

Childcare Assistance – Change of Circumstances



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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Please read this before you start

Please use a separate form for each child.

The childcare centre/programme needs to verify the changes by signing the form.

If you/your partner are training, your Training Provider also needs to sign the form.

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

What to bring

If you are receiving Childcare Assistance, you must tell us straight away about any changes which could affect your payment. Your partner has the same responsibility.

When you complete and return this form you will need to provide the following:

- identification for you and your partner (if you have one)
- your child's full birth certificate for any child added
- proof of your and/or your partner's income if it has changed
- details of your work, course, organised activity, you and/or your child(ren)'s medical details (if applicable).

Client details

Q2 note: Please give your house number, street, suburb, and town or city.

A house number could include:

- street number
- fire
- RAPID
- emergency services.

1. What is your name?

First name(s)

Surname or family name

2. Where do you live?

Flat/house no.

Street name

Suburb

City

Birth date

3. What is your date of birth?

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Day

Month

Year

Child's details

Please use a separate form for each child attending the childcare centre/programme.

4. What is the child's name?

First name(s)

Surname or family name

5. What is the child's date of birth?

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Day

Month

Year

Childcare changes

Only complete the question(s) that affect you.

6. The number of hours of childcare has changed:

No ▶ Go to Question 7

Yes ▶ Please provide details below:

New hours per week

Start date

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

New fee change per week

\$

Reason for change:

7. The fee to the childcare centre/programme has changed:

No ▶ Go to Question 8

Yes ▶ Please provide details below:

New fee change per week

\$

Start date

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

8. The child has moved to a new childcare centre/programme:

No ▶ Go to Question 9

Yes ▶ Please provide details below:

Name of old childcare centre/programme

End date

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

Name of new childcare centre/programme

Hours of care per week

Start date

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

New fee change per week

\$

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

Hours of 20 Hour ECE received (weekly total)

Date 20 Hour ECE started

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

Supervisor to sign

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

The information provided in Questions 6–9 is true and complete.

Work and Income childcare service number:

Supervisor's name (print)

Supervisor's signature

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

Client details

Please tick which box applies to you.

10. Have your training or study details changed?

No ▶ Go to Question 11

Yes ▶ Please provide details below:

I stopped attending a work related course or study on:

Day	Month	Year

OR

I am on a work related course or study. Please provide details below:

Provider's name

Name of course

Is the course NZQA accredited?

No

Yes ▶

Course start date

Course end date

Day	Month	Year

Day	Month	Year

Hours spent:

At your course

On other study

Travelling from the centre
to your course and returning

Please ensure your Training Provider signs the statement below.

Partner details

Please tick which box applies to you.

11. Have your partner's training or study details changed?

No

Yes ▶ Please provide details below:

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

Day	Month	Year

OR

My partner is on a work related course or study. Please provide details below:

Provider's name

Name of course

Is the course NZQA accredited?

No

Yes ▶

Course start date

Course end date

Day	Month	Year

Day	Month	Year

Hours spent:

At your course

On other study

Travelling from the centre
to your course and returning

Please ensure your Training Provider signs the statement below.

Trainer statement

Please get your training organisation
to complete this section.

Official Training Provider's Stamp

I confirm that the above details are true and complete.

Trainer's name (print)

Trainer's signature

Day	Month	Year

