

Community Services Card Application



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

Who can get a Community Services Card?

Mehemea he pātai ōu waea mai ki.

Me e uianga taau e ringi mai ia matou, numero.

Mo so o sau fesili, telefoni mai.

If you have any questions call us on
☎ 0800 999 999.

Holders of the Community Services Card pay less on prescriptions and some health services.

To be eligible for the Community Services Card, you must:

- be 16 years old or over, **and**
- have a low to middle income.

If you are a New Zealand citizen living overseas, you may be entitled to a card if you get Portable New Zealand Superannuation.

If you are living overseas but do not get Portable New Zealand Superannuation, you do not qualify for a card.

Please answer every question. Print clearly in pen.

Proof of identity

We need to see certified copies.

'Certified' means the original document was copied, stamped and signed by an officer at either StudyLink or Work and Income, a Solicitor or by a Justice of the Peace. If you send copies that are not 'certified', they will not be accepted.

When you apply for the Community Services Card, you will need to complete this application form and provide the following certified documents.

If you have a partner, you need to provide the certified information about them also:

- For New Zealand born clients, one form of government-issued documentation stating your full legal name and date of birth (eg your birth certificate, passport, driver licence, firearms licence, deed poll, etc)
- For clients born overseas, proof of your lawful residence in New Zealand (eg New Zealand passport, other country passport with residence class visa or residence permit, citizenship certificate, etc)
- Two more documents supporting your identity. These could include your marriage certificate, bank statement, phone or power account, driver licence, etc)

Note: One of the documents requested above must be at least 2 years old.

- Full birth certificates for your **dependent** children
- Proof of any name change.

Please tell us ...

Office use only

Tick (✓) the boxes that apply to you:

- I have a spouse/partner (*you both need to fill in this application form*)
- I/we have dependent children
- I live with other adults (*for example, if you are flatting, boarding, in a hostel or living at home with other family members*)
- I get New Zealand Superannuation (*please complete this application form, but do not send identification*)
- I get a Student Loan/Allowance
- I get a main benefit from Work and Income (*you don't need to complete this form as you receive a card automatically*).

**Send this application form to: Seniors Support Centre,
Ministry of Social Development, PO Box 5054, Wellington 6145.**

Privacy Statement

The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form.

This may happen when you apply for a benefit and at any time after that.

The Privacy Act 1993 requires us to tell you that:

- The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development.
- The information 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 Work and Income, Child, Youth and Family and other service lines of the Ministry), and in particular for:
 - granting benefits and other assistance under the Social Security Act 1964
 - providing employment related services
 - statistical and research purposes
 - providing advice to Government
 - care and protection needs of children
 - providing support and services for you and your family
 - providing education related services.
- Work and Income may contact health providers to verify any health related information you give us.
- Work and Income may give employers information about you to find you employment. Where Work and Income refer you to a job vacancy, we may also contact the employer to discuss the result of any job interview that you attend.
- Work and Income may share information you have given us with childcare centres to administer your entitlement to childcare assistance.
- Other information that you give us on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by the Ministry of Social Development.
- The information you give us may be compared with information held by Inland Revenue, the Ministry of Justice, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the 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 and the Netherlands).
- 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 Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
 - disclose your personal information to your partner.
- 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.
- You are not required to give us information, but if you do not give us all the information we ask for, your application for benefits may be declined.

Community Services Card Application – Client



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER | |

Please read this before you start

Please check that you have all relevant “Proof of identity” items on the front of this form and that you have ticked the relevant boxes.

Please complete all questions – if not applicable write N/A.

Please initial any changes that you make.

Personal details

1. What is your name?

First name(s)

Surname or family name

Q2 note: Give any other names that you use now or have used in the past (including your maiden name).

2. Are you known by or have you used any other names?

No

Yes

▶ Please provide details below:

1.

2.

3. Are you:

Male

Female

Q4 note: Please tick one box to show the title you want to be known by.

4. What do you want to be called?

Mrs

Miss

Ms

Mr

No title

Other

Birth date

5. What is your date of birth?

Day

Month

Year

Address

Q6 note: If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

6. Where do you live?

Flat/house no.

Street name

Suburb

City

7. Are you in a resthome or hospital?

No

Yes

Q8 note: Mailing address includes:

- postal box (PO Box)
- rural delivery details
- C/O address.

8. What is your mailing address (if different from above)?

If you live at a rural address please include your rural delivery details here:

9. How can we contact you?

Mobile phone

Home phone

Work phone

Email

Fax

Tax number

10. What is your Inland Revenue tax number?

Residency

Q11 note: Tick one box.

11. Indicate which describes your residency situation:

- New Zealand citizen (by birth) ▶ Go to Question 15
- New Zealand citizen (other) ▶ Go to Question 13
Date of citizenship
Day Month Year
- Permanent resident ▶ Go to Question 13
Date permanent residence granted
Day Month Year
- Other ▶ Go to Question 12

12. What is your residency status?

13. When did you arrive in New Zealand?

Day Month Year

14. Where were you born?

15. Do you usually live in New Zealand?

- No Yes

Q15 note: This means that you consider New Zealand your home, you are a legal resident, usually live here and intend to stay permanently.

Ethnic group

Q16 note: You don't have to answer this question if you don't want to.

This information is for statistics and will be used for research and future development work.

16. To what ethnic group do you believe you belong?

- New Zealand Maori ▶ Which tribe(s)/iwi?
- New Zealand European Niuean Samoan Indian
- Other European Tokelauan Tongan Chinese
- Cook Island Maori Other ▶ Please specify below:

Dependent children currently in your care

Q17 note: Please give the names of any children that you financially support and are living with you as a member of your family, including:

- stepchildren
- children at boarding school
- adopted children
- grandchildren
- mokopuna.

If you are caring for a child who is not your own you may be able to get other forms of assistance. Please call Work and Income on **☎ 0800 559 009** to talk about this.

17. Do you have dependent children in your care?

- No Yes ▶ Please provide details below:

Child's full name	Date of birth
1 <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Relationship to you	Other parent's name
<input type="text"/>	<input type="text"/>

Child's full name	Date of birth
2 <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Relationship to you	Other parent's name
<input type="text"/>	<input type="text"/>

Child's full name	Date of birth
3 <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Relationship to you	Other parent's name
<input type="text"/>	<input type="text"/>

Child's full name	Date of birth
4 <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Relationship to you	Other parent's name
<input type="text"/>	<input type="text"/>

Child's full name	Date of birth
5 <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Relationship to you	Other parent's name
<input type="text"/>	<input type="text"/>

Partner

Q18 note: A partner is your spouse (husband or wife), your civil union partner, or a person of the same or opposite sex with whom you have a de facto relationship.

18. Do you have a partner?

No ▶ Are you: Single Living apart/ separated Divorced
 Widowed Civil union dissolved

▶ Go to Question 21

Yes ▶ Are you: Married In a civil union In a relationship

▶ Go to Question 19

19. What is your partner's name?

20. What is your partner's date of birth?

Day	Month	Year

Please ask your partner to fill in the Partner's Details section on page 9.

Overseas pensions and benefits

21. Are you or your partner receiving a social security pension or pension of a similar nature from the government of a country other than New Zealand?


No Yes

If 'Yes', what type of social security pension or pension of a similar nature are you or your partner receiving from another country or countries?

Retirement or old age War service Disability or invalidity
 War widow Widow or survivor War restitution
 Superannuation War injury Child or dependant
 Other payments


If you ticked any of the boxes above, please give details about the type of payment you or your partner receive below:

Payment details	Pension 1 (You)	Pension 2 (You)	Pension 3 (Your partner)	Pension 4 (Your partner)
Country the payment comes from:				
How much do you receive in each payment? (in overseas currency):				
Is this amount before or after tax?:				
How often do you receive this payment? (eg weekly, monthly, annually):				
Overseas payment reference number:				
Name of your pension, benefit or allowance:				

 Please attach any documents to this completed application form that confirm the payment(s), eg pension certificates.

If you or your partner receive more than four payments, please attach a separate sheet showing the details.

Self employment

 We may ask you to provide your business accounts.

Q23 note: You must use NZD\$ and before tax (gross) amounts.

22. Are you or your partner self employed?

No Yes

23. Please complete the following table for your latest financial year:

	You	Your partner
Net Profit Before Tax	\$	\$
Depreciation	\$	\$
Net Drawings	\$	\$
Shareholder Salaries	\$	\$

Employment

24. Are you working?

No ▶ Go to Question 27 Yes

25. What is your regular gross wage (before tax)?

\$

26. How often are you paid?

Weekly Fortnightly Monthly

Casual ▶ Please advise how many weeks per year:

Other ▶ Please advise how often you are paid:

27. Is your partner working?

No ▶ Go to Question 30 Yes Not Applicable ▶ Go to Question 30

28. What is your partner's regular gross wage (before tax)?

\$

29. How often is your partner paid?

Weekly Fortnightly Monthly

Casual ▶ Please advise how many weeks per year:


Other ▶ Please advise how often you are paid:

Income details

Q30 note: Examples of income from other sources:

- wages or salary
- accident compensation
- interest from savings or investments
- dividends from shares
- income from rents
- redundancy or termination type payments
- Child Support
- maintenance payments
- boarders (if you have 3 or more)
- any other income, eg from family, overseas payments, trusts
- income from private pensions
- Government Superannuation Fund.

Give gross (before tax) amount.

 We may ask you to provide proof of your income.

30. Did you or your partner get income from any other source in the last 52 weeks?

No Yes ▶ Please provide details below:

Source	Your income	Your partner's income	Joint income
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

31. Do you or your partner expect to get other income in the next 52 weeks?

No Yes ▶ Please provide details below:

Source	Your income	Your partner's income	Joint income
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

32. If your income will be different in the next 52 weeks, please explain why below:

33. Do you receive free board or lodging?

No Yes ▶ What is the value of this per week? \$

34. Do you or your partner pay a professional to prepare your tax return?

No Yes ▶ How much did you pay?

You	\$
Your partner	\$

Child support

Q35 note: We can only deduct Child Support if you have dependent children living with you.

35. Do you or your partner pay Child Support?

No Yes ▶ How much did you pay?

You	Your partner
\$	\$

Student

36. Are you a tertiary student or will you be one next year?


No Yes ▶ Please tell us the name of the institution:

Tax credits

37. Do you or your partner receive Working for Families tax credit?

No Yes ▶ How much per year? \$

Paid parental leave

 Please provide proof of these payments, eg your payment advice letter from Inland Revenue.

38. Did you or your partner receive paid parental leave payments in the last 52 weeks?

No ▶ Please go to Declaration on page 11
 Yes ▶ How much per year? \$

39. Have these payments stopped?

No Yes

40. When will the payments stop?

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

If you have a partner, please ensure they complete the next section, then you both need to sign page 11.

If you do not have a partner, go to page 11 to sign.

Community Services Card Application – Partner



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

PARTNER'S CLIENT NUMBER

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

Please ask your partner to complete all questions – if not applicable write N/A.
Please initial any changes that you make.

Personal details

1. What is your name?

First name(s)

Surname or family name

Q2 note: Give any other names that you use now or have used in the past (including your maiden name).

2. Are you known by or have you used any other names?

No Yes ▶ Please provide details below:

3. Are you: Male Female

Q4 note: Please tick one box to show the title you want to be known by.

4. What do you want to be called?

Mrs Miss Ms Mr No title Other

Birth date

5. What is your date of birth?

--	--	--

Day Month Year

Address

Q6 note: If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

6. Where do you live?

Flat/house no. Street name

--	--

Suburb

City

--	--

7. Are you in a resthome or hospital?

No Yes

Q8 note: Mailing address includes:

- postal box (PO Box)
- rural delivery details
- C/O address.

8. What is your mailing address (if different from above)?

If you live at a rural address please include your rural delivery details here:

9. How can we contact you?

Mobile phone

Home phone

Work phone

--	--	--

Email

Fax

--	--

Tax number

10. What is your Inland Revenue tax number?

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

Residency

Q11 note: Tick one box.

11. Indicate which describes your residency situation:

- New Zealand citizen (by birth) ▶ Go to Question 15
- New Zealand citizen (other) ▶ Go to Question 13
Date of citizenship
Day Month Year
- Permanent resident ▶ Go to Question 13
Date permanent residence granted
Day Month Year
- Other ▶ Go to Question 12

12. What is your residency status?

13. When did you arrive in New Zealand?

Day Month Year

14. Where were you born?

Q15 note: This means that you consider New Zealand your home, you are a legal resident, usually live here and intend to stay permanently.

15. Do you usually live in New Zealand?

- No Yes

Ethnic group

Q16 note: You don't have to answer this question if you don't want to.

This information is for statistics and will be used for research and future development work.

16. To what ethnic group do you believe you belong?

- New Zealand Maori ▶ Which tribe(s)/iwi?
- New Zealand European Niuean Samoan Indian
- Other European Tokelauan Tongan Chinese
- Cook Island Maori Other ▶ Please specify below:

Helper's statement

If you are completing this form on behalf of the person applying for Community Services Card please complete this section.

Helper's name:

Helper's address and telephone number:

I completed this form at the request of the person applying for a Community Services Card. They understand the answers they gave before signing the Statement.

The statements and answers I have given are true and complete.

Helper's name (print)

Helper's signature

Date

Day	Month	Year

Declaration

The information I/we have given in this application is true and complete.

I/We are also aware of and understand the Privacy Act statement contained in this application form.

Client's name (print)

Client's signature

Date

Day	Month	Year

Partner's name (print)

Partner's signature

Date

Day	Month	Year

**Send this application form to: Seniors Support Centre,
Ministry of Social Development, PO Box 5054, Wellington 6145.**

OFFICE USE ONLY

Additional information:

Income	Applicant \$	Partner \$
Income limit		
New Zealand Superannuation		
Wages or salary		
Student Allowance		
Accident insurance		
Business / farm		
Interest / dividends		
Net rent		
Child Support / maintenance		
Working for Families Tax Credits		
Trust		
Boarders		
Other		
Full private pensions (No NZS)		
Deductions	-\$	-\$
1/2 private pensions (NZS only)		
Total	\$	\$
COMBINED TOTAL	\$	
	GRANT	DECLINE