

Residential Support Subsidy resident's details notification



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

This form is to be used when a client, who receives Residential Support Subsidy, has a change in their circumstances.

Within 24 hours of the change, please complete then email this form to us at:

msd_rss@MSD.govt.nz

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.

1

Do you receive Contract Board for this resident?

No

Yes

You do not need to complete this form

Service provider's details

2

What are the service provider's details?

Provider's name	
Provider's address	
Phone	()
Email	

Client's details

3

Client number

| |

4

What is the client's name

First and middle names

Surname or family name

5

What is the client's date of birth?

Day Month Year

6

What is the residential service address the client is currently living in?

7

Please tick and provide details about the client's circumstances that have changed.

Entry to Service Provider → **Date entered care** Day Month Year

Internal Transfer → **Date transferred** Day Month Year

↓ **What is the client's new address?**

Hospital → **Date entered hospital** Day Month Year

↓ **Hospital name**

→ **Will the client be returning to care?** No Yes

→ **Date left hospital** Day Month Year

Discharge from Service Provider

→ **Date left care** Day Month Year

↓ **Where were they discharged to?**

Another service provider

Home ↓ **What is the client's new address?**

Death

→ **Date of death** Day Month Year

↓ **Please provide details of the person's next of kin, or administrator of their estate.**

Name	<input type="text"/>
Address	<input type="text"/> <input type="text"/>
Phone	(<input type="text"/>) <input type="text"/>
Email	<input type="text"/>

Declaration

The information I have given is true and complete.

Service Provider's name (print)

Service Provider's signature

Day Month Year