

Child Disability Allowance application form



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

The Child Disability Allowance is a non-taxable, fortnightly payment made to the main carer of a child or young person with a serious disability. It's paid to recognise the extra care and attention needed for that child.

The child needs to be assessed by their health practitioner as needing constant care and attention for at least 12 months because of a serious disability. You also need to meet some other conditions.

Other assistance, such as the Disability Allowance, may be available to help with the costs of treatment, medication or disability related expenses.

You can't get this allowance if the child already gets a benefit (except for the Orphan's or Unsupported Child's Benefit), or if you get Board Payments for them from Oranga Tamariki.

How to apply

Step 1 – Fill in the form

Fill in this application form, and take the medical certificate inside it to your child's health practitioner for them to complete.

Step 2 – Come in and see us

If you already get a benefit from us and you're child is included, you can drop the form and documents we need to one of our service centres, or post them to us.

If you don't get any other help from us, please make an appointment to come and see us.

We can grant Child Disability Allowance from the date you first contact us, if you complete your application within 20 days of that date.

What you need to provide

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.

Proof of who you are:

For you

If you were born in New Zealand, provide 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, provide 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 proof of permanent residence).

☐

If your name has changed, provide your marriage certificate, deed poll, or other proof of the name change.

☐

All people applying need to provide **two** more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).

☐

One of the documents above must be at least two years old.

You also need to provide:

Full birth certificate for the dependent child this application is for.

☐

A form or letter from Inland Revenue showing your tax number.

☐

Proof of your bank account details, such as a bank statement or deposit slip.

☐

Our commitment *to YOU*



We will get to know you,
your situation and
your needs

Ka mōhio
ki a koe

—
**know
you**

We will make sure you
understand everything
you need to know



We will use your
feedback to improve
our service

We will respect your
privacy and be clear
about how we use
your information and
who we share it with



We will let you know
everything you may
be eligible for

Ka tautoko
i a koe

—
**support
you**

We will help you
however we can,
as soon as we can



The information
we give you will
be accessible and
consistent no matter
how you contact us

We will be honest
about our mistakes
and put them right



We will respect you
and what is important
to you

Ka mahi
tahi ki a koe

—
**with
you**

We will work
together to achieve
shared goals



We will let you know
your options, rights
and obligations

Our actions will
follow our words



How did 
wedo?

Let us know by visiting msd.govt.nz/feedback
or call us on 0800 559 009

Child Disability Allowance applicant form



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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

--	--	--	--	--	--	--	--	--

Tell us about yourself

1

What is your full name?

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>
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First and middle names

Surname or family name

ATTACHMENT FOR Q1:

Bring proof of who you are. What you need to bring is explained on page 1.

HOW TO ANSWER Q2:

For example, have you had married names, English names, changes by deed poll, or aliases?

2

Have you ever been known by any other name?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="button" value="↓ Write them all out below"/>
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1.

2.

ATTACHMENT FOR Q2:

Bring your marriage certificate, deed poll, or other proof of any name change.

3

What date were you born?

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

Day Month Year

4

Are you:

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender diverse
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ATTACHMENT FOR Q5:

Bring a form or letter from Inland Revenue showing your tax number.

5

What is your Inland Revenue tax number?

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ATTACHMENT FOR Q6:

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

6

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

The account is in the name of:

The account number is:

Bank	Branch	Account number	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tell us how we can contact you

7

Where do you live?

Flat/House number

Street name

Suburb

Town/City

8

Is your mailing address different from where you live?

☐

No

☐

Yes



Tell us your mailing address

9

How else can we contact you?

Tick the best way for us to first contact you

Home phone	()	
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 address

Tell us your ethnicity

11

Tick the group(s) you most identify with.

☐

Māori



Which tribe(s) or iwi?

☐

New Zealand European

☐

Niuean

☐

Samoan

☐

Indian

☐

Other European

☐

Tokelauan

☐

Tongan

☐

Chinese

☐

Cook Island Māori

☐

Other



Please write below

☐

Don't want to answer

INFORMATION FOR Q11:

We collect this information for statistics we use in research and future development work.

Tell us about your residence status

② HOW TO ANSWER Q12:

This means you consider New Zealand your home, you're a legal resident, you usually live here and you intend to stay.

12

Do you usually live in New Zealand?

☐

No

☐

Yes

13

What best describes your residence status in New Zealand? Tick only one box.

☐

New Zealand citizen by birth

Go to question 16

☐

Granted New Zealand citizenship



Date citizenship granted

Day

Month

Year

Go to question 14

☐

Granted permanent residency



Date permanent residence granted

Day

Month

Year

Go to question 14

☐

Other



What is your residence status?

14

When did you arrive in New Zealand?

Day

Month

Year

15

What country were you born in?

Tell us about the child or young person

Tell us about your dependent children



ATTACHMENT FOR Q16:
Bring the child's birth certificate.

16

What is the name of the child or young person with a disability in your care?

First and middle names

Surname or family name

17

What is the child's or young person's date of birth?

Day Month Year

18

What best describes the child's or young person's residency status in New Zealand?

Tick only one box.

☐

New Zealand citizen by birth

Go to question 21

☐

Granted New Zealand citizenship



Date citizenship granted

Day Month Year

Go to question 19

☐

Granted permanent residency



Date permanent residence granted

Day Month Year

Go to question 19

☐

Other



What is their residence status?

19

When did the child or young person arrive in New Zealand?

Day Month Year

20

What country was the child or young person born in?

Tell us where the child lives



INFORMATION FOR Q21:

The residential home or hostel must be run by a voluntary organisation where the child returns home for weekends or school holidays and where you have to pay towards the child's or young person's care.

21

Where does the child or young person live?

☐

At the same address as me

Go to question 24

☐

In a residential home or hostel



Please provide the name and address

Name of the residential home or hostel

Address of the residential home or hospital

HOW TO ANSWER Q22:

For example:

- weekends
- holidays.

22

How often does the child or young person return home?

23

Do you pay towards the child's or young person's care in the residential home or hostel?

☐

No

☐

Yes



Tell us what you pay for

24

Are you the child's or young person's parent?

☐

No



What is your relationship to the child or young person?

☐

Yes

25

What are the names and contact details of the child's or young person's parents?

Parent 1

First and middle names

Surname or family name

Address

Parent 2

First and middle names

Surname or family name

Address

26

Do you have primary responsibility for the day-to-day care of the child or young person?

☐

No



Please provide details below

☐

Yes

27

Are you solely responsible for the financial support of the child or young person while they live with you?

☐

No



Please provide details below

☐

Yes

28

Does the child or young person receive any income?

☐

No

☐

Yes



Please provide details below

INFORMATION FOR Q28:

Income includes but isn't limited to:

- wages
- ACC or insurance payments
- family trust payments
- maintenance payments
- interest from bank accounts.

What you need to do – obligations and signature



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Let us know when things change

You need to let us know about changes that might affect the amount you're paid.

Changes to the child or young person's situation, like:

- going into or coming out of hospital
- leaving your care
- going into residential care.

Changes to information about you and the child or young person, like:

- name, address, contact details or bank account number
- being held in custody or on remand.

If we have the wrong information we could pay you too much and you might have to pay us back.



Tell us if you or the child or young person is going overseas

If you're travelling overseas, you need to let us know as soon as possible.

You need to let us know before you leave New Zealand. If there's a good reason you can't, then you need to let us know as soon as you can.



Your rights

If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at msd.govt.nz/reviews

Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete
- I understand what you do with my personal information and how you protect my privacy (privacy information is on page 9).

Applicant's name (print)

Applicant's signature

Date

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

Privacy Statement

The Ministry of Social Development includes Work and Income, MSD Housing Assessment, Senior Services, StudyLink and other service lines. The legislation administered by the Ministry of Social Development allows us to check the information that you give us. This may happen when you apply for assistance and at any time after that. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

Why we collect information

The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development and will be held by the Ministry of Social Development.

The information is collected for the purposes of the legislation administered by the Ministry of Social Development including:

- granting benefits and other assistance under the Social Security Act 2018
- delivering superannuation services under the New Zealand Superannuation and Retirement Income Act 2001
- delivering assistance under the Veteran's Support Act 2014
- providing services under the Residential Care and Disability Support Services Act 2018
- statistical and research purposes
- providing advice to Government
- providing support and services for you and your family
- providing education related services
- care and protection needs of children
- assessing eligibility for social housing and calculating income-related rents under the Housing Restructuring and Tenancy Matters Act 1992
- assessing whether you and/or your partner may be entitled to an overseas pension, benefit or allowance.

You are not required to give the Ministry of Social Development information, but if you do not give us all the information we ask for, your application for benefits or pensions and other assistance may be declined.

We may contact health practitioners

The Ministry of Social Development may contact health practitioners to check any health related information you give us.

We may use information for public housing

Information you give us when you apply for assistance, and at any time after that, may also be used for public housing purposes under the Housing Restructuring and Tenancy Matters Act 1992, including reviewing your eligibility for social housing or your income-related rent. Public housing is subsidised housing available to people in the greatest need of housing for the duration of their need. It is provided by Housing New Zealand and approved community housing providers.

We may compare the information you give us with information held by other agencies

The information you give us may be compared with information held by other agencies such as Inland Revenue, the Ministry of Justice, Department of Corrections, New Zealand Customs Service, Department of Internal Affairs, Accident Compensation Corporation, Housing New Zealand Corporation, Ministry of Health and Immigration New Zealand. It may also be compared with social security information (for example, pension or benefit information) held by other governments (including Australia, Malta and the Netherlands).

We may share information with Inland Revenue

Under the Tax Administration Act 1994, if you have dependent children, the information you give us may be shared with Inland Revenue for the purpose of administering Working for Families Tax Credits. Inland Revenue may also:

- use the information for the purposes of child support, student loans and taxation
- disclose it to the Ministry of Business, Innovation, and Employment, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
- disclose your personal information to your partner.

We may give information to service providers, employers, public housing providers and childcare providers

The Ministry of Social Development may:

- give employers information about you if you use our employment services
- share information with childcare centres to administer your entitlement to childcare assistance
- give information about you to the Tertiary Education Commission, Workbridge, training providers, career services or other agencies that have a formal agreement to provide services on behalf of the Ministry of Social Development, if you use our employment services
- share information about you with public housing providers (such as Housing New Zealand) to administer your housing-related assistance.

We may use your information to give you a better service

Other information that you give us that is not required to assess your entitlement may be used to provide a better service to you.

You have the right to see and correct your information

Under the Privacy Act 1993 you have the right to ask to see all information we hold about you and to ask us to correct that information.

Child Disability Allowance medical certificate

Health practitioner to complete



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The Child Disability Allowance is a non-taxable, fortnightly payment made to the main carer of a child or young person with a serious disability. It's paid recognition of the extra care and attention needed for that child.

The child needs to be assessed as needing constant care and attention for at least 12 months because of a serious disability. They also need to meet some other conditions.

Other assistance, such as the Disability Allowance, may be available to help with the costs of treatment, medication or disability related expenses.

This medical certificate should be completed by the health practitioner who provides the ongoing care of the child or young person.

For more information go to **workandincome.govt.nz** and search on *Child Disability Allowance*.

This information is required under the Social Security Act 2018

Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.

Client number

Child or young person's details

1

What is the child's or young person's full name?

First and middle names

Surname or family name

2

What date was the child born?

Day Month Year

3

Who is the main caregiver of the child or young person?

First and middle names

Surname or family name

Disability or medical condition information

4

What are the main clinical conditions affecting this child or young person?

Diagnosis

Is this covered by ACC?

- | | | | |
|----|----------------------|-----------------------------|------------------------------|
| 1. | <input type="text"/> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. | <input type="text"/> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. | <input type="text"/> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. | <input type="text"/> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. | <input type="text"/> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. | <input type="text"/> | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

HOW TO ANSWER Q4:

Please list the diagnoses in order of their impact on the child or young person.

5 **INFORMATION FOR Q5:**
Serious disability includes: physical, sensory, mental health, intellectual or developmental disability, or chronic medical condition.

6 **INFORMATION NOTE FOR A:**
Bodily function includes activities such as toileting and eating.

7 **INFORMATION NOTE FOR B:**
Attention and supervision needs to be focused on functions such as activities of daily living, mobility, learning, behaviour and/or health needs.

8 **INFORMATION NOTE FOR C:**
Substantial danger needs to be as a consequence of the disability and pose a real threat of physical or mental harm.

9 **HOW TO ANSWER Q9:**
If the child or young person has a chronic or severe condition, it would help Work and Income determine appropriate assistance if you could attach a copy of a recent report or referral letter.

10 **HOW TO ANSWER Q10:**
Where the need for constant care and attention is likely to reduce over time, a review should be undertaken at regular intervals.

5 Does the child or young person or young person have a serious disability?

☐ No

[Go to question 9](#)

☐ Yes

[Go to question 6](#)

6 Due to that serious disability, do they need constant care and attention as follows?

A. Frequent attention from another person in connection with bodily functions which is required as a consequence of the disability, and is in excess of that normally required by a child or young person of the same age?

☐ No

☐ Yes

OR

B. Attention and supervision substantially in excess of that normally required by a child or young person of the same age and sex?

☐ No

☐ Yes

OR

C. Regular supervision from another person in order to avoid **substantial** danger to themselves or others?

☐ No

☐ Yes

7 Are they likely to require such care and attention for more than 12 months?

☐ No

[Go to question 9](#)

☐ Yes

8 Is the child or young person currently in hospital?

☐ No

☐ Yes

[Which hospital are they in?](#)

9 Would you like the Ministry of Social Development to contact you about the child's or young person's diagnosis or disability?

☐ No

☐ Yes

Please provide any other relevant information that could help us work out the child's or young person's eligibility for the Child Disability Allowance.

10 When should the child's or young person's disability next be reassessed for entitlement to the Child Disability Allowance? (select one)

☐ 1 year

☐ 2 years

☐ 5 years

☐ Never

OR At what age?

Health practitioner's details

Please print your details below.

HPI number |

Health practitioner's full name

Practice name and address

Telephone number ()

Health practitioner's signature

Date

Day

Month

Year