

# Childcare/OSCAR Subsidy review form



MINISTRY OF SOCIAL DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

Write your client number here if you know it. It can be found on your Community Services Card if you have one.

Client number

 |  | 

## Who the review is for

### What is the name of the child this review is for?

First and middle names

Surname or family name

### This review is for the 52 weeks ending:

Day Month Year

## Tell us your details

1

### What is your full name?

First and middle names

Surname or family name

2

### Where do you live?

Flat/House number

Street name

Suburb

Town/City

#### HOW TO ANSWER Q2:

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

#### HOW TO ANSWER Q2:

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

3

### Is your mailing address different from where you live?

No

Yes



Tell us your mailing address

  

#### HOW TO ANSWER Q4:

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

4

### How else can we contact you?

Tick the best way for us to first contact you

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

## Tell us about your dependent children

5

How many dependent children are in your care?

6

Have any children come into or left your care since your last application/review?

No

Yes



Please provide details below

### Child 1

Child's name

Date of birth

Date left care

Date returned to care

/ /	/ /	/ /
-----	-----	-----

### Child 2

Child's name

Date of birth

Date left care

Date returned to care

/ /	/ /	/ /
-----	-----	-----

### Child 3

Child's name

Date of birth

Date left care

Date returned to care

/ /	/ /	/ /
-----	-----	-----

## Tell us about your current work

7

Are you currently working?

No

Yes

[Go to question 11](#)

8

Who are you working for?

Employer's name

Employer's contact details

Address		
Phone number	( )	Fax ( )
Email		

9

How much are you paid each week?

Before tax

\$

After tax

\$

10

How many hours each week do you work?



### HOW TO ANSWER Q6:

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 Q9:

Please provide proof of your income.

If you are self-employed please supply full business accounts.

## Tell us about your partner

11

### Do you have a partner?

By 'partner' we mean someone you're in a relationship with.

No

**Go to question 18**

Yes

12

### What is your partner's full name?

First and middle names

Surname or family name

13

### What is your partner's date of birth?

Day

Month

Year

14

### Is your partner currently working?

No

**Go to question 18**

Yes

15

### Who is your partner working for?

Employer's name

Employer's contact details

Address			
Phone number	( )	Fax	( )
Email			

#### ATTACHMENT FOR Q16:

Please provide proof of your income.

If your partner is self-employed please supply full business accounts.

16

### How much is your partner paid each week?

Before tax

After tax

17

### How many hours each week does your partner work?

## Tell us about training and education

18

### Are you, or will you be, in training or education?

No

Yes



**Please provide details below**

Name of course

Start date

Day

Month

Year

Finish date

Day

Month

Year

19

### Is your partner in or will they be in training or education?

No

Yes



**Please provide details below**

Name of course

Start date

Day

Month

Year

Finish date

Day

Month

Year

## Tell us about income in the last 52 weeks?

20

### Did you or your partner get income from any of the following sources in the last 52 weeks?

- Wages or salary  No  Yes
- Termination pay  No  Yes
- Redundancy pay  No  Yes
- Accident compensation (eg ACC)  No  Yes
- Income insurance (replacement/protection)  No  Yes  Jointly with partner
- Farm or business income  No  Yes  Jointly with partner
- Payments from self employment or contract work  No  Yes  Jointly with partner
- Interest from savings, investments, or bonds  No  Yes  Jointly with partner
- Dividends from shares, unit trusts, or managed funds  No  Yes  Jointly with partner
- Income from rents  No  Yes  Jointly with partner
- Payments from three or more boarders or flatmates  No  Yes  Jointly with partner
- Child Support payments  No  Yes
- Other income for a child  No  Yes
- Maintenance payments  No  Yes
- Payments from a former partner  No  Yes
- Student Allowance, scholarship, or Student Loan living cost payments  No  Yes
- Overseas pension, benefit or allowance payments  No  Yes
- Other superannuation or retirement scheme income (government or private)  No  Yes
- Income from an estate, if you've inherited money  No  Yes  Jointly with partner
- Income from trusts  No  Yes  Jointly with partner
- Other  No  Yes  Jointly with partner

**ATTACHMENT FOR Q20:**

Bring a copy of your business accounts.

**INFORMATION FOR Q20:**

In this application form, 'partner' means the person you are married to or in a civil union or relationship with, not a business partner.

21

### Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 20?

No  Yes

**↓ Tell us the total before-tax amounts, for the last 52 weeks**

Where did the income come from?	Payment made to?	
	You	Jointly with partner
	\$	\$
	\$	\$
	\$	\$

**ATTACHMENT FOR Q21:**

You need to show us proof of income you have received in the last 52 weeks and details of your income for the last 26 weeks.

**HOW TO ANSWER Q22:**

Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

**22**

**Did you get other types of payment apart from money in the last 52 weeks?**

No  Yes



**Please tell us about the type of payment and its value**

Type of payment	Where did it come from?	Its value
		\$
		\$

**Tell us about your travel**

**23**

**How much time do you spend travelling each week from the childcare centre/ OSCAR programme to your work, training or education?**

**OSCAR subsidy**

**24**

**If you're getting an OSCAR Subsidy for out of school care, do your or your partner's hours of work/organised activity continue outside school hours?**

No

**Please talk with us about this**

Yes

An OSCAR Subsidy for out of school care and school holiday programmes is only paid for the period you are working or in an organised activity (including travel).

# Obligations and signature

## Office copy

### Let us know when things change

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

- starting, stopping or changing jobs
- starting or finishing part-time or full-time study
- changes to your pay or other income, including getting an overseas pension
- starting to run a business (for yourself or someone else).

Changes to information about you or your family, like:

- name, address, contact details or bank account number
- starting or ending a relationship, marriage, or civil union
- a partner passes away
- the number of children in your care, including having another baby.

We also need to know if you:

- are travelling overseas
- go into or come out of hospital
- are being held in custody or on remand.

### 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](https://msd.govt.nz/reviews)

### Privacy

Our online Privacy Notice tells you how we collect, use, share and keep your personal information safe. It also has information about how you can access your personal information we hold, and your right to ask for it to be corrected if you think it's incorrect. To see our Privacy Notice go to [workandincome.govt.nz](https://workandincome.govt.nz) and search on *what we do with your personal information*.

### 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.

Applicant's name (print)

Applicant's signature

Date

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

Partner's name (print)

Partner's signature

Date

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

# Childcare/OSCAR Subsidy Programme review form



**MINISTRY OF SOCIAL DEVELOPMENT**  
TE MANATŪ WHAKAHIATO ORA

What to do with this form:

1. The supervisor of the childcare service or OSCAR programme needs to complete this form.
2. The client needs to sign this page also.

## Childcare service/OSCAR programme details

**1** What is the name of your childcare service?

**2** What is your Work and Income childcare service number?

   |    |   

## Child's details

**3** What is the child's name?

**4** Please provide details below of the child's care.

Hours of care each week  Fee charged each week (before any subsidy) \$

**5** Please complete the following if this child receives **20 Hours ECE**.

Hours of *20 Hours ECE* received (weekly total)  Date *20 Hours ECE* started (if within last 52 weeks)

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

## Absence details

**6** Please advise all absences (over 3 weeks) for the last 52 weeks.  
(Only enter details for weeks in which absences occurred)

Week ending	Total weeks of absences	Fee charged for absence?
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes

**7** If absence is due to a medical condition, was a medical certificate provided or does the child receive Child Disability Allowance?

Medical certificate provided  Child receives Child Disability Allowance

**If the centre closes, what are the dates it is closed for?**

	Closed from	Reopens
End of Term 1	/ /	/ /
End of Term 2	/ /	/ /
End of Term 3	/ /	/ /
Christmas holidays	/ /	/ /
Other 1	/ /	/ /

## Programme supervisor's verification

### Declaration

- The information I've provided is true and complete.
- I have read and confirm the client's obligations in the Childcare/OSCAR Subsidy review.

Supervisor's name (print)

Supervisor's signature

Date

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

Client's name (print)

Client's signature

Date

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