

Home Help Payments application



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Home help may be available if you need a helping hand at home because you have young children or people dependent on you and:

- you have a multiple birth or adopt two or more children from the same pregnancy (you also need to already have another child under 5 years old)
- there's a domestic emergency and you need some short-term help in your home
- you're struggling to manage your home and need domestic support.

There are some other conditions you'll need to meet. These are explained on our website workandincome.govt.nz – search on *Home Help*.

How to apply

This application has three sections. They need to be completed before you come and see us.

1. A form for you to complete about your situation
2. A form for your home helper to complete
3. A form for a health professional or social worker to complete. **Note:** This form is not needed if you're applying because of a multiple birth.

Once the forms have been completed, use the checklist over the page to tick off the documents you'll need for your meeting with us.

Make an appointment to come and see us. You can do this using **MyMSD** or by calling **0800 559 009**.

Checklist

Once the sections have been completed, use the checklist to tick off the documents you'll need for your meeting with us.

Talk with us if you don't have any of the documents, have given them to us recently or if there might be a delay in getting them.

Proof of who you are:

For you

For your partner
(if you have one)

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 proof of permanent residence).

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

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

A form or letter from Inland Revenue showing your tax number

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

If you already get other payments from us, you won't need to bring all the documents above. Just bring some identification you've already shown us, like your Community Services Card or driver licence.

Other things you need to bring:

Proof of your home helper's bank account details, such as a bank statement or deposit slip

Full birth certificates for each dependent child in your care

Hospital discharge papers for the babies from a multiple birth

Proof of your assets (people who have had a multiple birth don't need to provide this)

You must give us all the information we need.

If you don't have all the information we need, talk with us and we may be able to help.

If we find out later that any information you give us is not true, or that you knew information you should have told us and did not tell us, we may stop paying your benefit. You might need to pay money back. In some cases you could even be prosecuted.



How we protect your privacy



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Collecting your information

We collect your personal information so we can provide income support under the Social Security Act 2018, and connect you with employment, education, and housing services.

- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don't.

Using your information

We use the information you give us to make decisions about the best way to help you.

- These decisions may be about:
 - whether you're eligible for our services
 - running our operations and ensuring our services are effective
 - the services we'll provide in the future.

Sharing your information

Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.

- To do this, we may share your information with:
 - prospective employers to help you find work
 - contracted service providers that help us to help you
 - health providers if we need your medical information to assess your eligibility
 - other government agencies when we have an agreement with them
 - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

Respecting you and your information

We make sure we follow the Privacy Act 1993 to do what's right when we use your information.

- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

Get in touch if you have a question

You have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong.

- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at msd.govt.nz/privacy

Home Help Payments applicant form



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Tell us about yourself

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 the names you have been known by



ATTACHMENT FOR Q1:

Bring proof of who you are. What you need to bring is explained on page 2.

1

What is your full name?

 Mr Mrs Ms Miss Other

First and middle names

Surname or family name

2

Is the name on your birth certificate the same as above?

 No Yes

First and middle names

Surname or family name



HOW TO ANSWER Q3:

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

3

Have you ever been known by any other name?

 No Yes

1.

2.



ATTACHMENT FOR Q3:

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

4

What name would you like us to call you?

 The name I wrote in Question 1 The name I wrote in Question 2
 Other

Tell us more about you

5

What date were you born?

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

6

Are you:

Male Female Gender diverse

Tell us how we can contact you

7

Where do you live?

Flat/House number Street name

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

Suburb

Town/City

HOW TO ANSWER Q7:

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

HOW TO ANSWER Q8:

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

8

Is your mailing address different from where you live?

No Yes [↓ Tell us your mailing address](#)

HOW TO ANSWER Q9:

Please only give us contact details you'd like us to use.

9

How else can we contact you?

Tick the best way for us to first contact you

| | | |
|--------------|--------|--------------------------|
| Home phone | () | <input type="checkbox"/> |
| Mobile phone | () | <input type="checkbox"/> |
| Email | | <input type="checkbox"/> |

10

Do you agree to get emails from us?

No Yes [↓ Tell us your email address](#) I don't have an email address

Other help from us

11

Do you already get any other payments from Work and Income?

No Yes [Go to question 17](#)

Tell us your ethnicity

12

INFORMATION FOR Q12:
We collect this information for statistics we use in research and future development work.

Tick the group(s) you most identify with.

| | | | |
|---|------------------------------------|---------------------------------|---|
| <input type="checkbox"/> Māori | → Which tribe(s) or iwi? | <input type="text"/> | |
| <input type="checkbox"/> New Zealand European | <input type="checkbox"/> Niuean | <input type="checkbox"/> Samoan | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Other European | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Tongan | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Other | ↓ Please write below | <input type="checkbox"/> Don't want to answer |
| <input type="text"/> | | | |

Tell us about your residence status

13

Do you usually live in New Zealand?

No Yes

14

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

| | | | | |
|--|------------------------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> New Zealand citizen by birth | Go to question 17 | | | |
| <input type="checkbox"/> Granted New Zealand citizenship | → Date citizenship granted | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Go to question 15 | Day | Month | Year |
| <input type="checkbox"/> Granted permanent residency | → Date permanent residence granted | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Go to question 15 | Day | Month | Year |
| <input type="checkbox"/> Other | ↓ What is your residence status? | <input type="text"/> | | |

15

When did you arrive in New Zealand?

Day Month Year

16

What country were you born in?

Tell us why you need Home Help

17

INFORMATION FOR Q17:

If these don't apply please talk with us before you go any further. There may be other help available.

18

Why are you applying for Home Help?

- Multiple Birth** – I have had a multiple birth or adopted two or more children from the same pregnancy
- Domestic Support** – I have children or people dependent on me and I'm struggling to manage my home
- Domestic Emergency** – There has been an emergency and I need some help until I sort things out

[Go to question 20](#)

[Go to question 18](#)

[Go to question 18](#)

Please tell us more about why you need Home Help.

Tell us about people in your household

19

Do you live with anyone who is able to help you?

Don't include people over 16 years that still go to secondary school.

- No Yes

Tell us about your dependent children

20

Do you have dependent children in your care?

- No

[Go to question 22](#)

- Yes

[Please provide details below](#)

Child 1

Full name

Date of birth

Day Month Year

Relationship to you

Is this a child of a multiple birth?

- No

[Go to next child, or question 21](#)

- Yes

[What was the hospital discharge date if they were born in hospital?](#)

Day Month Year

Child 2

Full name

Date of birth

Day Month Year

Relationship to you

Is this a child of a multiple birth?

- No

[Go to next child, or question 21](#)

- Yes

[What was the hospital discharge date if they were born in hospital?](#)

Day Month Year

HOW TO ANSWER Q20:

Please give the names of children you support financially and who live with you as a member of your family, including:

- your own children
- adopted children
- stepchildren
- children at boarding school
- grandchildren / mokopuna.

The child's name should be the same as on the child's birth certificate.

Tell us the names of all parents of each child.

ATTACHMENT FOR Q20:

Bring the birth certificate for each dependent child.

Child 3

Full name

Date of birth

Day Month Year

Relationship to you

Is this a child of a multiple birth?

No

Go to next child, or question 21

Yes

→ What was the hospital discharge date if they were born in hospital?

Day Month Year

Child 4

Full name

Date of birth

Day Month Year

Relationship to you

Is this a child of a multiple birth?

No

Go to next child, or question 21

Yes

→ What was the hospital discharge date if they were born in hospital?

Day Month Year

INFORMATION FOR Q21:

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

Tell us about your assets

21

ATTACHMENT FOR Q21:

You may be asked to provide proof of your assets and their value.

If you're applying because of a multiple birth, please go to the 'Next steps' section on page 9.

Do you or your partner have any of the following cash assets?

- Money in bank or other savings No Yes
- Bonus Bonds, shares, debentures or stocks No Yes
- Money lent to other people or organisations No Yes
- Other cash assets No Yes

22

If you answered 'yes' to any of the assets listed in question 21 above, please write the details below.

| Type of asset | You | Your partner | Jointly owned |
|---------------|-----|--------------|---------------|
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |

HOW TO ANSWER Q23:
 Examples of property you don't live in include, land, holiday homes, bach/crib, investment properties.

23

Do you or your partner have any of the following non-cash assets?

- Property you don't live in No Yes
- Boat, caravan or motorhome No Yes
- Other No Yes

ATTACHMENT FOR Q24:
 You may be asked to provide proof of these details.

24

If you answered 'yes' to any of the non-cash assets listed in question 23 above, please write the details below.

| Type of asset | How much is it worth? | How much do you owe on it? |
|---------------|-----------------------|----------------------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

25

Do you or your partner (if you have one) have a current Community Service Card?

- No
- Yes

You'll need to apply for one and meet the income test. You can download one from our website workandincome.govt.nz – search on *Community Services Card application*, or ask us for a form.

Next steps

1. Ask your Home Helper to complete the next section.
2. If you are applying because you need domestic support or there has been an emergency and you need temporary Home Help, your social worker or other health practitioner needs to complete the confirmation section on page 12.

Applicant's declaration

The information I have given you is true and complete.

I understand what you do with my personal information and how you protect my privacy.

Applicant's name (print) Applicant's signature Date

Day Month Year

Please use the document checklist to help you make sure you bring all the documents you need to your meeting with us.

Home Help Payments

Home helper's form



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

The person doing the home help needs to complete this form.

Information about Home Help payments:

- Home Help payments are taxed. Please contact Inland Revenue for more information
- The hourly rate for Home Help payments includes holiday pay.
- We'll need to see your timesheets for Home Help payments to be made.
- If you get a benefit, you need to declare this income to us. You can do this yourself using **MyMSD**, or you can or call **0800 559 009**.

Person who needs Home Help

1

What is the name of the person who needs home help?

First names

Surname

2

What is their date of birth?

Day Month Year

3

Where do they live?

Flat/House number Street name

Suburb

Town/City

Helper's details

4

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

5

What is your full name?

First names

Surname

6

What date were you born?

Day Month Year

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

9**How else can we contact you?**

Tick the best way for us to first contact you

| | | |
|--------------|--------|--------------------------|
| Home phone | () | <input type="checkbox"/> |
| Mobile phone | () | <input type="checkbox"/> |
| Email | | <input type="checkbox"/> |

10**Do you agree to get emails from us?**
 No
 Yes

 I don't have an email address

11**What is your Inland Revenue tax number?**

12**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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

HOW TO ANSWER Q9:

Please only give us contact details you would like us to use.

ATTACHMENT FOR Q11:

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

ATTACHMENT FOR Q12:

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

Home helper's declaration

The information I have given you is true and complete.

I understand what you do with my personal information and how you protect my privacy.

Home helper's name (print)

Home helper's signature

Date

Day Month Year

Home Help Payments Confirmation form



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Your health practitioner or social worker needs to complete this form.

It confirms you need domestic support or that there has been an emergency and you need temporary Home Help.

This form is not needed for Home Help for multiple births.

Person who needs Home Help's details

1

What is the name of the person who needs home help?

First names

Surname

2

What is their date of birth?

| | | |
|--|--|--|
| | | |
|--|--|--|

Day Month Year

3

Please describe the applicant's circumstances for needing Home Help.

| |
|--|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Health practitioner's or social worker's details

4

What is your profession?

Health practitioner



Please describe

Social worker

Health practitioner's or social worker's declaration

By signing this form I am confirming:

- there has been a sudden change to the applicant's health or family circumstances and it is likely that this has caused a crisis situation at home
- the applicant's health complaint is not due to age, disability, post-operation or some other condition that can be covered by the District Health Board through Home Support.

HPI number |

Health practitioner's or social worker's full name

Practice name and address

Telephone number ()

Health practitioner's or social worker's signature

Date

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

This information is required under the Social Security Act 2018.

Privacy Act: We have provided information to the applicant about how we protect their privacy on page 2 of this application.