

Support Funds Review form



MINISTRY OF SOCIAL
DEVELOPMENT
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Please fill in this form to tell us about any changes in your circumstances.

If you need any help completing this form, call us as soon as possible on **0800 551 001** so we can help.

Once you've completed the form, you need to send it to us. Information about how to do this is in the **Next Steps** at the end of this form.

Client number

| |

Tell us about you

1

What is your full name?

First and middle names

Surname or family name

2

What date were you born?

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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3

Where do you live?

Flat/House number Street name

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

Town/City

4

Is your mailing address different from where you live?

 No Yes

↓ **If yes, tell us your mailing address**

HOW TO ANSWER Q3:

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

HOW TO ANSWER Q4:

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

5

How else can we contact you?

Tick the best way for us to first contact you

Home phone	()		
Mobile phone	()		
Other phone	()		
Email			

6

What is the preferred time for us to contact you?

7

Has your bank account number changed?

No **If no, go to question 8**

Yes **↓ If yes, please give us your new details**

The account is in the name of:

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

8

Tell us about your work**Are you working?**

No **If no, go to question 11**

Yes **↓ If yes, who do you work for?**

Employer's name

Self-employed – business name

9

When did you start work (for this employer)?

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

10

Have your work hours changed recently?

No

Yes **→ If yes, how many hours do you work each week?**

11

Have you stopped working recently?

No

Yes **→ If yes, what date did you stop work?**

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

**ATTACHMENT FOR Q7:**

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

**ATTACHMENT FOR Q8:**

Please attach a copy of your job contract or financial reporting for self-employed business with this form.

Disability or health condition information

12

Are there any changes to your disability or health condition?

 No

If no, go to question 14

 Yes

↓ If yes, please tell us about the changes to your disability or health condition

13

How do these changes impact your ability to work, train or study?


Extra support you need

14

What extra support do you need?

Support type	Cost	Number of hours
Equipment	\$	n/a
Workplace modification	\$	n/a
Sign language interpreter	\$	
Job coach	\$	
Support person	\$	
Private transport	\$	n/a
Parking	\$	

 ATTACHMENT FOR Q14:
Please attach quotes.

 HOW TO ANSWER Q15:
Please be specific.

15

If you have told us about extra support you need in question 14, tell us the reason you need the extra support and/or what has changed.

Other subsidies or income

16

Are you getting any other funding to help with your health condition or disability?

 No

If no, go to question 19

 Yes

↓ If yes, tell us what the grant or subsidy is for

17

Who are you getting assistance from?

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Signature page

Applicant

I have answered all the questions that apply to me and my situation.

The information I have given you is true and complete.

I understand the things I need to do while I'm getting Support Funds.

I will do what I need to do to meet my obligations.

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

Applicant's name (print)

Applicant's signature

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Helper's statement

Complete this if you've helped anyone to complete this application form.

Your first name

Your surname or family name

Your address

Your phone number

Tick the box for the statement that applies

- I completed this application form at the request of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the person applying.
- I completed this application form at the request of the partner of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the partner of the person applying.

Helper's signature

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Next Steps:

Once you've completed your application, you'll need to print and sign it, then send it to us.

You can either:

- print, sign, scan and email your form and supporting documents to us at support_funds@msd.govt.nz
- take it to one of our service centres and we'll scan the documents while you're there
- post it to us at:

Support Funds Team
Ministry of Social Development
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