

Review of Childcare/OSCAR Subsidy



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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Before you start

This review form is for the 52 weeks ending:

Day	Month	Year

Child's name:

Please complete all questions – if not applicable write N/A.

Name

1. What is your name?

First name(s)

Surname or family name

Address

Q2 note: A house number could include:

- street number
- fire
- RAPID
- emergency services.

Q3 note: A mailing address could include:

- street address
- postal box (PO Box)
- rural delivery details
- C/O address.

2. Where do you live?

Flat/house no.

Street name

Suburb

City

3. What is your mailing address (if different from above)?

If you live at a rural address please include your rural delivery details here:

4. How can we contact you?

Work phone

Home phone

Mobile phone

Email

Fax

Employment

5. Are you currently working?

No ▶ Go to Question 9

Yes ▶ Go to Question 6

6. Who are you working for?

Business name

Business site address

Manager's name

Work phone

Mobile phone

Fax

If self-employed please supply full business accounts. Give gross (before tax) amount. Please attach current pay slips for sighting.

7. How much is your gross weekly wage?

\$

8. How many hours per week do you work?

Children details

9. How many children are in your care?

10. Are all the children financially maintained by you?

No Yes

11. Have any children come into your care or left your care since your last application/review?

No Yes ▶ Please provide details below:

Child's name	Date of Birth	Date left care	Date returned to care
	/ /	/ /	/ /
	/ /	/ /	/ /
	/ /	/ /	/ /
	/ /	/ /	/ /

12. 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
	/ /
	/ /
	/ /

13. Are you currently receiving any type of benefit?

No Yes ▶ Please provide details below:

Partner details

Q14 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.

14. Do you have a partner?

No ▶ Go to Question 21 Yes ▶ Go to Question 15

15. What is your partner's name?

16. What is your partner's date of birth?

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

17. Is your partner currently working?

No ▶ Go to Question 21 Yes ▶ Go to Question 18

18. Who is your partner working for?

Business name

Business site address

Manager's name

Work phone

Mobile phone

Fax

19. How much is your partner's gross weekly wage?

\$

20. How many hours per week does your partner work?

If your partner is self-employed please supply full business accounts. Give gross (before tax) amount. Please attach current pay slips for sighting.

Privacy Statement

Privacy Statement

The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form.

This may happen when you apply for a benefit and at any time after that.

The Privacy Act 1993 requires us to tell you that:

- The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development.
- The information will be held by the Ministry of Social Development.
- The information is collected for the purposes of the legislation administered by the Ministry of Social Development (including Work and Income, Child, Youth and Family and other service lines of the Ministry), and in particular for:
 - granting benefits and other assistance under the Social Security Act 1964
 - providing employment related services
 - statistical and research purposes
 - providing advice to Government
 - care and protection needs of children
 - providing support and services for you and your family
 - providing education related services.
- Work and Income may contact health providers to verify any health related information you give us.
- Work and Income may give employers information about you to find you employment. Where Work and Income refer you to a job vacancy, we may also contact the employer to discuss the result of any job interview that you attend.
- Work and Income may share information you have given us with childcare centres to administer your entitlement to childcare assistance.
- Other information that you give us on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by the Ministry of Social Development.
- The information you give us may be compared with information held by Inland Revenue, the Ministry of Justice, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the Accident Compensation Corporation, Housing New Zealand Corporation, Ministry of Health and Immigration New Zealand. It may also be compared with social security information (for example, pension or benefit information) held by other governments (including Australia and the Netherlands).
- Under the Tax Administration Act 1994, if you have dependent children, the information you give us may be shared with Inland Revenue for the purpose of administering Working for Families Tax Credits. Inland Revenue may also:
 - use the information for the purposes of child support, student loans and taxation
 - disclose it to the Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
 - disclose your personal information to your partner.
- Under the Privacy Act 1993 you have the right to ask to see all information we hold about you, and to ask us to correct that information.
- You are not required to give us information, but if you do not give us all the information we ask for, your application for benefits may be declined.

OFFICE USE ONLY

Review Childcare/OSCAR Subsidy

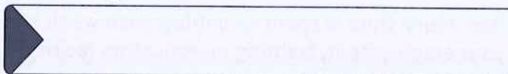
At per week In respect of

From To

Pay to

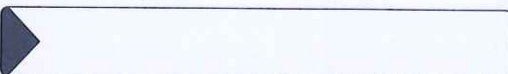
Comments

Processor's signature



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

Authenticator's signature



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

Training or education

Q21 note: Please complete this section if you or your partner are, or will be, in training or education.

21. Are you, or will you be, in training or education?

No Yes ▶ Please provide details below:

Name of course

Start date Finish date
Day Month Year Day Month Year

22. Is your partner in training or intending to be in training or education?

No Yes ▶ Please provide details below:

Name of course

Start date Finish date
Day Month Year Day Month Year

OSCAR Subsidy

Q23 note: An OSCAR Subsidy for out of school care and school holiday programmes is only paid for the period you are working or in an organised activity (including travel).

23. If you are receiving an OSCAR Subsidy, for out of school care, do you or your partner's hours of work/organised activity continue outside school hours?

No ▶ Please discuss with your interviewing officer Yes

Other income

Q24 note: Examples of income from other sources:

- 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
- overseas pensions
- wages or salary
- boarders
- any other income, eg family trust.

Give gross (before tax) amount.

You may be asked to provide proof of these details.

24. Did you or your partner (if applicable) get income from any other source in the last 52 weeks?

No Yes ▶ Please provide details below:

	Income (Gross)
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Travel details

25. How much time is spent travelling each week from the childcare centre/programme to your employment, training or education facility?

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Childcare/OSCAR Subsidy Verification Form



Work and Income
Te Hirainga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER ||

Before you start

Please complete all questions – if not applicable write N/A.

Name

1. What is your name?

First name(s)

Surname or family name

Childcare centre/ OSCAR programme details

2. What is the name of your childcare service/OSCAR programme?

3. What is your childcare centre/OSCAR centre number?

||

Child's details

4. What is the child's name?

5. Please provide details of the child's care below:

Hours of care per week

Fee charged per week (before any subsidy) \$

6. Please complete the following if this child receives **20 Hours ECE**:

Hours of 20 Hours ECE received (weekly total)

Date 20 Hours ECE started (if within the last 52 weeks)

Day Month Year

Absence details

7. Please advise all absences (over 3 weeks) for the last 52 weeks:

(Only enter details for weeks where absences occurred)

Week ending

Total weeks of absences

Fee charged for absence

Week ending	Total weeks of absences	Fee charged for absence
/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. If the absence is due to a medical condition, was a medical certificate provided or does the child receive Child Disability Allowance?

Medical certificate provided

Child receives Child Disability Allowance

9. If the centre closes, what are the dates they are closed for?

	Closed from	Reopens
End of Term 1	/ /	/ /
End of Term 2	/ /	/ /
End of Term 3	/ /	/ /
Christmas holidays	/ /	/ /
Other holidays (give dates closed)	/ /	/ /

Statement

The statement and answers I have given are true and complete. I have read and I confirm the client's obligations in the *Review of Childcare/OSCAR Subsidy* form.

Provider's name (print)

Provider's signature

Date

Day Month Year

Client's name (print)

Client's signature

Date

Day Month Year

Client's Obligations

Please read this statement carefully and sign.

I must tell Work and Income immediately if either my partner or myself:

- have a child(ren) away from a childcare centre/programme at any time
- 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 changes to my / our 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 or bank account number)
- have changes to my / our living situation (such as 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, marriage or separation, entering or ending a civil union)
- are imprisoned / held in custody on remand
- are admitted to or discharged from hospital
- get an overseas pension
- have any other change that may affect my / our subsidy entitlement.

I authorise Work and Income to disclose information about payments of Childcare Subsidy to the childcare centre.

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

The conditions for receiving a subsidy have been explained to me and I understand these conditions.

I am also aware of and understand the Privacy Act statement contained in this review form.

Client's name (print)

Client's signature

Date

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