

Change of Living Situation for seniors



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

If you get New Zealand Superannuation or Veteran's Pension we need you to tell us about changes to your living situation so we can pay you the right rate. You can give us this information by calling **0800 552 002** or by completing and returning this form.

If you meet our definition of living alone, we may be able to pay you a higher rate to recognise the cost of maintaining your home on your own. You may also get this if you have a partner who is in residential care, hospital or prison, or in some situations when you are not living on your own. You can have visitors stay with you for up to 13 weeks and still get the living alone rate.

In this form if we say 'your partner' we also mean 'your spouse', if you have one.

Write your client number here. It can be found on your SuperGold Card.

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

2

What date were you born?

Day Month Year

Tell us how we can contact you

3

Where do you live?

Flat/House number Street name

Suburb

Town/City

HOW TO ANSWER Q3:

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

HOW TO ANSWER Q4:

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

4

Is your mailing address different from where you live?

No Yes

If these addresses are different from what we already have for you, you'll also need to fill in our Change of Address/Accommodation Costs form, or update your own details using **MyMSD**.

HOW TO ANSWER Q5:
Please only give us contact details you'd like us to use.

5

How else can we contact you?

Tick the best way for us to first contact you

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

6

Do you agree to get emails from us?

No Yes I don't have an email address

Tell us what has changed

7

What date did your living situation change?

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

8

What was the change?

- I started living alone
- My partner now lives in a rest home, hospital or prison
- I now have a partner
- I've stopped living alone, but don't have a partner

Tell us if you have a partner

9

What is your partner's full name?

First and middle names

Surname or family name

10

What is your partner's date of birth?

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

11

Where does your partner live?

- At the same address as me Public hospital
- Rest home Prison
- Private hospital
- Other

Tell us about your living situation

12

HOW TO ANSWER Q12:

Please don't include your partner (if you have one).

INFORMATION FOR Q12:

We don't need to know the name of each person.

ATTACHMENT FOR Q12:

If you need to include more than four people please write these details about each one on a separate sheet of paper, and bring it with this form.

Please provide details about anyone you live with.

Person 1

Relationship to you

Is this person 18 years or younger?

 No

Go to next person or question 13

 Yes

→ What is their date of birth?

Day Month Year

Does this person attend school or a tertiary institution?

 No Yes

Person 2

Relationship to you

Is this person 18 years or younger?

 No

Go to next person or question 13

 Yes

→ What is their date of birth?

Day Month Year

Does this person attend school or a tertiary institution?

 No Yes

Person 3

Relationship to you

Is this person 18 years or younger?

 No

Go to next person or question 13

 Yes

→ What is their date of birth?

Day Month Year

Does this person attend school or a tertiary institution?

 No Yes

Person 4

Relationship to you

Is this person 18 years or younger?

 No

Go to next person or question 13

 Yes

→ What is their date of birth?

Day Month Year

Does this person attend school or a tertiary institution?

 No Yes

13

Do you have visitors aged 18 or older who will be staying with you for 13 weeks or longer?

No Yes

14

What is your accommodation?

- House or flat
 - Self-contained 'granny' flat
 - Self-contained unit in a retirement village or rest home
 - Mobile home – self-contained
 - A boat moored within New Zealand territorial waters
 - Accommodation in a caravan park
 - Other ↓ Please provide details below
- A room in a boarding house
 - Hotel or motel

INFORMATION FOR Q14:

'Self-contained' for a granny flat or unit means there is a kitchen or a kitchenette and a bathroom.

'Self-contained' for a mobile home means it needs to have facilities for:

- day-to-day living
- sleeping
- preparing and cooking food.

It must also have a:

- sink
- toilet
- fresh water tank
- waste water tank.

Client's declaration

The information I've provided on this form is true and complete.

Your name (print)

Your signature

Date

Day	Month	Year

To return this form to us, you can:

- take it to any Ministry of Social Development office
- post it to: Senior Services
Ministry of Social Development
PO Box 5054
Wellington 6145.