

Childcare Assistance change of circumstances form



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Please use a separate form for each child.

There are some other documents you may need to provide with this form. Use the checklist to make sure you provide everything you need to.

Proof of who you are:

Identification for you and your partner, such as a Community Services Card, or something you've provided before, like a passport or driver licence.	<input type="checkbox"/>
The child's full birth certificate for any child added	<input type="checkbox"/>
Proof of income for you and your partner, if either of your income has changed	<input type="checkbox"/>
Details of your work, course or organised activity	<input type="checkbox"/>
Your and/or your child's medical details (if applicable)	<input type="checkbox"/>
The childcare provider has completed and signed their section on page 7	<input type="checkbox"/>
The training organisation's representative has signed their section on page 7 (if applicable)	<input type="checkbox"/>

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

<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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Tell us your details

ATTACHMENT FOR Q1:
Bring proof of who you are.

HOW TO ANSWER Q3:
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

1

What is your full name?

First and middle names

Surname or family name

2

What date were you born?

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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3

Where do you live?

Flat/House number

Street name

Suburb

Town/City

Tell us your child's details

4

What is the child's full name?

First and middle names

Surname or family name

5

What is the child's date of birth?

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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6

Has the number of hours of childcare changed?

No **Go to question 7**

Yes **↓ If yes, please provide details below**

New hours each week

Start date

Day Month Year

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New weekly fee

\$

Reason for change

7

Has the fee to the childcare centre/programme changed?

No **Go to question 8**

Yes **↓ If yes, please provide details below**

New weekly fee

\$

Start date

Day Month Year

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8

Has the child has moved to a new childcare centre/programme?

No **Go to question 9**

Yes **↓ If yes, please provide details below**

Name of old childcare centre/programme

End date at the old centre/programme

Day Month Year

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Name of new childcare centre/programme

Hours of care each week

New weekly fee

\$

Start date at the new centre/programme

Day Month Year

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9

Does the child receive 20 Hours ECE?

No

Yes **↓ If yes, please provide details below**

What childcare centre do you get ECE Hours from?

How many hours are received each week in total?

What date did the 20 Hours ECE start?

Day Month Year

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Important: The childcare centre's or programme's supervisor **must** sign on page 7.

Tell us about your study

10

Have your training or study details changed?

No

[Go to question 14](#)

Yes

[If yes, please provide details below](#)

I stopped attending a work related course or study on:

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

[Go to question 14](#)

I am on a work related course or study.

[Go to question 11](#)

11

What are your course details?

Training provider's name

Course name

12

Is the course NZQA accredited?

No

Yes

[If yes, what are the start and finish dates?](#)

Start date

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

Finish date

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

13

How many hours a week do you spend on the following?

At your course

On other study

Travelling from the childcare service to your course and returning?



Important: The training provider **must** sign on page 7.

**Tell us about
your partner's
study**

14

Have your partner's training or study details changed?

No [Go to question 18](#)

Yes [↓ If yes, please provide details below](#)

My partner stopped attending a work related course or study on:

Day	Month	Year

[Go to question 18](#)

My partner is on a work related course or study.

[Go to question 15](#)

15

What are your partner's course details?

Training provider's name

Course name

16

Is the course NZQA accredited?

No Yes [↓ If yes, what are the start and finish dates?](#)

Start date

Day	Month	Year

Finish date

Day	Month	Year

17

How many hours a week does your partner spend on the following?

At their course

On other study

Travelling from the childcare service to their course and returning?



Important: The training provider **must** sign on page 7.

Tell us about your income

18

Have your or your partner's (if you have one) hours of work and travel times changed?

No

Yes

↓ If yes, please provide details below

Hours you work each week (including lunch breaks):

Hours your partner works each week (including lunch breaks)

Hours travelling from the childcare service to work and returning:

19

Has your family income changed?

No

Go to the Signature page

Yes

→ What date did the income change from?

Day Month Year

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ATTACHMENT FOR Q20:
Bring a copy of your business accounts.

20

Did you or your partner (if you have one) get income from any of the following sources in the last 52 weeks?

Wages or salary

No Yes

Termination pay

No Yes

Redundancy pay

No Yes

Accident compensation (eg ACC)

No Yes

Income insurance (replacement/protection)

No Yes Jointly with partner

Farm or business income

No Yes Jointly with partner

Payments from self-employment or contract work

No Yes Jointly with partner

Interest from savings, investments, or bonds

No Yes Jointly with partner

Dividends from shares, unit trusts, or managed funds

No Yes Jointly with partner

Income from rents

No Yes Jointly with partner

Payments from boarders or flatmates

No Yes Jointly with partner

Child Support payments (private arrangement or through Inland Revenue)

No Yes

Other income for a child

No Yes

Maintenance payments

No Yes

Payments from a former partner

No Yes

Student Allowance, scholarship, or Student Loan living cost payments

No Yes

Overseas pension, benefit or allowance payments

No Yes

Other superannuation or retirement scheme income (government or private)

No Yes

Income from an estate, if you've inherited money

No Yes Jointly with partner

Income from trusts

No Yes Jointly with partner

Other

No Yes Jointly with partner

ATTACHMENT FOR Q21:
You need to show us proof of income you've received in the last 52 weeks.

21

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 20?

No Yes

↓ If yes, tell us the total before-tax amounts, for the last 52 weeks

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

HOW TO ANSWER Q22:
Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

22

Did you or your partner (if you have one) get other types of payment apart from money in the last 52 weeks?

No Yes

↓ If yes, tell us about the type of payment and its value

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

HOW TO ANSWER Q23:
The types of income you need to include here are listed on page 5.

23

Do you and your partner (if you have one) expect to get income or other payments in the next 52 weeks?

No Yes

↓ If yes, write the details below. Tell us the before-tax amounts

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

Signature page

Childcare supervisor

I confirm the information provided in questions 6–9 is true and complete.

Work and Income childcare service number | |

Supervisor's name (print)

Supervisor's signature

Day Month Year

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

Complete this if you've helped anyone to complete this application form.

I confirm the information provided in questions 10–13 is true and complete.

I confirm the information provided in questions 14–17 is true and complete.

Trainer's name (print)

Trainer's signature

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Official training provider's stamp

Applicant

The information I have given you is true and complete.

Applicant's name (print)

Applicant's signature

Day Month Year

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