

# 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.

### Checklist

<b>Identification for you and your partner</b> , such as a Community Services Card, or something you've provided before, like a passport or driver licence	<input type="checkbox"/>
<b>The child's</b> full birth certificate for any child added	<input type="checkbox"/>
<b>Proof of income</b> 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 are the child's details?

Full name

Date of birth  
Day Month Year

Relationship to you

Do you have a shared care arrangement for this child?  No  Yes

Has this child left your care?  No  Yes  
Date left care  
Day Month Year

## Tell us about changes

5

### What are the changes in your circumstances?

- You've started or ended a relationship  Medical reasons  
 Children have come into or left your care  Other

↓ Please provide as much information as you can about these changes to your circumstances, including the date of the change. ↓

  
  


## Childcare changes

6

### Have the number of hours of childcare changed?

No [Go to question 7](#)

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

Date care changed Date 20 Hours ECE changed (if applicable) Date Top-up fee changed (if applicable)  
Day Month Year Day Month Year Day Month Year

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours							
ECE hours used (if applicable)							

Reason for change

  


7

### Have the fees to the childcare service changed?

No [Go to question 8](#)  Yes ↓ [If yes, please provide details below](#)

New care fee start date New Top-up fee start date  
Day Month Year Day Month Year

Type of childcare	Childcare provider	Home-based	OSCAR provider
Total hours each week			
ECE top-up fee charged to caregiver per hour		\$	
Total weekly fee charged to caregiver (don't include ECE)	\$	\$	\$

**INFORMATION FOR Q6:**  
Where we say ECE in this question we mean 20 Hours ECE.

**HOW TO ANSWER Q8:**

Please tell us your fee **after** you've applied any discount but **before** any Work and Income subsidy is applied.

The Childcare Subsidy can't be used for donations or optional charges, but can be used for the top-up fee.

**INFORMATION FOR Q8:**

Where we say ECE in this question we mean 20 Hours ECE.

**Important:**

The childcare service's or programme's supervisor **must** sign on page 7.

**8**

**Has the child moved to a new childcare service/programme?**

No [Go to question 9](#)  Yes [If yes, please provide details below](#)

Name of old childcare service/programme

End date at the old service/programme  
 Day Month Year

Name of new childcare service/programme

Care start date  
 Day Month Year

20 Hours ECE start date (if applicable)  
 Day Month Year

Top-up fee start date (if applicable)  
 Day Month Year

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours							
ECE hours used (if applicable)							

Type of childcare	Childcare provider	Home-based	OSCAR provider
Total hours each week			
ECE top-up fee charged to caregiver per hour		\$	
Total weekly fee charged to caregiver (don't include ECE)	\$	\$	\$

OSCAR care period end date  /  /

**Tell us about your study**

**9**

**Have your training or study details changed?**

No [Go to question 13](#)  
 Yes [If yes, please provide details below](#)

I stopped attending a work related course or study on: Day Month Year

I am on a work related course or study.

[Go to question 13](#)

[Go to question 10](#)

**10**

**What are your course details?**

Training provider's name

Course name

**11**

**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

**12**

**Important:**

The training provider **must** sign on page 7

**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?

## Tell us about your partner's study **13**

### Have your partner's training or study details changed?

No [Go to question 17](#)

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

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

Day	Month	Year

[Go to question 17](#)

My partner is on a work related course or study.

[Go to question 14](#)

### **14** What are your partner's course details?

Training provider's name

Course name

### **15** 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

### **16** 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

17

### 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 a week you spend travelling from the childcare service to work and returning

Hours your partner works each week (including lunch breaks)

Hours a week your partner spends travelling from the childcare service to work and returning

18

### Has your family income changed?

No

[Go to page 7](#)

Yes

→ What date did the income change from?

Day Month Year

19

### 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 Q19:**  
Bring a copy of your business accounts.

**INFORMATION FOR Q19:**  
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

**ATTACHMENT FOR Q20:**  
 You need to show us proof of income you've received in the last 52 weeks.

**20**

**Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 19?**

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 Q21:**  
 Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

**21**

**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 Q22:**  
 The types of income you need to include here are listed on page 5.

**22**

**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

## 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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## Childcare supervisor

I confirm the information provided in questions 6–8 is true and complete.

Work and Income childcare service 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"/>
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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 10–12 is true and complete.

I confirm the information provided in questions 13–16 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

