

Residential Support Subsidy application and authorisation forms



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Residential Support Subsidy is a payment that helps with the cost of residential support for a person with a physical, sensory, intellectual, psychiatric disability (including drug and alcohol rehabilitation) or disabling chronic health condition who needs residential care as a result.

If the person is living in a family-like environment (not a boarding house) and they're paying board, they're not entitled to Residential Support Subsidy.

What's in the application

This form has a number of sections. You might not need to fill them all in, so we'll direct you through to make sure you've completed everything you need to.

Privacy Statement	Page 2	Information about your privacy and how we protect the information you and others give us.
Client's form	Pages 3–5	This is the main part of the application the client or their helper or agent needs to complete.
Helper, Agent or Power of Attorney form	Pages 6–7	This page lets us know if you have a representative for your dealings with us. We can only share information with an Agent or Power of Attorney.
Declaration and Signature	Page 8	Where you agree to some conditions and sign your application.
Residential Service Provider's form	Page 9–11	This form needs to be completed by the Residential Service Provider.

Payment information

Residential Support Subsidy is paid to the residential service provider by the Ministry of Health.

If you qualify for a Residential Support Subsidy and get a benefit or pension, you must contribute to the cost of the care you receive. You'll receive a Personal Allowance.

You can choose to pay your contribution directly to the residential service provider or the amount can be deducted from your benefit or pension and paid to them on your behalf.

Agents

This form has questions about appointing an agent.

You can apply for another person or organisation to officially act on your behalf for specific services and functions. An agent can be a person, or organisation such as your residential service provider.

You are responsible for choosing your agent and deciding what they can or can't do on your behalf so it's important you take care with your decision. They must also agree to be your agent. You don't have to appoint an agent and you can stop anyone from being your agent at any time.

For more information about appointing an agent go to workandincome.govt.nz and search on *Agent*.

What to do next

Once the form has been completed by the client and the residential service provider, the provider should scan and email it to: **MSD_RSS@msd.govt.nz**

Or you can post it to:

**Specialised Processing Services, Whangarei
Private Bag 9032,
Whangarei 0148**



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

- 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

Residential Support Subsidy client's form



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The client needs to complete this section

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

 | |

1

What is your full name?

Mr Mrs Ms Miss Other

First and middle names

Surname or family name

2

What is your date of birth?

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

3

Where did you live before you went into Residential Support Service?

Flat/House number Street name

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

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

4

How would you like your Residential Support Subsidy contributions paid?

Please pay my contributions directly to my residential service provider from my benefit, until the date I leave the service.

OR

I will pay the contribution myself.

5

Where would you like your Personal Allowance payments paid to?

The same bank account that's held on my Work and Income records.

OR

The Residents Trust Account with my residential service provider. (The provider will then be responsible for forwarding payments to you.)

HOW TO ANSWER Q4:
Please tick one box only.

HOW TO ANSWER Q5:
Please tick one box only

Having an Agent

6

Do you already have an agent for Work and Income?

No

[Go to question 9](#)

Yes

INFORMATION FOR Q6:

An agent is a person or organisation you've asked to act on your behalf when dealing with the Ministry of Social Development.

7

What is your agent's name?

First name(s)

Surname or family name

8

Was this person appointed by the court?

No

Yes

9

Do you want your residential service provider to act as an agent on your behalf while you are receiving residential services?

No

[Go to the Declaration and Signature on page 8](#)

Yes

Tell us what you want your agent to be able to do

10

What rights and responsibilities do you want to give your residential service provider (agent)? (Please tick the boxes that apply)

Access to my files to get personal information about me.

Give information about me to the Ministry of Social Development, such as income details, housing need or changes in my circumstances.

Change details in my personal file with the Ministry of Social Development.

Receive all my mail from the Ministry of Social Development.

Complete and sign forms on my behalf.

Be allowed to deal with money I owe the Ministry of Social Development, which may include arranging repayments.

Have authority over my affairs with the Ministry of Social Development, as granted by a current Power of Attorney.

Speak or make enquiries on my behalf.

Speak to social housing providers about a potential property match or offer.

Paying your benefit or pension to an agent

If you want your agent to get paid part or all of your benefit or pension payments you'll need to complete a redirection of benefit payment form.

INFORMATION FOR Q10:

You can give your agent as many or as few rights and responsibilities as you want. For example, "my agent can only speak or make enquiries about my Residential Support Subsidy".

ATTACHMENT FOR Q10:

Please provide the Power of Attorney if you have one.

11

Is there anything else you want your agent to do?

No

Yes



[Please tell us below](#)

12

Is there anything you don't want your agent to do?

No

Yes

13

Did you fill in this form yourself?

No

Yes

Client unable to sign this form

14

Why are you completing this form for the client?

If the client is unable to sign this form, and the form is being completed on their behalf by a person wishing to be appointed their agent, please tick the reason for this.

I have authority over this client's affairs, as covered by the attached valid Enduring Power of Attorney for Property or Court Order made under the Protection of Personal and Property Rights Act 1988.

This client is temporarily unable to do things for themselves, and I wish to be appointed their agent for a short period of time to enable the Ministry of Social Development to meet the client's immediate needs.

ATTACHMENTS FOR Q14:

Attach a copy of either the Enduring Power of Attorney for Property or Court Order.

Attach evidence from a registered medical practitioner. This needs to state the reason why the client can't act for themselves and how long it is likely to last.

15

What is your relationship to this client?

HOW TO ANSWER Q15:

Please tell us what your relationship is with the client, for example, partner, friend, family member or support person.

Residential Support Subsidy



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Helper, Agent or Power of Attorney form

We need to know if someone has helped you complete this form. We also need to know if you have, or want to have, an agent (not your Residential Service Provider) or Power of Attorney to represent you or help you deal with us in future. If so, you'll need to confirm their details for us on this form.

Protecting your privacy is important and we must have your written permission for other people to do things with us on your behalf, such as making enquiries or filling in forms for you. By answering the following questions, we'll have a clear understanding of what other people can or can't do for you if they contact us.

1 Helper, Agent or Power of Attorney's details

INFORMATION FOR Q2:

An agent is a person or organisation you've asked to act on your behalf when dealing with the Ministry of Social Development.

ATTACHMENT FOR Q2:

You must provide the Power of Attorney or Court Order.

INFORMATION FOR Q4:

We'll check our record of your representative's details is up-to-date.

We need to make sure your agent is over a certain age.

2 Do you have someone helping you complete this form?

No Yes

2 Do you have a person or organisation already set up to act on your behalf with the Ministry of Social Development?

No If you want to set up an agent just for the Ministry of Social Development, there's a separate form for you to fill in. Please ask us for an Appointment of Agent Form.

[Go to the Declaration and Signature on page 8](#)

Yes **What type of representative are they?**

- An agent I have already set up with the Ministry of Social Development
- Enduring Power of Attorney for Property
- Power of Attorney for Property
- Court appointed representative

3 Who is your representative?

A person [Go to question 4](#)

An organisation [Go to question 8](#)

4 What are your representative's details?

First and middle names

Surname or family name

What is their relationship to you?

When were they born?

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

5 What is your representative's address?

Flat/House number Street name

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

Town/City

<input type="text"/>	<input type="text"/>
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6**Is your representative's mailing address different from where they live?**

No

Yes

**Tell us your representative's mailing address****HOW TO ANSWER Q7:**

Please only give us contact details your representative would like us to use.

7**How else can we contact your representative?**

Tick the best way for us to contact your representative

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

INFORMATION FOR Q8:

We'll check our record of your organisation's details is up-to-date.

8**What are the organisation's details?**

Name of organisation	
Address of organisation	
Contact person's name	
Contact person's phone	
Email address	



Declaration and Signature

Applicant's or agent's declaration and signature

Let us know when things change

You need to let us know about changes that might affect the amount you're paid, or your Residential Support Subsidy, like:

- changes to your income or assets
- changes to information about you, like your address, contact details or bank account number
- you go into or come out of hospital
- starting or ending a relationship, marriage or civil union
- are being held in custody or on remand
- you travel overseas.

If we have the wrong information we could pay you or the Residential Support Subsidy at the wrong amount. If we pay too much you might have to pay us back.

Sharing your information

We explain how we protect your privacy in our Privacy Statement on page two of this form.

If you get a Residential Support Subsidy, the Ministry of Social Development and Ministry of Health need to:

- share information necessary to pay and administer your Residential Support Subsidy
- provide information to your residential support provider about how your application is going, the outcome and the timing and amount of any payments we make.

By signing this form

I understand the things I need to do to get a Residential Support Subsidy. The information I have provided is true and complete.

Applicant's/Agent's name (print)

Applicant's/Agent's signature

Date

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

Agent's declaration and signature

Agents must read and sign this section.

By signing this form you, or the organisation you represent:

- agree to act as agent for the person named in this application
- understand the responsibilities the person has given
- will always act in the person's best interests
- agree to receive emails from the Ministry of Social Development about the person
- will let the Ministry of Social Development know if your address or contact details change
- can't access the person's MyMSD account (if they have one)
- have read and understand the Privacy Statement on page two of this form
- understand the person still has full responsibility for all matters with the Ministry of Social Development
- can stop being this person's agent, but must let the client and the Ministry of Social Development know.

The information I have provided is true and complete.

① Acting in the person's best interests includes:

- talking to them about their needs and what they expect
- making sure they get everything they're entitled to
- letting MSD know about changes in their circumstances.

Agent's name (print)

Agent's signature

Date

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

Residential Support Subsidy service provider form



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The residential service provider needs to complete this section

Residential service provider's details

1

Do you receive Contract board for this person?

No

Yes

You do not need to complete this form

2

What is the name of the residential service provider?

3

What is the contact person's name?

First and middle names

Surname or family name

4

What are the contact person's details?

Work phone	()
Mobile phone	()
Fax	()
Email	

5

What is the postal address of the residential service provider?

6

What are the bank account details of the residential service provider?

These details are already held by Specialist Processing Services, Whangarei and have not changed.

The account is in the name of:

The account number is:

Bank	Branch	Account number	Suffix
■ /		■ ■ /	■ /

ATTACHMENT FOR Q6:

You will need to provide proof of the bank account details, such as a bank statement or deposit slip.

Needs assessment details

7 What primary disability type has been determined by the needs assessment?

(Please tick one box only)

- Alcohol and drug
- Intellectual disability
- Psychiatric disability
- Physical/sensory disability
- Long term support chronic health condition

8 Who completed the last Needs Assessment?

Assessor's name

Assessment Agency name

9 What was the date of the assessment?

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

Residence details

10 What residential address will the client live at?

Flat/House number Street name

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

Town/City

<input type="text"/>	<input type="text"/>
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11 What will their postal address be? (If different from above)

12 What date did they enter your service?

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

13 What date should Residential Support Subsidy commence?

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

- The date they entered the service



HOW TO ANSWER Q14:

The client must have ticked 'yes' to question 9 on page 4.

14

Has the person appointed their residential service provider to act as their agent while they're receiving residential services?

No

Yes

Please make sure you have read and signed the Agent's declaration on page 8

Provider's declaration

By signing this form, you acknowledge that:

- I/we have a signed contract with the Ministry of Health or a District Health Board for Residential Support Services and will be invoicing the Ministry of Health for Residential Support Subsidy costs for this person while they are in our residential support service.
- I/we have read and understand the information on pages 1 and 2 of this form.
- Within 24 hours I/we will advise the Specialised Processing Services, Whangarei of any changes in circumstances of the client, including hospitalisation, or the client's departure from my/our care.
- The information I/we have provided on this form is true and complete.
- I have authority to complete this form on behalf of the Service Provider.

Name (print)

Signature

Date

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Day Month Year