



Application to assess child support (parent carer)



If your client is applying for a sole parent benefit, you must complete this form for them to apply for child support. **Note:** Some carers are not required to apply for child support. Please click [here](#) for more information.

CONFIRM PERMISSION

1 By ticking this box, I confirm I have received permission from this client for MSD to complete this form on their behalf and have explained the information on this form is collected and used by IR and MSD to administer child support

Tell us about yourself

2 Your full name

Your IRD number

Your phone number

Your address

Date of birth Day Month Year

3 Are there any safety reasons why you don't want the other parent to know your name? Yes No
If you answered "yes" IR will contact you to confirm your circumstances. **IR will not give the other parent your contact details.**

4 Tell us if you want the other parent to know you by another name for privacy reasons, **please enter it here** (abbreviations and nicknames will not be accepted)

Tell us about the other parent

5 Their full name

Their date of birth Day Month Year Age (if date of birth not known)

Their phone number

Their email address

6 Are they a New Zealand citizen? Yes No Don't know
Do they live overseas? Yes No Don't know Country

Tell us about your children

7 Child 1 full name

Child 1 IRD number

Child 1 date of birth Day Month Year

Do you provide more than five nights per week of this child's care? Yes No - IR will contact you

8 Child 2 full name

Child 2 IRD number

Child 2 date of birth Day Month Year

Do you provide more than five nights per week of this child's care? Yes No - IR will contact you

9 Child 3 full name

Child 3 IRD number

Child 3 date of birth Day Month Year

Do you provide more than five nights per week of this child's care? Yes No - IR will contact you

10 Child 4 full name

Child 4 IRD number

Child 4 date of birth Day Month Year

Do you provide more than five nights per week of this child's care? Yes No - IR will contact you

11 Child 5 full name

Child 5 IRD number

Child 5 date of birth Day Month Year

Do you provide more than five nights per week of this child's care? Yes No - IR will contact you