details while you’re in the residential service?

Child 1
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
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 3
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

INFORMATION NOTE:
If you have more than three children, please copy this page for the extra children.