

# OSCAR Subsidy Declaration



Work and Income  
Te Hirainga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

## Please read this before you start

If your children are going to continue to attend an OSCAR programme over the school holidays, you need to complete this form and return it to us before the child starts the holiday programme. Your OSCAR Subsidy will stop if the form isn't returned.

If your child is attending more than one programme during the holidays, we require separate details for each. Further forms are available from your local Work and Income Service Centre.

Please complete all questions.

## Client details

### 1. What is your name?

First name(s)

Surname or family name

## Child details

### 2. What is your child's name?

First name(s)

Surname or family name

### 3. Are you receiving Child Disability Allowance for any of your children?

No

Yes ▶ Please provide details of the children you are receiving this allowance for:

Child's name

Date of birth

| Child's name | Date of birth |
|--------------|---------------|
|              | / /           |
|              | / /           |
|              | / /           |

## School holiday childcare arrangements

### 4. Will your child be attending an approved school holiday programme or out of school centre during the holidays?

No ▶ Go to Question 6

Yes ▶ Please have the Programme Administrator complete the OSCAR Programme Supervisor Section

### 5. Will you or your partner be continuing with your current employment during the holidays?

No ▶ Go to Question 6

Yes ▶ Go to Question 8

## Next school term childcare arrangements

### 6. Are your childcare arrangements next term going to be different from the current school term arrangements?

No

Yes ▶ Please have the Programme Administrator complete the OSCAR Programme Supervisor Section

### 7. Will you or your partner be continuing with your current employment?

No ▶ Please sign the Client statement

Yes ▶ Go to Question 8

## Work details

### 8. What is the name of your and your partner's employer?

Your employer

Your partner's employer

**Q9 note:** Please provide verification of your wages /salary.

### 9. What is your gross weekly wage?

You

\$

Your partner

\$

### 10. How many hours each week, including lunch breaks, do you spend at work?

You

Your partner

### 11. How many hours each week do you spend travelling between the programme and work?

You

Your partner

## Privacy statement

The Privacy Act 1993 requires us to tell you, the information you give us is collected under the authority and for the purposes of legislation administered by the Ministry of Social Development (MSD) and in particular for payment of the OSCAR subsidy. I understand that under the Privacy Act 1993 I have the right to access and correct any information held by the Ministry of Social Development about me.

## Client statement

**I have completed all questions on this OSCAR Subsidy declaration form, or this declaration has been completed for me, and the information I have given is true and complete.**

Client's name (print)

Client's signature

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Day

Month

Year

# OSCAR Programme Supervisor to complete

## Information for the OSCAR Programme service

This form needs to be completed by the OSCAR programme supervisor.

The information you provide will help us to work out the applicant is eligible for the OSCAR Subsidy.

OSCAR programmes are for children under 14 years of age (or 14–18 years of age if they receive the Child Disability Allowance) and include:

- before and after school care
- school holiday programmes.

## Provider details

1. What is the programme name?

2. What is the programme's Work and Income provider number?

         

3. Is your programme approved by the Ministry of Social Development?

Yes

No

▶ The programme cannot receive a subsidy unless it is approved by the Ministry of Social Development.

Please call ☎ 0800 559 009 and ask for your local Childcare Coordinator.

4. What type of programme is this?

School holiday programme ▶ Please complete Section 1.

Before/after school care programme ▶ Please complete Section 2.

## SECTION 1

### School holiday childcare arrangements

5. To confirm the child's place, do you require a lump sum payment in advance?

No

Yes

6. Please confirm the details for each week you are claiming, in the table below:

No

Yes

|         | Start date | End date | Hours enrolled | Fee |
|---------|------------|----------|----------------|-----|
| Week 1  | / /        | / /      |                | \$  |
| Week 2  | / /        | / /      |                | \$  |
| Week 3  | / /        | / /      |                | \$  |
| Week 4  | / /        | / /      |                | \$  |
| Week 5  | / /        | / /      |                | \$  |
| Week 6  | / /        | / /      |                | \$  |
| Week 7  | / /        | / /      |                | \$  |
| Week 8  | / /        | / /      |                | \$  |
| Week 9  | / /        | / /      |                | \$  |
| Week 10 | / /        | / /      |                | \$  |

## SECTION 2

### Next school term childcare arrangements

Programme start date

    
Day Month Year

Programme finish date

    
Day Month Year

Programme charge per week

 \$

Total hours of attendance per week

## Supervisor's statement

The statement and answers I have given are true and complete.

*This information is required under Section 12 of the Social Security Act 1964.*

Supervisor's name (print)

Supervisor's signature

Date

    
Day Month Year

## OFFICE USE ONLY

### SWIFTT ACTION

- *CCSI/CCSC Screens*
- *CDTSA-enter holiday dates and/or next term school dates*
- *Care periods must be entered.*

### Comments:

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |

### Processor's signature

|  |
|--|
|  |
|--|

|     |       |      |
|-----|-------|------|
|     |       |      |
| Day | Month | Year |

10%      100%      Critical data

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

### Checker's signature

|  |
|--|
|  |
|--|

|     |       |      |
|-----|-------|------|
|     |       |      |
| Day | Month | Year |