

Young Parent Payment Partner application



**MINISTRY OF SOCIAL
DEVELOPMENT**
TE MANATŪ WHAKAHIATO ORA

Why not apply online?

Go to **workandincome.govt.nz**.

If you need more information go to our **website** or call us on **0800 559 009** and say “youth” when you’re asked why you’re calling.

We suggest that you read pages 1 to 4 of this application form before starting to fill it in, so you get a feel for what’s needed.

Young Parent Payment

Young Parent Payment is for young parents aged 16 to 19 who have dependent children, and are in need of financial assistance. For example if you’re:

- a parent or caregiver who has one or more dependent children in your care
- single and aged 16 or 17 years old, you must be in exceptional circumstances or are being supported by parents, step-parents or guardians who earn under the Family Tax Credit threshold
- married, in a civil union or de facto relationship with a partner who meets certain requirements.


When you get Young Parent Payment you’ll need to work with a Youth Service provider who’ll provide on-going support and guidance. You’ll also need to meet some other conditions.

We want you to have the skills to get a job that will help you have a better future. It’s important you stay in or get back to into education, training or work-based learning.

The information we collect on this application form will help us to work out what help we can give you.

What you need to do next

You need to do several things before a Youth Service provider can help you.

1. Carry out any activities we ask you to do to help you prepare for or stay in education, training or work-based learning.
2. Fill out this application form.
3. Get other people to fill out parts of the application form, if you need to (for example, if you’re applying for a Disability Allowance, a health practitioner needs to fill out the Disability Allowance medical certificate).
4. Collect all the documents you need to show us. We tell you about these documents in the application form (look for the ) and we also have a list on pages 3 and 4.
5. Bring this application form and the documents to a meeting with your Youth Service provider. If you don’t already have a meeting arranged, contact us on **0800 559 009** and say “youth” when you’re asked why you’re calling.

You must give us all the information we need.

If you don’t have all the information we need, talk with us and we may be able to help.

If we find out later that any information you give us is not true, or that you knew information you should have told us and did not tell us, we may stop your payments. You might need to pay money back. In some cases you could even be prosecuted.

Our commitment to YOU



We will get to know you, your situation and your needs

Ka mōhio
ki a koe
—
know
you

We will make sure you understand everything you need to know



We will use your feedback to improve our service

We will respect your privacy and be clear about how we use your information and who we share it with



We will let you know everything you may be eligible for

Ka tautoko
i a koe
—
support
you

We will help you however we can, as soon as we can



The information we give you will be accessible and consistent no matter how you contact us

We will be honest about our mistakes and put them right



We will respect you and what is important to you

Ka mahi
tahi ki a koe
—
with
you

We will work together to achieve shared goals



We will let you know your options, rights and obligations

Our actions will follow our words



How did  **wedo?**

Let us know by visiting msd.govt.nz/feedback or call us on 0800 559 009

Young Parent Payment Partner what to bring



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Once you've filled out the application form, use this checklist to tick off all the documents you need for your meeting with the Youth Service provider.

Talk to us if you don't have any of the documents, have given them to us recently or if there might be a delay in getting them.

What you need to bring



INFORMATION NOTE:

Documents need to be originals, or copies of documents that have been certified as a **true copy** by a Solicitor/Lawyer, Notary Public, Registrar of the Court or Justice of the Peace.

Proof of who you are:

For you

If you were born in New Zealand, bring one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).

If you were born overseas, bring proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).

If your name has changed, bring your marriage certificate, deed poll, or other proof of the name change.

You need to bring **two** more documents that help to prove who you are (for example, a bank statement, phone or power account, driver licence, letter from school).

A form or letter from Inland Revenue showing your tax number.

Proof of your bank account details, such as a bank statement or deposit slip.

One of the documents above must be at least two years old

There are more things you need to bring in the table over the page.

Applicant form

Depending on answers in the applicant form (pages 5 to 20) you may need to bring:	For you	For your partner (if you have one)
Full birth certificates for each dependent child in your care	<input type="checkbox"/>	
Your marriage or civil union certificate, for a current relationship.	<input type="checkbox"/>	
Reports you may already have that relate to any reason why you can't live with your parents/step-parents or guardians or get support from them.	<input type="checkbox"/>	
A letter from your school to confirm you're enrolled there (if you're a full-time student).	<input type="checkbox"/>	
Proof that you're participating in a training course or work-based learning.	<input type="checkbox"/>	
Your school leaving certificate (only if you've recently left school).	<input type="checkbox"/>	
A medical certificate if you have a health condition, injury or disability that stops you participating in education, training or work-based learning.	<input type="checkbox"/>	
Proof of any before-tax income for the 52 weeks before the application (for example, wages, holiday pay and any other income) and details of your income for the last 26 weeks.	<input type="checkbox"/>	<input type="checkbox"/>
Trust documents, if you're involved in a trust (for example, trust deed, deed of debt, gift statements, accounts).	<input type="checkbox"/>	<input type="checkbox"/>
Proof of your weekly living expenses including accommodation, power, phone and any hire purchase or loan agreements you may have.	<input type="checkbox"/>	<input type="checkbox"/>
Proof of your assets and their value.	<input type="checkbox"/>	<input type="checkbox"/>

Extra help forms

Depending on your answers in the extra help forms (pages 21 to 30), you may need to bring:	For you	For your partner (if you have one)
If you're applying for a Disability Allowance :		
• proof of health-related costs	<input type="checkbox"/>	
• a Disability Allowance medical certificate.	<input type="checkbox"/>	
If you're applying for an Accommodation Supplement :		
• proof of accommodation costs	<input type="checkbox"/>	<input type="checkbox"/>
• proof of your assets and their value.	<input type="checkbox"/>	<input type="checkbox"/>
If you're applying for Temporary Additional Support :		
• proof of any essential ongoing costs	<input type="checkbox"/>	<input type="checkbox"/>
• proof of accommodation costs	<input type="checkbox"/>	<input type="checkbox"/>
• proof of your assets and their value.	<input type="checkbox"/>	<input type="checkbox"/>

Young Parent Payment Partner applicant form



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myMSD

Apply online instead
It's quicker and easier

my.msd.govt.nz

In the applicant form, 'you', 'your', and 'yourself' means the person applying for Young Parent Payment.

If we say 'your partner' this only applies to you if you have one.

Tell us about yourself

If you've received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your Community Services Card if you have one.

Client number

 | |

Tell us the names you've been known by

1

What is your full name?

 Mr Mrs Ms Miss Other

First and middle names

Surname or family name



ATTACHMENT FOR Q1:

Bring proof of your identity. What you need to bring is explained on page 3.

2

Is the name on your birth certificate the same as above?

 No Yes

First and middle names

Surname or family name



HOW TO ANSWER Q3:

For example, have you had married names, English names, changes by deed poll, or aliases?

3

Have you ever been known by any other name?

 No Yes

1.

2.



ATTACHMENT FOR Q3:

Bring your marriage certificate, deed poll, or other proof of any name change.

4

What name would you like us to call you?

 The name I wrote in Question 1 The name I wrote in Question 2 Other

Tell us your ethnicity

13

INFORMATION FOR Q13:
We collect this information for statistics we use in research and future development work.

Tick the group(s) you most identify with.

<input type="checkbox"/> Māori	→ Which tribe(s) or iwi?	<input type="text"/>	
<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Niuean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Indian
<input type="checkbox"/> Other European	<input type="checkbox"/> Toilelauan	<input type="checkbox"/> Tongan	<input type="checkbox"/> Chinese
<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Other	↓ Please write below	<input type="checkbox"/> Don't want to answer
<input type="text"/>			

Tell us about your residence status

14

Do you usually live in New Zealand?

No Yes

HOW TO ANSWER Q14:
This means you consider New Zealand your home, you're a legal resident, you usually live here and you intend to stay.

15

What best describes your residence status in New Zealand? Tick only one box.

<input type="checkbox"/> New Zealand citizen by birth	Go to question 18
<input type="checkbox"/> Granted New Zealand citizenship	→ Date citizenship granted
	<input type="text"/> <input type="text"/> <input type="text"/>
	Day Month Year
	Go to question 16
<input type="checkbox"/> Granted permanent residency	→ Date permanent residence granted
	<input type="text"/> <input type="text"/> <input type="text"/>
	Day Month Year
	Go to question 16
<input type="checkbox"/> Other	↓ What is your residence status?
<input type="text"/>	

ATTACHMENT FOR Q14:
If you answer 'No' you'll need to provide proof of your assets and their value (page 20).

16

When did you arrive in New Zealand?

Day Month Year

17

What country were you born in?

HOW TO ANSWER Q18:
Please answer even if you're a New Zealand citizen by birth.

18

Have you lived in New Zealand continuously for at least two years since you became a New Zealand citizen or permanent resident?

No Yes

Tell us about the people in your household

Tell us about your dependent children

23

Do you have dependent children in your care?

 No

Go to question 29

 Yes

↓ Please provide details below

Child 1

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 2

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 3

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 4

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

If you need to include more than four children in your application, please write these details about each one on a separate sheet of paper, and bring them with this application form.

HOW TO ANSWER Q23:

Please give the names of children you support financially and who live with you as a member of your family, including:

- your own children
- adopted children
- stepchildren
- children at boarding school
- grandchildren / mokopuna.

The child's name should be the same as on the child's birth certificate.

Tell us the names of all parents of each child.

ATTACHMENT FOR Q23:

Bring the birth certificate for each dependent child.

HOW TO ANSWER Q24:

Please read the definition of a relationship on page 10.

24

Are you a sole parent?

 No

Go to question 27

 Yes

25 **HOW TO ANSWER Q25:**

Record the names of all known parents, including those:

- named on the child's birth certificate
- named in a Deed of Acknowledgement of Paternity, or
- named as the child's parent by the Court.

25

Have you named all the parents for each child?

No Please talk with us Yes

26

Have you applied for Child Support for each child?

No Please talk with us Yes

27

Do you have a shared care arrangement for any of your dependent children?

No Yes ↓ Please list the details below

Name of child	Hours a week in your care	Name of person you have shared care with

INFORMATION FOR Q27:
If you're a sole parent you may need to complete a Child Support application for each dependent child.

28 **INFORMATION FOR Q28:**

Working for Families tax credits are payments to families with children to help with day-to-day living costs. People getting a benefit who have dependent children generally qualify.

28

If you qualify for any Working for Families tax credits do you want them paid with your benefit?

No Yes

If you tick 'yes', we'll tell Inland Revenue for you – so you do not need to.

Tell us about other children that were dependent on you

29

Have you had any children in your care in the last 52 weeks who are no longer dependent on you?

No Yes ↓ Please list their details below

Name of child	Date of birth	Date they became no longer dependent

Tell us about your relationship status

Definition of a relationship for benefit purposes

Whether people are single or a couple affects eligibility for certain income assistance and the rate at which we can pay that assistance.

When we work out your entitlement to income assistance, we'll consider you to be in a relationship if you're married, in a civil union, or in a de facto relationship, and have a degree of companionship.

By degree of companionship, we mean two people:

- are committed to each other emotionally for the foreseeable future, *and*
- are financially interdependent.

To give you a better idea of what we mean by this, think about whether your relationship includes some of the things below:

- you live together at the same address most of the time
- you share responsibilities, for example bringing up children (if any)
- you socialise and holiday together
- you share money, bank accounts or credit cards

HOW TO ANSWER Q30:

Tick this statement to confirm you understand the definition of a relationship for benefit purposes.

If you don't understand what we mean by a relationship please leave this blank until you talk with us. In the meantime, go to question 36.

30

Do you understand our definition of a relationship?

I understand the definition of a relationship for benefit purposes

31

Do you have a partner?

By 'partner' we mean someone you're in a relationship with. If you're not sure, please leave this section blank until you talk to us. In the meantime, go to question 36.

No **Go to question 36** Yes

32

What is your partner's full name?

33

What is your partner's date of birth?

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

ATTACHMENT FOR Q24:

Bring your marriage or civil union certificate for your current relationship.

34

What is your relationship status with your partner?

↓ Tick one of the following boxes

Married In a civil union In a relationship

35

If you're in a de facto relationship how long have you lived with your partner?

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

Tell us your situation

For single people aged 16-17 who have never been married or in a civil union or de facto relationship, we'll get information, where necessary, about your circumstances from an assessment provider, school counsellor, parents and/or wider family.

36

What are the names and addresses of your parents/step-parents/guardians?

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

37

Are you living at your parent's/step-parent's/guardian's home?

No



What date did you leave?

Day Month Year

Yes

Please discuss with your Contracted Service provider or Work and Income

38

Why aren't you living with them?

39

Are you getting any money from your parents/step-parents/guardians or any other person?

No



Please tell us why you're not receiving any support

Yes



How much and from who?

How much

From who

40

Has the relationship with your parents/step-parents/guardians broken down?

No

Go to question 43

Yes

41

How long have you been having problems with your parents/step-parents/guardians?

42

Are you seeing a social worker or counsellor because of the relationship breakdown?

No

Yes



Please provide their name and organisation below

Tell us about your education and training

Tell us about your study and training

43

Have you finished full-time study or training?

No

[Go to question 46](#)

Yes

ATTACHMENT FOR Q44

You'll need to provide proof if you stopped attending.

44

Why did you stop attending?

HOW TO ANSWER Q45:

If you're unsure whether your course meets the full-time criteria, check with your education provider.

45

Are you enrolled in full-time study at a school, university, college of education, Wānanga, or private training establishment?

No

[Go to question 46](#)

Yes

[What's the name of the place you attend?](#)

Tell us about health conditions, injuries or disabilities

Tell us about your ability to work

46

Do you have a health condition, injury or disability?

No

[Go to question 58](#)

Yes

[Please tell us what your health condition, injury or disability is](#)

ATTACHMENT FOR Q46:

If you answered 'yes' you need to provide a medical certificate from a health practitioner.

47

Please describe (in your own words) how your health condition, injury or disability limits your ability to participate in education, training or work-based learning.

Tell us about any ACC cover

48

Do you have an injury, or does your health condition or disability result from an injury or accident?

No

[Go to question 56](#)

Yes

49 When did the injury or accident happen?

Day	Month	Year

50 How did the injury or accident happen?

51 Have you applied, or will you apply, for earnings-related accident compensation payments?

 No

Please write the reasons you're not applying

Go to question 56

 Yes

52 Who will make these payments?

 ACC Another workplace accident insurer

Go to question 56

53 Have you applied to ACC?

 No

Go to question 56

 Yes

Which ACC office did you apply at?

--

54 When did you apply?

Day	Month	Year

55 What is your ACC reference number?

--

Tell us about any insurance cover

56 Do you have insurance to replace all or part of your income if you can't work?

 No

Go to question 58

 Yes

Please write the name of the insurance company or scheme below

--

57 How much do you expect to get from insurance, before tax?

Weekly

\$

Lump sum

\$

Tell us about your work in the last 52 weeks

By 'work' we mean any employment you get paid or get other advantages for, such as free or subsidised board, payments in kind, or drawings from a business.

Answer this section about your work

58

Have you worked in the last 52 weeks?

No

[Go to question 69](#)

Yes

59

Are you working?

No

[Go to question 63](#)

Yes

HOW TO ANSWER Q60:

By full-time, we mean you generally work at least 30 hours a week.

If you have more than one job please record details of your other employers on a separate sheet of paper.

For each job include the information asked for in questions 60, 61 and 62.

60

What type of work do you do?

Full-time

Part-time

Casual

Seasonal

Self-employed

Voluntary

61

Who are you working for?

Employer's name

Employer's address

Employer's phone number

Employer's email and fax

HOW TO ANSWER Q62:

Include the amount you're paid and also the value of things you get from your employer instead of money.

If your income varies week to week – provide an average (for example, the average of your last four weeks pay).

62

How much are you paid each week?

Type of payment (include goods or services)	Amount before tax	Amount after tax
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Tell us about any work during the last 52 weeks that has finished **63**

HOW TO ANSWER Q63:
If you've had more than one job end in the last 52 weeks please record details of all other employers on a separate sheet of paper.
For each job include the employer's:

- name
- address
- phone number
- email and/or fax, and
- the start and end dates.

Have you had any work in the last 52 weeks that you're no longer doing?

No **Go to question 69** Yes

Who did you last work for?

Employer's name

Employer's address

Employer's phone number

Employer's email and fax

65 **How long did you work there?**

Date you started work Date of last day at work
 Day Month Year Day Month Year

66 **Why did this work end?**

HOW TO ANSWER Q67:
Holiday pay includes long-service leave payments and termination pay includes payments in lieu of notice.

67 **Did you get any of the following payments when you left?**

No **Go to question 69**

Yes **↓ Please tick the box and write in the before-tax amount**

Sick pay \$

Holiday pay \$

Termination pay \$

Redundancy pay \$

Other \$

HOW TO ANSWER Q68:
Don't include any of the payments you got in Q67.

68 **How much was your pay for the four weeks before you left?**

Before tax	After tax
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>

Tell us about your income and assets

Tell us about income in the last 52 weeks?

69

Did you get income from any of the following sources in the last 52 weeks?

↓ Tick one box in each line below

- Wages or salary No Yes
- Termination pay No Yes
- Redundancy pay No Yes
- Accident compensation (eg ACC) No Yes
- Income insurance (replacement/protection) No Yes Jointly with partner
- Farm or business income No Yes Jointly with partner
- Payments from self employment or contract work No Yes Jointly with partner
- Interest from savings, investments, or bonds No Yes Jointly with partner
- Dividends from shares, unit trusts, or managed funds No Yes Jointly with partner
- Income from rents No Yes Jointly with partner
- Payments from boarders or flatmates No Yes Jointly with partner
- Child Support payments No Yes
- Other income for a child No Yes
- Maintenance payments No Yes
- Payments from a former partner No Yes
- Student Allowance, scholarship or, Student Loan living cost payments No Yes
- Overseas pension, benefit or allowance payments No Yes
- Other superannuation or retirement scheme income (government or private) No Yes
- Income from an estate, if you've inherited money No Yes Jointly with partner
- Income from trusts No Yes Jointly with partner
- Other No Yes Jointly with partner

ATTACHMENT FOR Q69:

Bring a copy of your business accounts.

INFORMATION FOR Q69:

In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

70

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 69?

- No Yes

↓ Tell us the total before-tax amounts, for the last 52 weeks

Where did the income come from?	Payment made to?	
	You	Jointly with partner
	\$	\$
	\$	\$
	\$	\$
	\$	\$

ATTACHMENT FOR Q70:

You need to show us proof of income you've received in the last 52 weeks and details of your income for the last 26 weeks.

HOW TO ANSWER Q71:
Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

71

Did you get other types of payment apart from money in the last 52 weeks?

No Yes

↓ **Please tell us about the type of payment and its value**

Type of payment	Where did it come from?	Its value
		\$
		\$
		\$
		\$

HOW TO ANSWER Q72:
How often do you expect the payment, such as weekly, fortnightly, monthly, one-off.
The types of income you need to include here are listed on page 18.

72

Do you expect to get income or other payments in the next 52 weeks?

No Yes

↓ **Please write the details below. Tell us the before-tax amounts**

Where will the payment come from?	You	Payment made to? Jointly with partner	How often do you expect the payment?
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Are you involved with a trust?

73

Are you involved in a trust, or have you ever been involved in a trust?

'Involved' means one or more of the following:

- you've set up a trust, usually by making a gift of assets or property
- you've sold or gifted assets to a trust
- you make decisions about managing a trust
- you benefit from a trust, for example, by receiving income such as trust distributions.

No Yes

↓ **Please write the name of the trust**

ATTACHMENT FOR Q73:
You'll need to show us trust documents, such as the trust deed, deed of debt, gift statements, accounts

Tell us about your assets

74

Do you or your partner have any of the following cash assets?

- Money in bank or other savings No Yes
- Bonus Bonds, shares, debentures or stocks No Yes
- Money lent to other people or organisations No Yes
- Other cash assets No Yes

ATTACHMENT FOR Q74:
You may be asked to provide proof of your assets and their value.

75

If you answered 'yes' to any of the assets listed above, please write the details below.

Type of asset	You	Your partner	Jointly owned
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

HOW TO ANSWER Q76:
Examples of property you don't live in include land, holiday homes, bach/crib, investment properties.

76

Do you or your partner have any of the following non-cash assets?

- Property you don't live in No Yes
- Boat or caravan No Yes
- Other No Yes

ATTACHMENT FOR Q77:
You may be asked to provide proof of these details.

77

If you answered 'yes' to any of the non-cash assets listed above, please write the details below.

Type of asset	How much is it worth?	How much do you owe on it?
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Extra help form: Disability Allowance

The Disability Allowance helps with extra costs if you or a family member has a health condition or disability lasting more than six months. The allowance can help with extra costs directly related to the health condition or disability.

Tell us about the person you're applying for

78

Do you want to apply for the Disability Allowance?

No **Go to page 23** Yes

If you ticked 'yes' to question 78, you'll also need your doctor, specialist or nurse practitioner to fill out the Disability Allowance medical certificate on page 21.

Tell us about any payments you get for these health needs

79

Do you get payments from private medical insurance for any health-related needs?

No Yes **Please write the details below**

What cost is covered	How much is paid?	Name of person the payment is for
	\$	
	\$	
	\$	

80

Is this health condition covered by ACC or War Disablement Pension?

No Yes **If 'yes', you may not be entitled to a Disability Allowance**

Describe your extra costs

81

What extra health-related costs do you have?

Type of cost	Cost	How often (such as weekly, monthly, yearly)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

HOW TO ANSWER Q81:
Extra costs must be directly related to the health condition. Costs can include medical and prescription costs, medical alarms, lawn mowing, extra power or gas, transport and special equipment.

ATTACHMENT FOR Q81:
You'll need to show proof of these costs.

Disability Allowance medical certificate



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Health practitioner to complete

The Disability Allowance is available for reimbursement of additional costs arising from a Disability where the following criteria are met:

1. The person has a disability which is likely to continue for not less than six months; and
2. The disability has resulted in a reduction of the person's independent function to the extent that:
 - the person requires ongoing support to undertake the normal functions of life, or
 - the person requires ongoing supervision or treatment by a registered health professional.

For the purposes of qualifying for Disability Allowance, a disability means:

- physical disability or impairment
- physical illness
- psychiatric illness
- intellectual or psychological disability or impairment
- any other loss or abnormality of psychological, physiological, or anatomical structure or function (including sensory impairment)
- reliance on a guide dog, wheelchair, or other remedial means
- the presence in the body of organisms capable of causing illness.

For more information go to workandincome.govt.nz and search on *Disability Allowance*.

Client details

1

Client number | |

2

Client's name

First names

Surname

Disability details

3

Does the person have a disability that meets the Disability Allowance criteria?

Yes



Please provide the details below

No

Go to Health Practitioner
Verification

4

What is the nature of the person's disability?



Please tick the major disabilities or specify below

Psychological or psychiatric conditions

Stress (160)

Depression (161)

Bipolar disorder (162)

Schizophrenia (163)

Other psychological/psychiatric (165)

Neurological system disorders

Epilepsy (120)

Multiple sclerosis (121)

Parkinson's disease (122)

Muscular dystrophy (123)

Other nervous system disorders (124)

Cardio-vascular disorders

Heart disease (130)

Stroke (131)

Other cardio-vascular (132)

Immune system disorders

HIV / Aids (140)

Other immune system disorders (141)

Metabolic and endocrine disorders

Diabetes (150)

Other metabolic or endocrine disorders (151)

Substance abuse

Alcohol (170)

Drug (171)

Other substance abuse (172)

Sensory disorders

Blindness (180)

Other visual / eye (181)

Hearing / ear (182)

Other sensory disorders (183)

Accident

- Burns (190)
- Fractures, dislocations, soft tissue injury (191)
- Poisoning, toxic effects (192)
- Internal injuries (193)
- Injury to the nervous system (194)
- Back pain / injury (195)
- Overuse injury [RSI] (196)
- Complications of medical or surgical care (197)
- Other injury (198)

Other disorders

- Congenital conditions (103)
- Intellectual disability (164)
- Cancer (104)
- Infectious / parasitic diseases (105)
- Musculo-skeletal system disorder (106)
- Respiratory disorders (107)
- Genito-urinary disorders (108)
- Blood and blood forming organs (109)
- Skin disorders (110)
- Digestive system disorder (111)

5

Please indicate the expected duration of the disability:

- Less than 6 months There may be no entitlement to Disability Allowance
- 6 to 12 months 1 to 2 years 2 to 3 years Permanent Never reassess

Verification of doctor, specialist or nurse practitioner visits

6

Please list the type, cost and how often visits to doctors, specialist or nurse practitioners are necessary and result from the stated disability:

Type of consultation	Cost	How often (eg daily, weekly, monthly,)	Health practitioner's initials
	\$		
	\$		
	\$		

Items, services, treatments, pharmaceuticals

7

Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:

Item / service / treatment / pharmaceutical	Health practitioner's initials

Health practitioner's verification

Please print your details below.

HPI number |

Health practitioner's full name

Practice name and address

Telephone number ()

Health practitioner's signature

Date

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

This information is required under the Social Security Act 2018.

Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.



What you need to do (your obligations)



**MINISTRY OF SOCIAL
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When you're getting payments from us, there are some things you need to do to make sure you're getting paid the right amount.

If you don't do these things, we could pay you the wrong amount. It could also mean we have to reduce or stop your payments. We don't want you to miss out on money you need so please read these carefully.



- ⓘ A **job** could be part-time, casual or full-time, paid or unpaid.
- ⓘ Having another baby while you're getting a benefit changes your obligations about looking for work.

Let us know when things change

You need to let us know about changes that might affect the amount you're paid.

Changes to your income or availability for work, like:

- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
- the number of children in your care, including having another baby.

Changes to where you live or how much it costs, like a rise or drop in your rent, board, mortgage or rates.

We also need to know if you:

- go into or come out of hospital
- are being held in custody or on remand.

If we have the wrong information we could pay you the wrong amount. If we pay you too much you might have to pay us back.



- ⓘ We can't pay you while you're out of New Zealand unless we've agreed to it.

Tell us if you're going overseas

If you're travelling overseas, you need to let us know.

You need to let us know before you leave New Zealand. If there's a good reason you can't, then you need to let us know as soon as you can.



Attend school, tertiary education, training or work-based learning

You'll need to be enrolled and attending secondary school or tertiary education or an approved training or work-based learning course full-time.

The course needs to be leading to:

- NCEA Level 2, or
- an equivalent qualification, or
- a higher qualification.



Work with a Youth Coach

You'll need to work with a Youth Coach who'll support you while you're getting Young Parent Payment.

You'll meet with them to talk about how things are going, and they'll refer you to a parenting programme, a budgeting programme or education, training or work-based learning.

Your Youth Coach will also set up your payments so your accommodation costs, bills and debts will be paid first. Any remaining money will be split between an in-hand allowance and your payment card.



Keep up-to-date with children's health and education

Looking after children in your care includes making sure they're:

- enrolled with a health practitioner or medical centre
- up-to-date with core Well Child/Tamariki Ora checks
- enrolled in and going to early childhood education from the age of 3 until they start school
- going to school from when they start at the age of 5 or 6.

If we ask, you'll need to talk to us about what you're doing to care for your children's health and education.



Make any changes you can so you don't need Temporary Additional Support

Temporary Additional Support (TAS) is short-term help to meet your costs.

If you get TAS you need to do what you can to:

- reduce costs
- earn extra money
- get other help with costs.

What can happen if you don't meet your obligations

You need to do the things listed above to keep getting payments from us.

If you don't do these things your payments may go down or stop. In some cases you could even be prosecuted.



i You can find full details about what can happen if you don't meet your obligations at msd.govt.nz/not-meeting-your-obligations

Your payments can go down or stop if you:

- don't tell us something we need to know
- don't do something we asked you to do to enrol in an education, budgeting or parenting programme
- don't keep up-to-date with children's health and education
- are not on Money Management within 20 working days
- don't work with your Youth Coach

Your rights

You have the right to ask us to review any decision we make about your payments.



If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at msd.govt.nz/reviews



How we protect your privacy



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Collecting your information

We collect your personal information so we can provide income support under the Social Security Act 2018, and connect you with employment, education, and housing services.

- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don't.

Using your information

We use the information you give us to make decisions about the best way to help you.

- These decisions may be about:
 - whether you're eligible for our services
 - running our operations and ensuring our services are effective
 - the services we'll provide in the future.

Sharing your information

Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.

- To do this, we may share your information with:
 - prospective employers to help you find work
 - contracted service providers that help us to help you
 - health providers if we need your medical information to assess your eligibility
 - other government agencies when we have an agreement with them
 - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

Respecting you and your information

We make sure we follow the Privacy Act 1993 to do what's right when we use your information.

- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

Get in touch if you have a question

You have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong.

- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at msd.govt.nz/privacy

Signature page

Office copy

Applicant

I have answered all the questions that apply to me and my situation.

The information I have given you is true and complete.

I understand the things I need to do while I'm getting payments.

I will do what I need to do to meet my obligations.

I understand what you do with my personal information and how you protect my privacy.

Applicant's name (print)

Applicant's signature

Date

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

Helper's statement

Complete this if you've helped the applicant or their partner to complete this application form.

Your first and middle names

Your surname or family name

Your address

Your phone number

Tick the box for the statement that applies

- I completed this application form at the request of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the person applying.

Helper's signature

Date

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

Signature page

Applicant's copy

Applicant

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Applicant's signature

Date

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

Please use the document checklist to help you make sure you bring all the documents you need to your meeting with us.