Childcare Assistance change of circumstances form



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

Identification for you and your partner, such as a Community Services Card, or something you've provided before, like a passport or driver licence

The child's full birth certificate for any child added

Proof of income for you and your partner, if either of your income has changed

Details of your work, course or organised activity

Your and/or your child's medical details (if applicable)

The childcare provider has completed and signed their section on page 7

The training organisation's representative has signed their section on page 7 (if applicable)

Tell us about yourself

Client number	It's on your Community Services Card, or if you've applied for support from StudyLink or Work and Income before it's
	on a letter from us.

Tell us your 1 details 1 ATTACHMENT FOR Q1: 1 Bring proof of who you are. 2	What is your full name? First and middle names What date were you born? Day Month Year Year	Surname or family name	
(i) HOW TO ANSWER Q3: If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.	Where do you live? Flat/House number Street name Suburb	Town/City	
WORK AND INCOM TE HIRANGA TANGATA	E	R24 - MAR 2025	Page 1

Tell us your 4 What are the child's details? Full name Date of birth Day Month Day Month Do you have a shared care arrangement for this child? No Do you have a shared care arrangement for this child? No Press Date left care Day Month Year Has this child!eft your care? No Yes Date left care Day Month Year Has this child!eft your care? No O'hidren have came into or left your care Other Image: Please provide as much information as you can about these changes to your Image: Image: Im								
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HOW TO ANSWER Q8: Please tell us your	Has the child moved to a	new childc	are ser	vice/progra	amme?		
fee after you've applied	No Go to question 9		Yes	If yes, pleas	se provid	e details b	elow
any discount but before any Work and Income	Name of old childcare	service/prog	ramme				
subsidy is applied.							
The Childcare Subsidy				Day Month	Yea	ır	
can't be used for donations or optional	End date at the old se	rvice/program	nme				
charges, but can be used	Name of new childcar	e service/prog	gramme				
for the top-up fee.							
		20 Hours	ECE sta	rt date	Ton-I	up fee start	date
Where we say ECE in this question we mean	Care start date Day Month Year	(if	applicable) onth			(if applicable) Month	Year
20 Hours ECE.							
	Enrolment times	Mon Tue	e W	ed Thu	Fri	Sat	Sun
	Enrolled hours					out	Suit
	ECE hours used (if applicable)						
	Type of childcare	Childcare p	rovider	Home-base	d	OSCAR pr	ovider
Important:	Total hours each week			_			
The childcare service's or	ECE top-up fee charged to caregiver per hour			\$			
programme's	Total weekly fee charged to	\$		\$		\$	
supervisor must	caregiver (don't include ECE)						
sign on page 7.	OSCAR care period end date	/	/				
Tell us about your study 9 10	Have your training or stud	ovide details ing a work study on: lated course of cails? dited?	below Day N or study.	d? Month Ye	lates?		estion 13 lestion 10
Important: 12	How many hours a week o	do you spei	nd on tl	he following	g?		
The training	At your course		On of	ther study			
provider must	Travelling from the childcare servi	ice to vour cou	irse and r	eturning?			
sign on page 7							
D24 MAD 2025							Page 3

Tell us about 13 your partner's study	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?
	Start date Finish date Day Month Year Day Month Year Finish date
Important: 16 The training	How many hours a week does your partner spend on the following? At their course On other study
provider must sign on page 7	Travelling from the childcare service to their course and returning?

Tell us about 17 your income	Have your or your partner's (if you have changed?	one) hou	irs of wo	ork and travel times
	Yes 🕂 If yes, please provide details belo	w		
	Hours you work each week (including lund			
	Hours a week <u>you</u> spend travelling from th		service to	work
	and returning			
	Hours <u>your partner</u> works each week (inc	-	-	
	Hours a week <u>your partner</u> spends travell service to work and returning	ling from the	childcare	
18	Has your family income changed?			
	No Go to page 7		Day	Month Year
	Yes	e from?		
ATTACHMENT FOR Q19: Bring a copy of your business accounts.	Did you or your partner (if you have one following sources in the last 52 weeks?) get incc	ome froi	m any of the
INFORMATION FOR Q19:	Wages or salary	No	Yes	
In this application form, 'partner' means the	Termination pay	No	Yes	
person you're married to or in a civil union or	Redundancy pay	No	Yes	
relationship with, not a business partner.	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

oof of income you've reived in the last weeks.	No	Yes	- If yes, tell us the tota	al before-tax amoun	ts, for the last 52 we
WEEKS.	Whore did th	e income come f	rom? You	Payment ma Your partne	ade to? er Jointly with pa
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Q21: e h dised		your partne ey in the last	r (if you have one) 52 weeks? If yes, tell us about t		
s	Type of paym	nent	Where did it co	ome from?	lts value
					\$
					\$
ANSWER 022: es of income d to include e listed on	payments No	Yes	✓ If yes, write the deta		
me de	payments No Where will th	Yes	2 weeks? If yes, write the deta Payment	ils below. Tell us the made to? Jointly with	come or other before-tax amounts How often do you expect the
e	payments No	Yes	2 weeks? If yes, write the deta Payment	ils below. Tell us the made to? Jointly with	come or other before-tax amounts How often do
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Signature page

Applicant

The information I have given you is true and complete.

Applicant's name (print)	Applicant's signature	Day	Month	Year
Childcare supervisor				
I confirm the information provided	l in questions 6–8 is true and complete.			
Work and Income childcare service				
Supervisor's name (print)	Supervisor's signature	Day	Month	Year
Trainan				
Trainer				
Complete this if you've helped any	rone to complete this application form.			
I confirm the information p	rovided in questions 10—12 is true and complete.			
I confirm the information p	rovided in questions 13—16 is true and complete.			
Trainer's name (print)	Trainer's signature	Day	Month	Year
Official training provider's stamp				