

Young Parent Payment Partner's Form



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Who can get this benefit

To be eligible for the Young Parent Payment, you must be 16 – 18 years old and:

- have dependent children **and**
- are single **or**
- have been, married, in a civil union, or in a de facto relationship.

You must also be undertaking or available for a full-time course of:

- secondary or tertiary education **or**
- approved training **or**
- approved work-based learning.

If you are not able to take part in these activities right now, you must have a good reason why you can't do them.

Generally, you must:

- have lived in New Zealand continuously for two years at any one time since becoming a New Zealand citizen or a permanent resident **and**
- usually live in New Zealand.

What to bring

Please ask us for help if:

- you do not have any of the documents we have asked for
- you think there could be a delay in providing this information
- you would like to know about extra help.

When you apply for the Young Parent Payment, you and your partner (if you have one) will need to complete an application form and provide the following:

- For New Zealand born clients, one form of government-issued documentation stating your full legal name and date of birth (eg your birth certificate, passport, driver licence, firearms licence, deed poll, etc)
- For clients born overseas, proof of your lawful residence in New Zealand (eg New Zealand passport, other country passport with residence class visa or residence permit, citizenship certificate, etc)
- Two more documents supporting your identity. These could include your marriage certificate, bank statement, phone or power account, driver licence, etc)

Note: One of the documents requested above must be at least 2 years old.

- Full birth certificates for your children.
- Reports you may already have that relate to any reason why you can't live with your parents or get support from them.
- Proof of any name change.
- A form or letter from Inland Revenue showing your IRD (tax) number.
- Gross income details (eg weekly gross wage and gross holiday pay) for the 52 week period immediately before application **and** details of your last 26 weeks gross income.
- Proof of bank account details.
- A letter from your school to confirm you're enrolled there (if you are a full-time student) **or**
- Proof that you are participating in an approved training course **or** work-based learning.
- A Work and Income medical certificate completed by your doctor (if you are sick or injured) and are unable to participate in education, training or work-based learning.
- Your school leaving certificate (only if you have recently left school).
- Proof of any accommodation costs.
- Proof of the bank account of the person you pay your accommodation costs to.
- Proof or quotes for any expenses relating to your disability.
- Proof of your other weekly living expenses including power, phone and any hire purchase or loan agreements you may have.
- Proof of your assets.

Privacy Statement

The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form.

This may happen when you apply for a benefit and at any time after that.

The Privacy Act 1993 requires us to tell you that:

- The information you give us or your Contracted Service Provider (where you have one assigned to you) is collected under the authority of the legislation administered by the Ministry of Social Development.
- The information will be held by the Ministry of Social Development and/or your Contracted Service Provider (where you have one assigned to you).
- The information is collected for the purposes of the legislation administered by the Ministry of Social Development (including Work and Income, Child, Youth and Family and other service lines of the Ministry), and in particular for:
 - granting benefits and other assistance under the Social Security Act 1964 and assisting you to manage these payments
 - providing employment related services
 - statistical and research purposes
 - providing advice to Government
 - care and protection needs of children
 - providing support and services for you and your family
 - providing education and training related services.
- Work and Income and your Contracted Service Provider (where you have one assigned to you) will exchange information about you in order to provide you with your correct financial assistance and other services.
- Your Contracted Service Provider (where you have one assigned to you) may collect information from other agencies where that information is relevant to the services that the Contracted Service Provider (where you have one assigned to you) is providing you.
- Work and Income or your Contracted Service Provider (where you have one assigned to you) may contact health providers to verify any health related information you give us.
- Work and Income or your Contracted Service Provider (where you have one assigned to you) may give employers information about you to find you employment. Where Work and Income, or your Contracted Service Provider, refer you to a job vacancy, we, or your Contracted Service Provider, may also contact the employer to discuss the result of any job interview that you attend.
- Work and Income or your Contracted Service Provider (where you have one assigned to you) may share information you have given us, or them, with childcare centres to administer your entitlement to childcare assistance.
- Other information that you give us or your Contracted Service Provider (where you have one assigned to you) on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by your Contracted Service Provider or the Ministry of Social Development.
- The information you give us, or your Contracted Service Provider (where you have one assigned to you), may be compared with information held by Inland Revenue, the Ministry of Justice, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the Accident Compensation Corporation, Housing New Zealand Corporation, Ministry of Health and Immigration New Zealand. It may also be compared with social security information (for example, pension or benefit information) held by other governments (including Australia and the Netherlands).
- Under the Tax Administration Act 1994, if you have dependent children, the information you give us, or your Contracted Service Provider (where you have one assigned to you), may be shared with Inland Revenue for the purpose of administering Working for Families Tax Credits. Inland Revenue may also:
 - use the information for the purposes of child support, student loans and taxation
 - disclose it to the Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
 - disclose your personal information to your partner.
- Under the Privacy Act 1993 you have the right to ask to see all information we, or your Contracted Service Provider (where you have one assigned to you), hold about you and to ask them, or us, to correct that information.
- You are not required to give Work and Income or your Contracted Service Provider (where you have one assigned to you) information, but if you do not give them, or us, all the information we ask for your application for benefits may be declined.

Obligations

Work situation changes include starting part-time, casual or full-time work, whether paid or unpaid.

Changes in your living situation include:

- marriage or separation
- starting or ending a civil union
- starting or ending a de facto relationship with someone of the same or opposite sex
- change in the number of children supported
- change in accommodation costs.

I must tell my Contacted Service Provider or Work and Income immediately if I or my partner (if I have one):

- have a change in work situation
- become self employed / start to run a business
- have changes to my income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account details)
- have changes to my living situation
- am imprisoned / held in custody on remand
- am admitted to or discharged from hospital
- have been granted an overseas pension
- have any other changes that may affect my benefit entitlement or rate.

Important

I understand that:

- if I have made a false statement **or**
- if I have failed to answer all the questions in full **or**
- if I do not tell Work and Income about changes in my life that might affect my entitlement or rate **then**
 - my benefit may be reviewed and cancelled **and**
 - I may have to pay back the total amount of any overpayment that I have received **and**
 - Work and Income may impose a penalty (up to three times the value of the overpayment) **or**
 - I may be prosecuted and fined or imprisoned.

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Work and Income
Te Hiranga Tangata

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CLIENT NUMBER

Please read this before you start

Please check that you have all relevant "What to bring" items on the front of this form.

Please complete all questions.

Name

Q2 note: Give any other names that you use now or have used in the past (including your maiden name).

Q4 note: Please tick one box to show the title you want to be known by.

1. What is your name?

First name(s)

Surname or family name

2. Are you known by or have you used any other names?

No Yes ▶ Please provide details below:

1.
2.

3. Are you: Male Female

4. What do you want to be called?

Mrs Miss Ms Mr No title Other

Birth date

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

Address

Q6 note: If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

Q7 note: Mailing address includes:

- postal box (PO Box)
- rural delivery details
- C/O address.

6. Where do you live?

Flat/house no. Street name

Suburb City

7. What is your mailing address (if different from above)?

If you live at a rural address please include your rural delivery details here:

8. Who do you live with?

Full names

Relationship to you

Full names	Relationship to you
1.	
2.	
3.	
4.	

9. How can we contact you?

Mobile phone

Home phone

Work phone

Email

Fax

10. Do you agree to receiving some of your correspondence by text message or email rather than a letter?

No Yes

Residency

Q11 note: Tick one box.

11. Indicate which describes your residency situation:

New Zealand citizen (by birth) ▶ Go to Question 15
Date of citizenship

New Zealand citizen (other) ▶ Go to Question 13
Day Month Year

Permanent resident ▶ Go to Question 13
Date permanent residence granted
Day Month Year

Other ▶ Go to Question 12

12. What is your residency status?

13. When did you arrive in New Zealand?

Day Month Year

14. Where were you born?

15. Have you lived in New Zealand continuously for two years at any one time since becoming a New Zealand citizen or permanent resident?

No ▶ Talk to us about other assistance you may be able to get Yes

Q16 note: This means that you consider New Zealand your home, you are a legal resident, usually live here and intend to stay permanently.

16. Do you usually live in New Zealand

No Yes

17. Have you lived in any countries outside New Zealand?

No Yes ▶ Please provide details below:

Name of country	Entry date	Exit date	Purpose (eg working, immigration)
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

18. Are you receiving a social security pension or pension of a similar nature from the government of a country other than New Zealand?

No Yes

If 'Yes', what type of social security pension or pension of a similar nature are you receiving from another country or countries?

War service Disability or invalidity War widow
 Widow or survivor War restitution War injury
 Child or dependant Other payments

If you ticked any of the boxes above, please provide details about the type of payment you receive below:

Your payment details	Pension 1	Pension 2	Pension 3	Pension 4
Country the payment comes from:				
How much do you receive in each payment? (in overseas currency):				
Is this amount before or after tax?:				
How often do you receive this payment? (eg weekly, monthly, annually):				
Overseas payment reference number:				
Name of your pension, benefit or allowance:				

Ethnic group

Q19 note: You don't have to answer this question if you don't want to.

This information is for statistics and will be used for research and future development work.

19. To what ethnic group do you believe you belong?

<input type="checkbox"/>	New Zealand Maori	▶ Which tribe(s)/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"/>	Tokelauan	<input type="checkbox"/>	Tongan	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Cook Island Maori	<input type="checkbox"/>	Other	▶ Please specify below:			
<input type="text"/>							

Tax number

20. What is your Inland Revenue tax number?

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



You will need to provide proof of your bank account details.

21. What bank account do you want payments to?

Name of bank (eg ANZ):

The account is in the name of:

The account number is:

Bank	Branch	Account number
▪	▪	▪
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment

Q22 note: Paid employment includes employment for which you receive non-monetary benefits, eg free board, payments in kind, or drawings from an unprofitable business.

Q24 note: Give the name, telephone number and address of the firm or person you work for.

Q25 note: Give gross (before tax) amount of wages and the value of any non-monetary benefits received, eg free board or any drawings, whether or not the business makes a profit.

Q27 note: Give the name, telephone number and address of the firm or person you worked for.

Q28 note: Give gross (before tax) and net (after tax) amounts.

22. Are you working or have you been working in the last 52 weeks?

No ▶ Go to Question 34 Yes

23. Are you still working?

No ▶ Go to Question 27

Yes ▶ Is the job:

<input type="checkbox"/>	Full time	<input type="checkbox"/>	Part time	<input type="checkbox"/>	Casual
<input type="checkbox"/>	Seasonal	<input type="checkbox"/>	Voluntary	<input type="checkbox"/>	Self employment

24. Who are you working for?

1
2

25. How much is your gross weekly wage?

\$

26. Have you had any other employment in the last 52 weeks?

No ▶ Go to Question 34 Yes ▶ Go to Question 29

27. Who did you last work for and what sort of work did you do?

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

28. What was your weekly wage in your last job?

Gross	Net
\$ <input type="text"/>	\$ <input type="text"/>

29. How long did you work for?

Start date

Finish date

Day	Month	Year

Day	Month	Year

Q30 note: Give gross (before tax) amount.

30. Did you get holiday pay when you left the job?

No Yes ▶ Please provide gross amount: \$

Q31 note: Give gross (before tax) amount.

31. Did you get sick pay when you left the job?

No Yes ▶ Please provide gross amount: \$

Q32 note: Give the name and address of your employer, and the start and end dates of your employment.

32. Have you had any other employment in the last 52 weeks apart from that answered in Questions 24–31?

No Yes ▶ Please provide details below:

Q33 note: Give type of payments, eg long service leave, payments in lieu of notice, etc.

33. Did you get any redundancy / termination-type payment in the last 52 weeks?

No Yes ▶ Please provide details below:

Gross amount	Payment type	Date paid
\$		/ /
\$		/ /
\$		/ /

Other income

Q34 note: Examples of income from other sources:

- wages or salary
- accident compensation
- farm or business income (include drawings)
- self employment
- interest from savings or investments
- dividends from shares
- income from rents
- redundancy or termination type payments
- Child Support
- maintenance payments
- boarders
- Student Allowance, scholarship or Student Loan living cost payments
- any other income, eg family trusts, overseas payments.

Give gross (before tax) amount.

34. Did you get income from any other source in the last 52 weeks?

No Yes ▶ Please provide details below:

Source (eg bank account number)	Gross income (eg interest)
	\$
	\$
	\$
	\$

35. Do you expect to get other income in the next 52 weeks?

No Yes ▶ Please provide details below:

Source (eg bank account number)	Gross income (eg interest)
	\$
	\$
	\$
	\$

Child, Youth and Family

36. Have you recently been in the care of Child, Youth and Family?

No

Yes ▶ What date are you leaving/did you leave their care?

Day Month Year

Partner

Q37 note: A partner is your spouse (husband or wife), your civil union partner, or a person of the same or opposite sex with whom you have a de facto relationship (boyfriend or girlfriend).

37. Do you have a partner?

No ▶ Go to Question 42

Yes ▶ Are you:

Married

In a civil union

In a relationship ▶ You will need to provide Family Court consent for the relationship if you are 16 or 17 years old.

38. What is your partner's name?

39. What is your partner's date of birth?

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

40. If you are married or in a civil union, what date did you marry or enter the civil union?

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

41. If you are in a de facto relationship how long have you lived with your partner?

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

Personal details

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

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

Yes ▶ Please discuss with your contracted service provider or Work and Income

No ▶ When did you leave?

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

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

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

44. Please provide the reason why you are not living with them below.

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

Q45 note: Examples of any other person include:

- partner / boyfriend / girlfriend
- family / relatives
- friends.

45. Are you receiving any money from your parents/step-parents/guardians or any other person?

No ▶ Please provide details below of why you are not receiving any support

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

Yes ▶ How much?

\$

Who from?

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

No ▶ Go to Question 49

Yes

47. How long have you been experiencing problems with your parents/step-parents/guardians?

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

No Yes ▶ Please provide their name and organisation below

Education, training or work-based learning

49. Are you currently participating in education, training or work-based learning?

No ▶ Go to Question 50

Yes ▶ What activity are you doing?

Education ▶ Go to Question 52

Training

Work-based learning } ▶ Go to Question 53

50. Why did you stop attending? You will need to provide proof of this

51. When did you stop attending? ▶ Go to Question 55

Day Month Year

52. Where do you attend school or other educational institution?

--

 ▶ Go to Question 55

53. What training course or work-based learning do you attend?

--

54. Who runs this course?


--

55. Do you have a student allowance or a student loan?

No Yes

56. Do you have a sickness, injury or disability that prevents you from participating in education, training or work-based learning?

No ▶ Go to Question 66 Yes

 You will need to provide a Supporting Statement completed by your trainer.

Sickness, injury or disability

57. What is your medical condition/disability? (please describe in your own words)

58. How do you believe your medical condition/disability affects your ability to participate in education, training or work-based learning?

Q59 note: You may be sick because of an accident or injury. Please write down how and when the accident or injury happened.

59. Is your sickness a result of accident or injury?

No ▶ Go to Question 64 Yes ▶ Please provide details below:

60. Are you applying for earnings related Accident Compensation payments?

Yes ▶ Go to Question 61 No ▶ Please provide reasons why you are not applying below:

61. What ACC office did you apply at?

62. When did you apply?

Day	Month	Year

63. What is your reference number?

Insurance

64. Do you have personal accident or sickness insurance?

No Yes ▶ Please provide the name of insurance company or scheme below:

65. How much do you expect to get from insurance?

Weekly \$ Lump sum \$

Dependent children currently in your care

Q66 note: Please give the names of any children that you financially support and are living with you as a member of your family, including:

- stepchildren
- children at boarding school
- adopted children
- grandchildren
- mokopuna.

If you are caring for a child who is not your own you may be able to get other forms of assistance. Please ask us about this.

66. Do you have dependent children in your care?

No ▶ Please discuss this with Work and Income Yes ▶ Please provide details below:

Child's full name	Date of birth
1 <input style="width: 95%;" type="text"/>	/ /

Relationship to you	Other parent's name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Child's full name	Date of birth
2 <input style="width: 95%;" type="text"/>	/ /

Relationship to you	Other parent's name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Child's full name	Date of birth
3 <input style="width: 95%;" type="text"/>	/ /

Relationship to you	Other parent's name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Child's full name	Date of birth
4 <input style="width: 95%;" type="text"/>	/ /

Relationship to you	Other parent's name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Child's full name	Date of birth
5 <input style="width: 95%;" type="text"/>	/ /

Relationship to you	Other parent's name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Q67 note: You can get family tax credit if the children are 18 or under and not supporting themselves or in full-time employment.

You'll usually qualify for family tax credit if you qualify for a benefit – and in most cases this will be paid with your benefit. We will arrange this for you.

If your child(ren) attend either a childcare service or before or after school care programme, please talk to us about how we can help with Childcare Assistance.

67. Do you get income for any of these children?

No Yes ▶ Please provide details below:

Child's full name	Type of income

68. Do you have a shared custody arrangement for any of these children?

No ▶ Go to Question 56 Yes ▶ Please provide details below:

Child's full name	Hours per week in your care	Name and address of person you share custody with

69. Is your child(ren) a dependent child, and been maintained by your spouse at any time?

No ▶ Please discuss this with Work and Income Yes

Dependent children previously in your care

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

No Yes ▶ Please provide details below:

Child's full name	Date of birth	Date the child left your care or was no longer dependent
	/ /	/ /
	/ /	/ /
	/ /	/ /
	/ /	/ /

Legal identification of other parent

Q71 note: Please answer this section if you have dependent children for whom the legal identity of the father has not been established.

71. Please provide details of any child(ren) in your care for whom the legal identity of the father has not yet been established:

Child's full name	Date of birth
	/ /
	/ /
	/ /
	/ /

72. Have you seen a solicitor to assist you with legal identification of the father of the child?

No ▶ Please discuss this with Work and Income

Yes ▶ Please provide solicitor's name and address details below:

73. What is the solicitor's advice/action?

Disability Allowance Application

Please complete all questions – if not applicable write N/A.

Who can get Disability Allowance?

If you, have a disability, likely to continue for at least six months, you may be able to get extra help through a Disability Allowance.

We may be able to help with costs such as ongoing visits to the doctor, medicines, medical alarms and travel.

Your doctor or specialist will need to complete the Disability Certificate.

74. Do you want to apply for Disability Allowance?

Yes ▶ Please provide details below: No ▶ Please go to Temporary Additional Support section

Disability Allowance

Q75 note: Please tick one box only.

You may be able to get Child Disability Allowance for the same dependent child. Please talk to us about this.

75. Who are you applying for?

Yourself ▶ Go to Question 80

Your dependent child ▶ Please provide their full name below:

First name(s)	Surname	Relationship to you

Entitlements

76. Is this disability covered by private medical insurance?

No Yes ▶ Please provide details below:

77. Is this disability covered by ACC or War Disablement Pension?

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

Expenses

Q78 note: You must provide invoices, receipts, quotes or printouts for each additional expense before they can be considered as an ongoing cost for Disability Allowance. These must be attached to this form when you have completed it.

All of these expenses must be directly related to the disability and verified as necessary by a registered medical practitioner.

78. What additional expenses are paid for as a result of the disability?

List pharmaceuticals/items/services/treatments (eg medical costs, gardening, transport, medical alarms)	Cost?	How often (eg daily, weekly, monthly)?	Verification provided (please tick ✓)
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		



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CLIENT NUMBER

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Please read this before you start

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

- The person has a disability which is likely to continue for not less than six months; and
- 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 of the body of organisms capable of causing illness.

For more information about Disability Allowance, refer to the "Guide for Medical Practitioners – Disability Allowance" brochure.

Name

1. What is the client's name:

First name(s)

Surname or family name

Disability details

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

Yes ▶ Please provide details below:

No ▶ Please go to Registered Medical Practitioner Verification

3. 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)

Nervous 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)

continued overleaf ...

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)

4. 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 or specialist visits

5. Please list the type, cost and how often visits to doctors or specialists are necessary and result from the stated disability:

Type of consultation	Cost	How often (eg daily, weekly, monthly)?	Registered Medical Practitioner's initials
	\$		
	\$		
	\$		

Items / services / treatments / pharmaceuticals

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

Item / service / treatment / pharmaceutical	Registered Medical Practitioner's initials

Registered Medical Practitioner's verification

Please print your details below.

HPI number

Medical Practitioner's full name

Practice name and address

Telephone number ()

Medical Practitioner's signature

Day Month Year

This information is required under the Social Security Act 1964.

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

Please read this statement carefully and sign.

I must tell Work and Income or my Contracted Service Provider (where I have one assigned to me) immediately if either my partner or I:

- have a change in work situation (such as starting part-time, casual or full-time work, whether paid or unpaid)
- become self-employed / start to run a business
- have any change to my income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address, contact details, or bank account number)
- have changes to my living situation (such as marriage or separation, starting or ending a civil union, starting or ending a de facto relationship with someone of the same or opposite sex, change in the number of children supported, change in accommodation costs)
- are imprisoned / held in custody on remand
- are admitted to or discharged from hospital
- have been granted an overseas pension
- have any other change that may affect my benefit entitlement or rate.

I understand that while I get this payment and I am the primary caregiver of my youngest dependent child who is under six months of age (or under 12 months of age where there is no suitable place in a Teen Parent Unit) I will have the following activity obligations:

- when asked, participate in and complete a budgeting programme
- when asked, participate satisfactorily in an approved parenting education programme
- enrol my child(ren):
 - with a Primary Health Organisation, where local provider capacity allows
 - under the age of 5 years, with a WellChild/Tamariki Ora provider and keep up to date with their visits
- ensure my child(ren) are attending an Early Childhood Education Programme or attending other suitable childcare, while I am participating in education, training, work based learning or part-time work
- when asked and in the manner reasonably required, report to Work and Income or my Contracted Service Provider (where I have one assigned to me) on how I am meeting the obligations above
- when asked, attend and participate in any interview with Work and Income or my Contracted Service Provider (where I have one assigned to me)
- co-operate with Work and Income, or my Contracted Service Provider (where I have one assigned to me), in managing the spending of my Young Parent Payment, and:
 - attend and participate in regular budgeting discussions with Work and Income or my Contracted Service Provider (where I have one assigned to me)
 - at these discussions, or when otherwise asked, provide information on:
 - accommodation costs and service costs such as electricity and telephone
 - lawful debts and liabilities
 - how I spent any in-hand allowance and any money credited to my payment card or any other device

I also understand that when my youngest dependent child turns 12 months of age or is over 6 months of age and a suitable place becomes available in a Teen Parent Unit and there are no special circumstances then I will also have the following activity obligation:

- be enrolled in and satisfactorily undertaking, or be available for a full-time course of secondary school or tertiary education or approved training or work-based learning leading to:
 - NCEA Level 2 or
 - an equivalent qualification or
 - a higher qualification.

I agree to these activity obligations and understand that:

- the first and second time I do not meet my activity obligations, without good and sufficient reason, my in-hand allowance and any incentive payments earned will be stopped. I understand that if this happens, my payments will not increase again until I undertake the activity I failed to do or start another appropriate activity

- the third time I do not meet my activity obligations, without good and sufficient reason, my Young Parent Payment will be reduced by 50%, for 13 weeks. If my payment has been reduced by 50%, and I agree to take part in an approved activity for at least six weeks and I am still entitled to my payment, it will be increased
- when my Young Parent Payment is reduced or stopped this may affect my entitlement to any supplementary assistance I am receiving and the future level of control I have over managing my Young Parent Payment
- if I act in a way that is inconsistent with the purpose for which any incentive payment is paid, the incentive payment may be cancelled
- if my Young Parent Payment is reduced and is increased again I may have to re-earn my incentive payments
- I have the right to review or dispute any decision to reduce or stop my benefit.

I understand that while I get this payment and I am the primary caregiver of my youngest dependent child who is 12 months of age or over (or over six months of age where there is a suitable place available in a Teen Parent Unit and there are no special circumstances) or I am not the primary caregiver, I will have the following activity obligations:

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My obligations have been explained to me and I understand my responsibilities.

I understand that if I have made an application for Temporary Additional Support, I must take all necessary steps to get other assistance towards costs and take reasonable steps to increase my income and reduce costs where possible.

I have completed all the questions or they have been completed for me in this application.

The information I have given is true and complete. The conditions for receiving this assistance have been explained to me and I understand these conditions.

I am also aware of and understand the Privacy Act statement contained in this application form.

Name (print)

Signature

Day	Month	Year

OFFICE USE ONLY

Statement by Interviewing / Interpreting Officer

I have explained the conditions for receiving this assistance and explained what the client's obligations mean and the reason for them. The client has indicated that he / she understands and accepts responsibility to provide true and complete information and to advise immediately of any changes in circumstances. All questions have been completed.

Name (print)

Interviewing officer's signature

Day	Month	Year

Additional information:

Decision

Processor's signature

Day	Month	Year

Authenticator's signature

Day	Month	Year

10% 100% Critical data

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Checker's signature

Day	Month	Year

Please read this statement carefully and sign.

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Name (print)

Signature

Day	Month	Year