Youth Payment Application

Who can get this benefit

To be eligible for the Youth Payment, you must be 16 or 17 years old and:

- have no dependent children and
- are, or have been, married, in a civil union, or in a de facto relationship or
- if you are single, have exceptional circumstances such as not being able to be supported by parents/step-parents/guardians. We will be contacting an assessment provider, parents and/or wider family about your circumstances.

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

- secondary or tertiary education or
- approved training or
- 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 Youth 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.

- 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.
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
- change in accommodation costs.

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.
Youth Payment Application

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

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

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

2. Are you known by or have you used any other names?
   - No
   - Yes ▶ Please provide details below:
     1. 
     2. 

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

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

6. Where do you live?
   - Flat/house no.
   - Street name
   - Suburb
   - City

   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.

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
     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

11. Residency
   
   **Q11 note:** Tick one box.
   
   - New Zealand citizen (by birth) ▶ Go to Question 15
   
   Date of citizenship
   - Day
   - Month
   - Year
   
   - New Zealand citizen (other) ▶ Go to Question 12
   
   Date of permanent residence granted
   - 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

16. Do you usually live in New Zealand
   - No
   - Yes

17. Have you lived in any countries outside New Zealand?
   - No ▶ Please provide details below:
   - Yes
   
<table>
<thead>
<tr>
<th>Name of country</th>
<th>Entry date</th>
<th>Exit date</th>
<th>Purpose (eg working, immigration)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Your payment details</th>
<th>Pension 1</th>
<th>Pension 2</th>
<th>Pension 3</th>
<th>Pension 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country the payment comes from:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How much do you receive in each payment? (in overseas currency):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this amount before or after tax?:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do you receive this payment? (eg weekly, monthly, annually):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overseas payment reference number:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of your pension, benefit or allowance:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Ethnic group

**Q39 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.

<table>
<thead>
<tr>
<th>Ethnic group</th>
<th>Which tribe(s)/wi?</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Zealand Maori</td>
<td></td>
</tr>
<tr>
<td>New Zealand European</td>
<td>Niuean</td>
</tr>
<tr>
<td>Other European</td>
<td>Tokelauan</td>
</tr>
<tr>
<td>Cook Island Maori</td>
<td>Other</td>
</tr>
</tbody>
</table>

**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.

### Tax number

**Q20. What is your Inland Revenue tax number?**

### Bank details

**Q21. What bank account do you want payments to?**

- **Name of bank (eg ANZ):**
- **The account is in the name of:**
- **The account number is:**

### Employment

**Q22. Are you working or have you been working in the last 52 weeks?**

- **No**  ➔ Go to Question 34
- **Yes**

**Q23. Are you still working?**

- **No**  ➔ Go to Question 27
- **Yes**  ➔ Is the job: Full time

**Q24. Who are you working for?**

1. 
2. 

**Q25. How much is your gross weekly wage?**

**Q26. Have you had any other employment in the last 52 weeks?**

- **No**  ➔ Go to Question 34
- **Yes**  ➔ Go to Question 29

**Q27. Who did you last work for and what sort of work did you do?**

**Q28. What was your weekly wage in your last job?**

- **Gross**
- **Net**
29. How long did you work for?  
   
<table>
<thead>
<tr>
<th>Start date</th>
<th>Finish date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>Month</td>
</tr>
</tbody>
</table>

30. Did you get holiday pay when you left the job?  
   [ ] No  [ ] Yes  
   Please provide gross amount: $ __________

31. Did you get sick pay when you left the job?  
   [ ] No  [ ] Yes  
   Please provide gross amount: $ __________

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:

33. Did you get any redundancy / termination-type payment in the last 52 weeks?  
   [ ] No  [ ] Yes  
   Please provide details below:

<table>
<thead>
<tr>
<th>Gross amount</th>
<th>Payment type</th>
<th>Date paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>/ /</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>/ /</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>/ /</td>
<td></td>
</tr>
</tbody>
</table>

34. Did you get income from any other source in the last 52 weeks?  
   [ ] No  [ ] Yes  
   Please provide details below:

<table>
<thead>
<tr>
<th>Source (eg bank account number)</th>
<th>Gross income (eg interest)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

35. Do you expect to get other income in the next 52 weeks?  
   [ ] No  [ ] Yes  
   Please provide details below:

<table>
<thead>
<tr>
<th>Source (eg bank account number)</th>
<th>Gross income (eg interest)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
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<tr>
<td></td>
<td>$</td>
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<td></td>
<td>$</td>
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<td></td>
<td>$</td>
</tr>
</tbody>
</table>

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

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.

Child, Youth and Family  

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

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

Q31 note: Give gross (before tax) amount.

Q30 note: Give gross (before tax) amount.

Given gross (before tax) amount.
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

38. What is your partner's name?

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

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

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

   Please get your partner to complete the Youth Payment Partner Form.

Personal details

For single people 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?  
     Day  Month  Year

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

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

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
   - 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

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Please provide details below:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
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</tbody>
</table>

*Please provide reasons why you are not applying below:*

<table>
<thead>
<tr>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

*Go to Question 61*

61. What ACC office did you apply at?

<table>
<thead>
<tr>
<th>Office</th>
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<tbody>
<tr>
<td></td>
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</table>

62. When did you apply?

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

63. What is your reference number?

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
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<tr>
<td></td>
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</tbody>
</table>

### Insurance

64. Do you have personal accident or sickness insurance?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
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</table>

*Please provide the name of insurance company or scheme below:*

<table>
<thead>
<tr>
<th>Company/Scheme</th>
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<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Weekly</th>
<th>Lump sum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Dependent children currently in your care

66. Do you have dependent children in your care?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

*Please discuss this with your Contracted Service provider or Work and Income.*
Accommodation Supplement

Who can get Accommodation Supplement?

If you are renting, boarding or own your own home, you may be able to get extra help through Accommodation Supplement.

67. Do you want to apply for Accommodation Supplement?
- Yes ▶ Please provide details below:
- No ▶ Please go to Disability Allowance section

Living situation

68. Do you live alone?
- Yes ▶
- No ▶ Please provide the names of the others you live with:

<table>
<thead>
<tr>
<th>First name</th>
<th>Surname</th>
<th>Relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Assets

Q69 note: Examples of cash assets:
- money in bank or savings organisation
- money lent to other people or organisations
- money in Bonus Bonds, shares, debentures or government stock.

Q70 note: Examples of non-cash assets:
- leisure boats
- caravans
- land or buildings other than your home, eg holiday homes.

You may be required to show proof of these details.

69. Do you or your partner have any cash assets?
- No ▶
- Yes ▶ Please provide details below:

<table>
<thead>
<tr>
<th>Type of asset</th>
<th>You</th>
<th>Your partner</th>
<th>Jointly owned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

70. Do you or your partner have any non-cash assets?
- No ▶
- Yes ▶ Please provide details below:

<table>
<thead>
<tr>
<th>Type of asset</th>
<th>Total value</th>
<th>Money owing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
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</tr>
</tbody>
</table>

Rent

You may be asked to bring something that proves how much you pay, eg rent book, tenancy agreement.

71. Do you pay rent?
- No ▶ Go to Question 76
- Yes ▶ Please provide details below:

72. What is the total amount of rent paid for your home each week? $  

73. How much of this do you pay for yourself and your family? $  

74. What is the name, address and telephone number of the person you pay rent to?

75. Do you live in a property owned or managed by Housing New Zealand?
- No ▶
- Yes ▶ You are not entitled to receive an Accommodation Supplement
**Board**

Please bring something that proves how much you pay.

**Board includes:**
- food
- power
- cost of room
- telephone.

76. **Do you pay board?**

- [ ] No ▶ Go to Question 79
- [ ] Yes ▶ Please provide details below:

---

77. **What is the total amount of board you pay for yourself and your family each week?**

$ __________

78. **What is the name, address and telephone number of the person you pay board to?**

---

**Home owner**

Please bring something that proves how much you pay for mortgage, insurance, etc.

Please only include mortgages that relate to the purchase or alteration of the home.

Include both interest and principal.

Do not include contents insurance.

Include water rates if you pay them separately.

Please bring in receipts for repairs and maintenance.

79. **Do you own the home you live in?**

- [ ] No ▶ Go to Question 83
- [ ] Yes ▶ Please provide details below:

<table>
<thead>
<tr>
<th>Name of company</th>
<th>Amount of payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>First mortgage</td>
<td>$ __________</td>
</tr>
<tr>
<td>Other mortgage</td>
<td>$ __________</td>
</tr>
<tr>
<td>House insurance</td>
<td>$ __________</td>
</tr>
<tr>
<td>Ground lease</td>
<td>$ __________</td>
</tr>
<tr>
<td>Mortgage insurance</td>
<td>$ __________</td>
</tr>
<tr>
<td>Rates</td>
<td>$ __________</td>
</tr>
<tr>
<td>Water rates</td>
<td>$ __________</td>
</tr>
</tbody>
</table>

How often is the payment (weekly, monthly, 2-monthly, 6-monthly, yearly)?

---

80. **What was the total cost of repairs and maintenance in the last 12 months?**

$ __________

81. **If you have a Housing New Zealand mortgage, what is your interest rate?**

% __________

82. **Have you received a Rates Rebate?**

- [ ] Yes ▶ Amount $ __________ Rating year 1 July 20 __________
- [ ] No Rating year 1 July 20 __________ to 30 June 20 __________
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.

83. Do you want to apply for Disability Allowance?

☐ Yes ▶ Please provide details below:

☐ No ▶ Please go to Temporary Additional Support section

Entitlements

84. Is this disability covered by private medical insurance?

☐ No ☐ Yes ▶ Please provide details below:

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

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

Expenses

Q86 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.

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

<table>
<thead>
<tr>
<th>List pharmaceuticals/items/services/treatments (e.g., medical costs, gardening, transport, medical alarms)</th>
<th>Cost?</th>
<th>How often (e.g., daily, weekly, monthly)?</th>
<th>Verification provided (please tick ✓)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>


Disability Certificate  Registered Medical Practitioner to complete

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:
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 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)

   Immune system disorders
   - HIV / Aids (140)
   - Other immune system disorders (141)

   Metabolic and endocrine disorders
   - Diabetes (150)
   - Other metabolic or endocrine disorders (151)

   Nervous system disorders
   - Epilepsy (120)
   - Multiple sclerosis (121)
   - Parkinson’s disease (122)
   - Muscular dystrophy (123)
   - Other nervous system disorders (124)

   Substance Abuse
   - Alcohol (170)
   - Drug (171)
   - Other substance abuse (172)

   Cardio-vascular disorders
   - Heart disease (130)
   - Stroke (131)
   - Other cardio-vascular (132)

   Other sensory disorders
   - Blindness (180)
   - Other visual / eye (181)
   - Hearing / ear (182)
   - Other sensory disorders (183)

   continued overleaf...
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

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

<table>
<thead>
<tr>
<th>Type of consultation</th>
<th>Cost</th>
<th>How often (eg daily, weekly, monthly)?</th>
<th>Registered Medical Practitioner's initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
<td>$</td>
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<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item / service / treatment / pharmaceutical</th>
<th>Registered Medical Practitioner's initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
Temporary Additional Support Application

Who can get Temporary Additional Support?

If you are finding it hard financially, extra help with essential costs may be available through Temporary Additional Support.

It's important that you take all necessary steps to get other assistance towards costs and take reasonable steps to increase income and reduce costs where possible.

To get Temporary Additional Support, your cash assets will need to be below a certain level.

87. Do you want to apply for Temporary Additional Support?

☐ Yes ▶ Please provide details below: ☐ No ▶ Please go to your Obligations

Assets

Q88 note: Examples of cash assets:
- money in bank or savings organisation
- money lent to other people or organisations
- money in Bonus Bonds, shares, debentures or government stock.

Q89 note: Examples of non-cash assets:
- leisure boats
- caravans
- land or buildings other than your home, eg holiday homes.

You may be required to show proof of these details.

88. Do you and/or your partner have any cash assets?

☐ No ▶ ☐ Yes ▶ Please provide details below:

<table>
<thead>
<tr>
<th>Type of asset</th>
<th>You</th>
<th>Your partner</th>
<th>Jointly owned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
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<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

89. Do you and/or your partner have any non-cash assets?

☐ No ▶ ☐ Yes ▶ Please provide details below:

<table>
<thead>
<tr>
<th>Type of asset</th>
<th>Total value</th>
<th>Money owing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
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<td></td>
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<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Working for Families Tax Credits

Q90 note: Working for Families Tax Credits payments include:
- family tax credit
- in-work payment
- minimum family tax credit
- child tax credit
- parental tax credit.

You can get a Certificate of Entitlement by calling Inland Revenue on ☏ 0800 257 720. Please have your IRD number available.

90. Do you and/or your partner receive any Working for Families Tax Credits payments from Inland Revenue?

☐ No ▶ ☐ Yes ▶ Please provide details below and provide a Certificate of Entitlement from Inland Revenue.

<table>
<thead>
<tr>
<th>Type of payment</th>
<th>You</th>
<th>Your partner</th>
<th>How often (weekly, fortnightly etc)?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
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<td></td>
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<td>$</td>
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<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Employment costs

Q91 note: Employment costs include:
- vehicle running costs or public transport to employment
- childcare if the caregiver is working
- telephone if it is a condition for employment.

You may be required to show proof of these costs.

91. Do you and/or your partner have any essential employment costs?

☐ No ▶ ☐ Yes ▶ Please provide details below:

<table>
<thead>
<tr>
<th>Employment cost</th>
<th>Amount</th>
<th>How often (weekly, fortnightly etc)?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td></td>
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<tr>
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<td>$</td>
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<td>$</td>
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<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
Accommodation costs

Q93 note: If you don’t have a cost, write ‘nil’.

Please provide proof of these costs.

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>How often (weekly, fortnight etc)?</th>
<th>Start / purchase date</th>
<th>End date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$</td>
<td></td>
<td>/ /</td>
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<tr>
<td>Board</td>
<td>$</td>
<td></td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>First mortgage</td>
<td>$</td>
<td></td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Other mortgage</td>
<td>$</td>
<td></td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>House insurance</td>
<td>$</td>
<td></td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Ground lease</td>
<td>$</td>
<td></td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Mortgage insurance</td>
<td>$</td>
<td></td>
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<tr>
<td>Rates</td>
<td>$</td>
<td></td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Water rates</td>
<td>$</td>
<td></td>
<td>/ /</td>
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<tr>
<td>Cost of essential repairs and maintenance for the last 12 months</td>
<td>$</td>
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<td>/ /</td>
<td>/ /</td>
</tr>
</tbody>
</table>

Credit sales (hire purchases) and regular costs

Q95 note: Essential items that may be included:
- beds, dining suites, fridge / freezer, portable heaters, lounge suite, stove, television
- vehicle repayments
- washing machine (or laundrette costs)
- dryer (disability)
- childcare costs (disability).

Have you received a Rates Rebate?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Amount</td>
<td>$</td>
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</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>How often (weekly, fortnight etc)?</th>
<th>Start / purchase date</th>
<th>End date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
<td>Amount</td>
<td>How often (weekly, fortnight etc)?</td>
<td>Start / purchase date</td>
<td>End date</td>
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<td>Item</td>
<td>Amount</td>
<td>How often (weekly, fortnight etc)?</td>
<td>Start / purchase date</td>
<td>End date</td>
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<tr>
<td>Item</td>
<td>Amount</td>
<td>How often (weekly, fortnight etc)?</td>
<td>Start / purchase date</td>
<td>End date</td>
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<tr>
<td>Item</td>
<td>Amount</td>
<td>How often (weekly, fortnight etc)?</td>
<td>Start / purchase date</td>
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<tr>
<td>Item</td>
<td>Amount</td>
<td>How often (weekly, fortnight etc)?</td>
<td>Start / purchase date</td>
<td>End date</td>
</tr>
<tr>
<td>Item</td>
<td>Amount</td>
<td>How often (weekly, fortnight etc)?</td>
<td>Start / purchase date</td>
<td>End date</td>
</tr>
</tbody>
</table>

Please talk to us if you or your partner have disability costs but have not applied for a Disability Allowance.
Personal safety and special family circumstances

**Q96 note:** Telephone costs for personal safety or security need to be verified by either the Police, court orders, Women’s Refuge, previous history held by Work and Income, Child Youth and Family, or any other relevant organisation.

You will need to provide proof of your circumstances and your telephone rental costs (excluding toll or call charges and mobile phones) if we do not have these details already.

**Q96.** Do you and/or your partner need a telephone for safety or security reasons, or because of special family circumstances?

- [ ] No
- [ ] Yes  ➤ Please provide details below:

<table>
<thead>
<tr>
<th>Details of circumstances</th>
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</tbody>
</table>

Amount $  How often (weekly, fortnightly etc)?

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Necessary and reasonable steps

**Q97 note:** Temporary Additional Support is last resort financial assistance. You and your partner must take all necessary steps to get other assistance towards costs and take reasonable steps to increase income and reduce costs where possible.

**Q97.** Please indicate what steps you and/or your partner have taken to get other assistance, reduce costs or increase income:

We will talk to you about what other steps you might be able to take.
Youth Payment Obligations

Office Copy

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, I will be required to meet the following activity obligations:

• 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
• when asked, participate in and complete an approved budgeting programme
• 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 Youth 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 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 I have not recomplied within four weeks by undertaking the activity I failed or starting another appropriate activity, my entire Youth Payment and any incentive payments will be stopped until I recomply
• the third time I do not meet my activity obligations, without good and sufficient reason, my Youth Payment and any incentive payments will be stopped, for 13 weeks. If my Youth Payment has been stopped, 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 restarted
• when my Youth Payment is stopped this may affect my entitlement to any supplementary assistance I am receiving and the future level of control I have over managing my Youth 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 Youth Payment is stopped and is re-started again I may have to re-earn my incentive payments
• I have the right to review or dispute any decision to stop my benefit.
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
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

Additional information:

Decision

Processor's signature

Authenticator's signature

Checker's signature

10%  100%  Critical data
Youth Payment Obligations

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, I will be required to meet the following activity obligations:

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  - NCEA Level 2 or
  - an equivalent qualification or
  - a higher qualification
- when asked, participate in and complete an approved budgeting programme
- 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 Youth 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 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 I have not recomplied within four weeks by undertaking the activity I failed or starting another appropriate activity, my entire Youth Payment and any incentive payments will be stopped until I recomply
- the third time I do not meet my activity obligations, without good and sufficient reason, my Youth Payment and any incentive payments will be stopped, for 13 weeks. If my Youth Payment has been stopped, 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 restarted
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- I have the right to review or dispute any decision to stop my benefit.
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