# Civilian Amputee Assistance application



If you're an amputee, or person born without a limb you may be able get help with some of the costs of going to an Artificial Limb Centre.

You can also apply for an attendant's travel, accommodation and meals (but not loss of earnings) if:

- the person traveling to the Limb Centre is a child under 15 years old, or
- the person cannot travel by themselves.

You're responsible for forwarding the payment to the attendant.

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#### INFORMATION NOTE:

Documents need to be originals, or copies of documents that have been certified as a **true copy** by a Solicitor/Lawyer, Notary Public, Registrar of the Court or Justice of the Peace.

#### INFORMATION NOTE:

If you've applied before you only need to bring identification you've already given us, like your Community Service Card or driver licence.

If you need payment before your appointment, you need to provide:	
Confirmation of your appointment date and time at the Limb Centre	
Quotes or estimates for the costs you're paying	
Confirmation of any loss of earnings from your employer if you don't have sick leave available.	
If you need to be reimbursed, you need to:	
Apply for reimbursement within six months of going to the Limb Centre	
Provide proof that you went to your appointment at the Limb Centre	
Provide receipts for your costs	
Give us confirmation of any loss of earnings from your employer if you don't have sick leave available.	
Proof of who you are:	
Proof of who you are:  If you were born in New Zealand, bring 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).	
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If you were born in New Zealand, bring 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).  If you were born overseas, bring 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	
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## Civilian Amputee Assistance application



#### Tell us about yourself If you have 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 What is your full name? Tell us the names you Ms Miss Mr Mrs Other have been known by First and middle names ATTACHMENT FOR Q1: Surname or family name Bring proof of who you are. What you need to bring is explained on page 1. Is the name on your birth certificate the same as above? Tell us the name that is on your birth certificate No Yes First and middle names Surname or family name ? HOW TO ANSWER Q3: 3 Have you ever been known by any other name? For example, have you had married names, No Write them all out below English names, changes by deed poll, or aliases? 1. ATTACHMENT FOR Q3: 2. Bring your marriage certificate, deed poll, or other proof of any What name would you like us to call you? 4 name change. The name I wrote in Question 1 The name I wrote in Question 2 Other Write the full name Are you: Male Female Gender diverse 6 What date were you born? Month Day Year

Tell us how we can	Where do you live?  Flat/House number Street name	
contact you		
① HOW TO ANSWER Q7:	Suburb	
If you live in a rural area, flat/house number could include your RAPID number, fire number,	Town/City	
emergency services number.		
	Is your mailing address different from where you live?	
Mailing address can include a PO Box, rural delivery details, or C/O address.	No Yes  Tell us your mailing address	
(2) HOW TO ANSWER Q9 Please only give us	How else can we contact you?  Tick the best way us to first contact y	
contact details you would like us to use.	Home phone ( )	
like us to use.	Mobile phone ( )	
	Other phone ( )	
10	Do you agree to get emails from us?	
	No Yes Tell us your email address I don't have an email add	ress
Reason for appointment	Is the loss of limb the result of an accident?  No Yes If you qualify for assistance from ACC, you do not qualify for assistance from Work and Income	
12	What is or was your reason for going to an appointment at the Limb Centre	?
Limb Centre details	What is the name of the Limb Centre that you go to?	
14	What date will you or did you go to the Limb Centre?	
14	What date will you of did you go to the Linib Centre!	
	Day Month Year	

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#### **Cost details**

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#### Please provide details of your costs below:

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#### ATTACHMENT FOR Q15:

Please provide quotes or estimates of the costs you will have. If you have more costs after going to the Limb Centre, you can still apply for reimbursement.

For travel by taxi or private vehicle, we will only pay for one person's transport costs.

If you are applying for reimbursement, please provide proof of the costs you have paid.

You are responsible for forwarding the appropriate payment to your attendant (if you have one).

	You	Attendant
Total cost of meals	\$	\$
Total cost of accommodation	\$	\$
Transport: Public transport or taxi	\$	\$
Private car cc rating	СС	СС
Distance travelled in kilometres	km	km
Actual fuel costs	\$	\$
Airtravel	\$	\$
Loss of earnings (not for attendants)	\$	n/a
Total costs you are applying for	\$	\$

### Bank account

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#### What bank account do you want your payments to be paid into?

ATTACHMENT FOR Q16: You need to provide proof of your bank account details, such as a bank statement or

deposit slip.

The account is in the name of:

The account number	is

В	Bank	Brand	ch		Acco	ount	num	ber			Suffi	X			
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### **Signature**

- We make sure we follow the Privacy Act 1993 to do what's right when we use your information. You also have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong. If you want to read our full Privacy Statement, you can find it on our website **workandincome.govt.nz** search using the words *Privacy Statement*.
- The information I have provided is true and complete.

Applicant's name (print)	Applicant's signature	Date		
		Day	Month	Year

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