

# Community Services Card application



MINISTRY OF SOCIAL DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

The Community Services Card can help you and your family with the costs of health care. It can also help the card holder with the cost of public transport.

Always carry your card to make it easy to get the benefits, like paying less on some health services, prescriptions and public transport.

If you have any questions or need help with this application, please call us on **0800 999 999**.

## Who should fill in this form?

### You only need to complete this form if you're:

- working and have a low income and no children
- working, have children and are getting family tax credits
- getting NZ Super and have a low income.

### Some people don't need to fill in the form because they automatically get sent a card.

These include people who get Work and Income benefits, Veteran's Pension or Accommodation Supplement, students getting a Student Allowance, people getting Residential Care or Residential Support Subsidy.

## What you need to provide

Proof of who you are:	For you	For your partner (if you have one)
<b>If you were born in New Zealand</b> , provide one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).	<input type="checkbox"/>	<input type="checkbox"/>
<b>If you were born overseas</b> , provide proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).	<input type="checkbox"/>	<input type="checkbox"/>
<b>If your name has changed</b> , provide your marriage certificate, deed poll, or other proof of the name change.	<input type="checkbox"/>	<input type="checkbox"/>
<b>All people applying</b> need to provide <b>two</b> more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).	<input type="checkbox"/>	<input type="checkbox"/>
Full birth certificate for each dependent child in your care.	<input type="checkbox"/>	<input type="checkbox"/>

**If you're using identification that has expired, it must not be more than two years past the expiry date.**

# Our commitment to YOU



We will get to know you,  
your situation and  
your needs

Ka mōhio  
ki a koe

know  
you

We will make sure you  
understand everything  
you need to know



We will use your  
feedback to improve  
our service

We will respect your  
privacy and be clear  
about how we use  
your information and  
who we share it with



We will let you know  
everything you may  
be eligible for

Ka tautoko  
i a koe

support  
you

We will help you  
however we can,  
as soon as we can



The information  
we give you will  
be accessible and  
consistent no matter  
how you contact us

We will be honest  
about our mistakes  
and put them right



We will respect you  
and what is important  
to you

Ka mahi  
tahi ki a koe

with  
you

We will work  
together to achieve  
shared goals



We will let you know  
your options, rights  
and obligations

Our actions will  
follow our words



How did   
wedo?

Let us know by visiting [msd.govt.nz/feedback](https://msd.govt.nz/feedback)  
or call us on 0800 559 009

# Community Services Card applicant's form



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In the applicant form, 'you', 'your', and 'yourself' means the person applying for a Community Services Card.

If we say 'your partner' this only applies to you if you have one.

## Tell us about yourself

If you've received a benefit or extra financial help from us before, 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

 |  | 

### Tell us the names you've been known by

1

#### What is your full name?

Mr    Mrs    Ms    Miss   Other

First and middle names

Surname or family name

#### ATTACHMENT FOR Q1:

Provide proof of who you are. What you need to provide is explained on page 3.

2

#### Is the name on your birth certificate the same as above?

No    **If no, tell us the name that is on your birth certificate**    Yes

First and middle names

Surname or family name

#### HOW TO ANSWER Q3:

For example, have you had married names, English names, changes by deed poll, or aliases?

3

#### Have you ever been known by any other name?

No    Yes    **If yes, write them all out below**

1.

2.

#### ATTACHMENT FOR Q3:

Provide your marriage certificate, deed poll, or other proof of any name change.

4

#### What name would you like us to call you?

The name I wrote in Question 1    The name I wrote in Question 2

Other    **If other, write the full name**

## Tell us more about you

5

What date were you born?

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

6

Are you:

Male     Female     Gender diverse

7

What is your Inland Revenue tax 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 how we can contact you

8

Where do you live?

Flat/House number Street name

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

Town/City

9

Is your mailing address different from where you live?

No     Yes   

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

10

Are there other adults living at your address?

No     Yes

11

Are you in a rest home or hospital?

No     Yes

12

How else can we contact you?

Tick the best way for us to first contact you

Home phone	(    )	<input type="checkbox"/>
Mobile phone	(    )	<input type="checkbox"/>
Other phone	(    )	<input type="checkbox"/>
Email		<input type="checkbox"/>

### HOW TO ANSWER Q8:

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

### HOW TO ANSWER Q9:

Mailing address can include a PO Box, rural delivery details, or C/O address.

### HOW TO ANSWER Q11:

Please only give us contact details you'd like us to use.

## Tell us your ethnicity

13

Tick the group(s) you most identify with.

Māori → Which tribe(s) or iwi?

New Zealand European     Niuean     Samoan     Indian

Other European     Tokelauan     Tongan     Chinese

Cook Island Māori     Other ↓ If other, write below  Don't want to answer

**INFORMATION FOR Q13:**  
We collect this information for statistics we use in research and future development work.

## Tell us about your residence status

14

Do you usually live in New Zealand?

No     Yes

15

What best describes your residence status in New Zealand? Tick only one box.

New Zealand citizen by birth    [Go to question 18](#)

Granted New Zealand citizenship    → Date citizenship granted  Day  Month  Year

[Go to question 16](#)

Granted permanent residency    → Date permanent residence granted  Day  Month  Year

[Go to question 16](#)

Other    ↓ If other, what is your residence status?

**HOW TO ANSWER Q14:**  
This means you consider New Zealand your home, you're a legal resident, you usually live here and you intend to stay.

16

When did you arrive in New Zealand?

Day  Month  Year

17

What country were you born in?

## Tell us about your dependent children

18

### Do you have dependent children in your care?

 No

[Go to question 19](#)

 Yes

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

#### Child 1

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

#### Child 2

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

#### Child 3

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

#### Child 4

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

#### Child 5

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

If you need to include more than four children in your application, please write these details about each one on a separate sheet of paper, and provide them with this application form.

#### HOW TO ANSWER Q18:

Please give the names of children you support financially and who live with you as a member of your family, including:

- your own children
- adopted children
- stepchildren
- children at boarding school
- grandchildren / mokopuna.

The child's name should be the same as on the child's birth certificate.

Tell us the names of all parents of each child.

#### ATTACHMENT FOR Q18:

Provide the birth certificate for each dependent child.

## Tell us about your relationship status

19

### Do you have a partner?

By 'partner' we mean someone you're in a relationship with.

No

[Go to question 23](#)

Yes

20

### What is your partner's full name?

Mr

Mrs

Ms

Miss

Other

First and middle names

Surname or family name

21

### What is your partner's date of birth?

Day Month Year

Please ask your partner to fill in the Partner's section on page 12

22

### What is your relationship status with your partner?

↓ Tick one of the following boxes

Married

In a civil union

In a relationship

## Overseas pensions and benefits

23

### Do you receive or qualify for a social security benefit, pension or allowance from overseas?

No

[Go to question 25](#)

Yes

↓ If yes, tick the box that best describes your benefit, pension or allowance

Retirement or old age

Superannuation

Disability or health condition

Widow or survivor

Child or dependent

War related

Other

↓ If other, please provide details below

**ATTACHMENT FOR Q24:** **24**  
 You'll need to provide proof of these payments, such as a pension certificate.

**If you ticked 'Yes' for question 23, please give details of the payments you or your partner get.**

	Payment 1	Payment 2	Payment 3
Who is the payment for (you or your partner)?			
What country does the payment come from?			
How much do you get each time the payment is made (in overseas currency)?			
Is this amount before or after tax?			
How often do you get the payment (for example: weekly, fortnightly, monthly)?			
What is the name of your pension, allowance or benefit?			
What is the payment reference number?			

**Business income**

**25**

**Are you or your partner self-employed?**

- No **Go to question 27**
- Yes **↓ If yes, please describe your business**
- Sole trader     Partnership     Limited liability company

**HOW TO ANSWER Q25:**  
 You must use NZ\$ and before tax (gross) amounts.

**ATTACHMENT FOR Q26:** **26**  
 We may ask you to provide your business accounts.

**Please complete the following table for your last financial year.**

	You	Your partner
Net profit before tax	\$	\$
Shareholder salaries	\$	\$
Depreciation	\$	\$
Net drawings	\$	\$
Funds introduced	\$	\$

**Tell us about your current work**

**27**

**Are you working?**

- No **Go to question 29**
- Yes

**INFORMATION FOR Q27:**  
 Working means for wages or salary.

**28**

**How much do you get paid?**

Where does it come from?	Amount paid (before tax)	How often? (for example weekly, fortnightly, monthly)
	\$	
	\$	
	\$	
	\$	
	\$	



29

**Is your partner working?** No**Go to question 31**

I don't have a partner

**Go to question 31** Yes

30

**How much is your partner's regular gross wage (before tax)?**How often?  
(for example weekly,  
fortnightly, monthly)

Where does it come from?

Amount paid  
(before tax)

Where does it come from?	Amount paid (before tax)	How often? (for example weekly, fortnightly, monthly)
	\$	
	\$	
	\$	

**Tell us  
about  
income  
in the last  
52 weeks?**

31

**Did you or your partner get income from any of the following sources in the last 52 weeks?**

Accident compensation (eg ACC)

 No  Yes

Income insurance (replacement/protection)

 No  Yes

Interest from savings, investments, or bonds

 No  Yes

Dividends from shares, unit trusts, or managed funds

 No  Yes

Income from rents

 No  Yes

Payments from boarders or flatmates

 No  Yes

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  YesOther superannuation or retirement scheme income – government or private  
(don't include NZ Super or Veteran's Pension because we already know what  
you get) No  Yes

Income from an estate, if you've inherited money

 No  Yes

Income from trusts

 No  Yes

Other

 No  Yes**Important:** you must answer question 32.

**ATTACHMENT FOR Q32:**

You need to provide proof of income you've received in the last 52 weeks.

**32**

**Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 31?**

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 Q33:**

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

**33**

**Did you or your partner 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
		\$
		\$
		\$

**34**

**Do you think you and your partner will get the same amounts you've told us in questions 31, 32 and 33 in the next 12 months?**

No  Yes

**Go to question 36**

**35**

**Tell us what income or other payments you expect to get in the next 12 months.** Please use 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 your partner	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

**36**

**Do you or your partner pay a professional to prepare your tax return?**

No  Yes

**↓ If yes, please tell us below how much you pay**

You

Your partner

**37**

**Do you or your partner pay child support?**

No

Yes

**↓ If yes, please tell us below how much you pay and how often**

You		Your partner	
How much?	How often?	How much?	How often?
\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

38

Are you a tertiary student or will you be one next year?

No

Yes

39

Do you or your partner get Working for Families tax credit?

No

Yes

↓ If yes, please tell us below how much you get and how often

You		Your partner	
How much?	How often?	How much?	How often?
\$		\$	

**Paid parental leave** 40

**ATTACHMENT FOR Q40:**  
Please provide proof of these payments, eg your payment advice letter from Inland Revenue.

Are you or your partner getting paid parental leave payments?

No

Yes

→ How much per week?

\$

41

What is the date of the last payment?

Day	Month	Year

# Community Services Card partner form



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This partner form should be completed by the partner of the person applying for Community Services Card. If you don't have a partner please go to page 15.

If you've received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your expired Community Services Card if you have one.

Client number

 |  | 

## Tell us about yourself

1

### What is your full name?

Mr    Mrs    Ms    Miss   Other

First and middle names    Surname or family name

#### ATTACHMENT FOR Q1:

Provide proof of your identity. What you need to provide is explained on page 1.

2

### Is the name on your birth certificate the same as above?

No       Yes

First and middle names

Surname or family name

#### HOW TO ANSWER Q3:

For example, have you had married names, English names, changes by deed poll, or aliases?

3

### Have you ever been known by any other name?

No    Yes  

1.

2.

#### ATTACHMENT FOR Q3:

Provide your marriage certificate, deed poll, or other proof of any name change.

4

### What name would you like us to call you?

The name I wrote in Question 1    The name I wrote in Question 2

Other

5

What date were you born?

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

6

Are you:

Male
  Female
  Gender diverse

7

What is your Inland Revenue tax number?











## Tell us where you live

8

Where do you live?

Flat/House number	Street name
<input type="text"/>	<input type="text"/>
Suburb	Town/City
<input type="text"/>	<input type="text"/>

9

Are you in a rest home or hospital?

No
  Yes

10

Is your mailing address different from where you live?

No
  Yes

  


11

How else can we contact you?

Tick the best way for us to first contact you

Home phone	(    )	
Mobile phone	(    )	
Other phone	(    )	
Email		

## Tell us your ethnicity

12

Tick the group(s) you most identify with.

Māori

New Zealand European
  Niuean
  Samoan
  Indian

Other European
  Tokelauan
  Tongan
  Chinese

Cook Island Māori
  Other
 
 Don't want to answer

### HOW TO ANSWER Q8:

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

### HOW TO ANSWER Q10:

Mailing address can include a PO Box, rural delivery details, or C/O address.

### HOW TO ANSWER Q11:

Please only give us contact details you'd like us to use.

### INFORMATION FOR Q12:

We collect this information for statistics we use in research and future development work.

## Tell us about your residence status

13

Do you usually live in New Zealand?

No  Yes

14

What best describes your residence status in New Zealand? Tick only one box.

New Zealand citizen by birth

Go to page 15

Granted New Zealand citizenship

→ Date citizenship granted

Day Month Year

--	--	--

Go to question 16

Granted permanent residency

→ Date permanent residence granted

Day Month Year

--	--	--

Go to question 16

Other

↓ If other, what is your residence status?

15

When did you arrive in New Zealand?

Day Month Year

--	--	--

16

What country were you born in?



# How we protect your privacy



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## Collecting your information

**We collect your personal information, so we can provide income support, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at [workandincome.govt.nz/privacy](https://workandincome.govt.nz/privacy)**

- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don't.

## Using your information

**We use the information you give us to make decisions about the best way to help you.**

- These decisions may be about:
  - whether you're eligible for our services
  - running our operations and ensuring our services are effective
  - the services we'll provide in the future.

## Sharing your information

**Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.**

- To do this, we may share your information with:
  - prospective employers to help you find work
  - contracted service providers that help us to help you
  - health providers if we need your medical information to assess your eligibility
  - other government agencies when we have an agreement with them
  - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

## Respecting you and your information

**We make sure we follow the Privacy Act to do what's right when we use your information.**

- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

## Get in touch if you have a question

**You have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong.**

- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at: [workandincome.govt.nz/privacy](https://workandincome.govt.nz/privacy)

# Signature page

## Applicant and partner

The information that I have given, or that has been given about me in this application is true and complete.

I understand what you do with my personal information and how you protect my privacy.

Applicant's name (print)

Applicant's signature

Day    Month    Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Applicant's partner's name (print)

Applicant's partner's signature

Day    Month    Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Helper's statement

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

Your first name

Your surname or family name

Your address

Your phone number

### Tick the box for the statement that applies

I completed this application form at the request of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the person applying.

I completed this application form at the request of the partner of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the partner of the person applying.

Helper's signature

Day    Month    Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Next steps

### Next steps:

Send this form to:

Seniors Support Centre  
Ministry of Social Development  
PO Box 5054  
Wellington 6145