

# Child Disability Allowance application form



MINISTRY OF SOCIAL DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

The Child Disability Allowance is a non-taxable, fortnightly payment made to the main carer of a child or young person with a serious disability. It's paid to recognise the extra care and attention needed for that child.

The child needs to be assessed by their health practitioner as needing constant care and attention for at least 12 months because of a serious disability. You also need to meet some other conditions.

Other assistance, such as the Disability Allowance, may be available to help with the costs of treatment, medication or disability related expenses.

You can't get this allowance if the child already gets a benefit (except for the Orphan's or Unsupported Child's Benefit), or if you get Board Payments for them from Oranga Tamariki.

## How to apply

### Step 1 – Fill in the form

Fill in this application form, and take the medical certificate inside it to your child's health practitioner for them to complete.

### Step 2 – Come in and see us

If you already get a benefit from us and your child is included, you can drop the form and documents we need to one of our service centres, or post them to us.

If you don't get any other help from us, please make an appointment to come and see us.

**We can grant Child Disability Allowance from the date you first contact us, if you complete your application within 20 days of that date.**

## What you need to provide

**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:

**If you were born in New Zealand**, provide 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**, provide 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**, provide your marriage certificate, deed poll, or other proof of the name change.

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

**If you're using identification that has expired it must not be more than two years past the expiry date.**

### You also need to provide:

Full birth certificate for the dependent child this application is for.

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

# Our commitment *to YOU*



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



We will use your  
feedback to improve  
our service

Ka mōhio  
ki a koe

**know  
you**

We will make sure you  
understand everything  
you need to know



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



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

Ka tautoko  
i a koe

**support  
you**

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



We will be honest  
about our mistakes  
and put them right



We will respect you  
and what is important  
to you



We will let you know  
your options, rights  
and obligations

Ka mahi  
tahi ki a koe

**with  
you**

We will work  
together to achieve  
shared goals



Our actions will  
follow our words



How did   
*wedo?*

Let us know by visiting [msd.govt.nz/feedback](https://msd.govt.nz/feedback)  
or call us on 0800 559 009

# Child Disability Allowance applicant form



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## 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 about yourself

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 who you are. What you need to bring is explained on page 1.

#### HOW TO ANSWER Q2:

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

#### ATTACHMENT FOR Q2:

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

2

#### Have you ever been known by any other name?

 No  Yes 

1.

2.

3

#### What date were you born?

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

4

#### Are you:

 Male  Female  Gender diverse

5

#### What is your Inland Revenue tax number?

6

#### What bank account would you want your payments to be paid into?

The account is in the name of:

The account number is:

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

#### ATTACHMENT FOR Q6:

You need to provide proof of your bank account details, such as a bank statement or deposit slip.

## Tell us how we can contact you

7

### Where do you live?

Flat/House number Street name



Suburb

Town/City

8

### Is your mailing address different from where you live?

No  Yes

↓ Tell us your mailing address

  


9

### How else can we contact you?

Tick the best way for us to first contact you

Home phone	(    )	
Mobile phone	(    )	
Other phone	(    )	

10

### Do you agree to get emails from us?

No  Yes

↓ Tell us your email address

I don't have an email address

## Tell us your ethnicity

11

### Tick the group(s) you most identify with.

- Māori → Which tribe(s) or iwi?
- New Zealand European
  Niuean
  Samoan
  Indian
- Other European
  Tokelauan
  Tongan
  Chinese
- Cook Island Māori
  Other ↓ Please write below
  Don't want to answer

**HOW TO ANSWER Q7:**  
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

**HOW TO ANSWER Q8:**  
Mailing address can include a PO Box, rural delivery details, or C/O address.

**HOW TO ANSWER Q9:**  
Please only give us contact details you'd like us to use.

**INFORMATION FOR Q11:**  
We collect this information for statistics we use in research and future development work.

## Tell us about your residence status

12

Do you usually live in New Zealand?

No  Yes

13

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

New Zealand citizen by birth

[Go to question 16](#)

Granted New Zealand citizenship

[→ Date citizenship granted](#)

Day Month Year

[Go to question 14](#)

Granted permanent residency

[→ Date permanent residence granted](#)

Day Month Year

[Go to question 14](#)

Other

[↓ What is your residence status?](#)

14

When did you arrive in New Zealand?

Day Month Year

15

What country were you born in?

# Tell us about the child or young person

## Tell us about the dependent child

16

What is the name of the child or young person with a disability in your care?

First and middle names

Surname or family name

17

What is the child's or young person's date of birth?

Day Month Year

18

What best describes the child's or young person's residency status in New Zealand?

Tick only one box.

New Zealand citizen by birth

Go to question 21

Granted New Zealand citizenship

→ Date citizenship granted

Day Month Year

Go to question 19

Granted permanent residency

→ Date permanent residence granted

Day Month Year

Go to question 19

Other

↓ What is their residence status?

19

When did the child or young person arrive in New Zealand?

Day Month Year

20

What country was the child or young person born in?

## Tell us where the child lives

21

Where does the child or young person live?

At the same address as me

Go to question 24

In a residential home or hostel

↓ Please provide the name and address

Name of the residential home or hostel

Address of the residential home or hospital



### ATTACHMENT FOR Q16:

Bring the child's birth certificate.



### INFORMATION FOR Q21:

The residential home or hostel must be run by a voluntary organisation where the child returns home for weekends or school holidays and where you have to pay towards the child's or young person's care.

**HOW TO ANSWER Q22:**

For example:

- weekends
- holidays.

**22**

**How often does the child or young person return home?**

**23**

**Do you pay towards the child's or young person's care in the residential home or hostel?**

No

Yes

**↓ Tell us what you pay for**

  

**24**

**Are you the child's or young person's parent?**

No

**↓ What is your relationship to the child or young person?**

Yes

**25**

**What are the names and contact details of the child's or young person's parents?**

**Parent 1**

First and middle names

Surname or family name

Address

  

**Parent 2**

First and middle names

Surname or family name

Address

  

**26**

**Do you have primary responsibility for the day-to-day care of the child or young person?**

No

**↓ Please provide details below**

Yes

  

**27**

**Are you solely responsible for the financial support of the child or young person while they live with you?**

No

**↓ Please provide details below**

Yes

**INFORMATION FOR Q28:**

Income includes but isn't limited to:

- wages
- ACC or insurance payments
- family trust payments
- maintenance payments
- interest from bank accounts.

**28**

**Does the child or young person receive any income?**

No

Yes

**↓ Please provide details below**

# What you need to do – obligations and signature



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## Let us know when things change

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

Changes to the child or young person's situation, like:

- going into or coming out of hospital
- leaving your care
- going into residential care.

Changes to information about you and the child or young person, like:

- name, address, contact details or bank account number
- being held in custody or on remand.

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



## Tell us if you or the child or young person is going overseas

**If you or the child or young person is travelling overseas, you need to let us know as soon as possible.**

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



## Your rights

**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](https://msd.govt.nz/reviews)

## Signature

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

I understand the changes I need to let you know about.

The information I've given you is true and complete.

I understand what you do with my personal information and how you protect my privacy (privacy information is on page 9).

Applicant's name (print)

Applicant's signature

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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# How we protect your privacy



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## Collecting your information

**We collect your personal information, so we can provide income support, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at [workandincome.govt.nz/privacy](https://workandincome.govt.nz/privacy)**

- 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 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: [workandincome.govt.nz/privacy](https://workandincome.govt.nz/privacy)



# Child Disability Allowance medical certificate



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Health practitioner to complete

The Child Disability Allowance is a non-taxable, fortnightly payment made to the main carer of a child or young person with a serious disability. It's paid recognition of the extra care and attention needed for that child.

The child needs to be assessed as needing constant care and attention for at least 12 months because of a serious disability. They also need to meet some other conditions.

Other assistance, such as the Disability Allowance, may be available to help with the costs of treatment, medication or disability related expenses.

This medical certificate should be completed by the health practitioner who provides the ongoing care of the child or young person.

For more information go to [workandincome.govt.nz](http://workandincome.govt.nz) and search on *Child Disability Allowance*.

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.

Client number

 |  | 

## Child or young person's details

1

### What is the child's or young person's full name?

First and middle names

Surname or family name

2

### What date was the child born?

Day      Month      Year

3

### Who is the main caregiver of the child or young person?

First and middle names

Surname or family name

## Disability or medical condition information

4

### What are the main clinical conditions affecting this child or young person?

Diagnosis

1.

Is this covered by ACC?

No       Yes

2.

No       Yes

3.

No       Yes

4.

No       Yes

5.

No       Yes

6.

No       Yes

#### HOW TO ANSWER Q4:

Please list the diagnoses in order of their impact on the child or young person.

**5** **INFORMATION FOR Q5:**  
 Serious disability includes: physical, sensory, mental health, intellectual or developmental disability, or chronic medical condition.

**6** **INFORMATION NOTE FOR A:**  
 Bodily function includes activities such as toileting and eating.

**7** **INFORMATION NOTE FOR B:**  
 Attention and supervision needs to be focused on functions such as activities of daily living, mobility, learning, behaviour and/or health needs.

**8** **INFORMATION NOTE FOR C:**  
 Substantial danger needs to be as a consequence of the disability and pose a real threat of physical or mental harm.

**9** **HOW TO ANSWER Q9:**  
 If the child or young person has a chronic or severe condition, it would help Work and Income determine appropriate assistance if you could attach a copy of a recent report or referral letter.

**10** **HOW TO ANSWER Q10:**  
 Where the need for constant care and attention is likely to reduce over time, a review should be undertaken at regular intervals.

**5** Does the child or young person have a serious disability?

No [Go to question 9](#)

Yes [Go to question 6](#)

**6** Due to that serious disability, do they need constant care and attention as follows?

**A. Frequent** attention from another person in connection with bodily functions which is required as a consequence of the disability, and is in excess of that normally required by a child or young person of the same age?

No  Yes

**OR**

**B. Attention and supervision substantially** in excess of that normally required by a child or young person of the same age and sex?

No  Yes

**OR**

**C. Regular** supervision from another person in order to avoid **substantial** danger to themselves or others?

No  Yes

**7** Are they likely to require such care and attention for more than 12 months?

No [Go to question 9](#)  Yes

**8** Is the child or young person currently in hospital?

No  Yes [Which hospital are they in?](#)

**9** Would you like the Ministry of Social Development to contact you about the child's or young person's diagnosis or disability?

No  Yes

Please provide any other relevant information that could help us work out the child's or young person's eligibility for the Child Disability Allowance.

**10** When should the child's or young person's disability next be reassessed for entitlement to the Child Disability Allowance? (select one)

1 year  2 years  5 years  Never **OR** At what age?

## Health practitioner's details

Please print your details below.

HPI number   |

Health practitioner's full name

Practice name and address

  
  


Telephone number ( )

Health practitioner's signature

Day Month Year