



29 MAY 2018

Dear [REDACTED]

On 5 April 2018, you emailed the Ministry requesting, under the Official Information Act 1982, the following information:

- *Who runs the Elder Abuse Response Service (EARS), and how much funding is provided by the MSD for EARS*
- *How much funding is provided to the Public Trust to allow it to act as Property Manager/Property Administrator for people who are unable to pay for this themselves*
- *How much funding is available for the provision of Elder Abuse Prevention Services; who are the contract holders for the provision of those services; and what is the service specification/requirements in relation to the provision of those services*
- *A copy of the application form for a subsidy for residential care*
- *If it is not possible to provide the exact figures for the amount of funding requested above for reasons of commercial sensitivity, a broad range would be acceptable and useful as an alternative.*

For clarity, I have grouped your questions by topic.

- *Who runs the Elder Abuse Response Service (EARS), and how much funding is provided by the MSD for EARS*
- *How much funding is available for the provision of Elder Abuse Prevention Services; who are the contract holders for the provision of those services; and what is the service specification/requirements in relation to the provision of those services*

I can advise you that the Ministry of Social Development has contracts with the following providers for Elder Abuse Response Services across New Zealand:

- Age Concern Kaitaia & Districts
- Age Concern Counties Manukau Incorporated consortium with Auckland Elder Abuse Response Service, Age Concern Auckland, Age Concern North Shore, Vaka Tautua and Shanti Niwas
- Age Concern Hamilton consortium with Age Concern Thames, Age Concern Taupo, K'atue Pasifika Trust, Otorohanga Support House (Whare Awhina Incorporated)
- Family Focus Rotorua
- Te Pou Oranga o Whakatohea Limited
- Whaioranga Trust
- Manaaki Ora Trust T/A Tipu Ora

- Tuwharetoa ki Kawerau Health T/A Tuwharetoa ki Kawerau Hauora
- Wesley Wellington Mission Incorporated
- Age Concern Wanganui consortium with Age Concern Taranaki Inc and Age Concern NZ-Manawatu Outreach
- Age Concern Hawkes Bay Incorporated consortium with Hawkes Bay and Wairoa District Elder Abuse Response Service
- Age Concern Horowhenua Incorporated
- Age Concern Wairarapa WOOPs Incorporated
- Pahiatua Community Services Trust
- Age Concern Nelson Tasman
- Age Concern Southland
- Age Concern Canterbury
- Age Concern Otago

The Ministry allocated a total of \$2,990,453 for the provision of Elder Abuse Response Services for 2017/2018. The Ministry can only advise about funding it provides for the provision of Elder Abuse Response Services. It is likely that providers may also receive funding from other sources including private donors, grants and fundraising. As such your request for the total amount provided to all Elder Abuse Prevention Services is refused under section 18(g) of the Official Information Act as the information you have requested is not held by the Ministry and I have no grounds to believe that the information is held by another department or Minister of the Crown or organisation.

Information about the services contracted by the Ministry are included in the Elder Abuse Response Services Guidelines, which are available at: www.msdc.govt.nz/documents/about-msdc-and-our-work/publications-resources/service-guidelines/elder-abuse-response-services-guidelines-f18.pdf

- *How much funding is provided to the Public Trust to allow it to act as Property Manager/Property Administrator for people who are unable to pay for this themselves*

The Ministry does not contract the Public Trust to act as a Property Manager or Property Administrator; rather, this would be a direct order to the Public Trust to act in either of these roles on their behalf, instigated at the client's request. However, in order to verify the number of people who have a benefit redirection in place for this response, it would require Ministry staff to undertake a search through thousands of individual clients' records. As such, this request is refused under section 18(f) of the Official Information Act, as substantial manual collation would be required to locate these direct order payments. The greater public interest is in the effective and efficient administration of the public service. I have considered whether the Ministry would be able to respond to your request given extra time, or the ability to charge for the information requested. I have concluded that, in either case, the Ministry's ability to undertake its work would still be prejudiced.

- *A copy of the application form for a subsidy for residential care*

Please find attached a copy of the Residential Care Subsidy Application form. Please note that this document is currently being re-designed and will change in the future.

The principles and purposes of the Official Information Act 1982 under which you made your request are:

- to create greater openness and transparency about the plans, work and activities of the Government,
- to increase the ability of the public to participate in the making and administration of our laws and policies and
- to lead to greater accountability in the conduct of public affairs.

This Ministry fully supports those principles and purposes. The Ministry therefore intends to make the information contained in this letter and any attached documents available to the wider public shortly. The Ministry will do this by publishing this letter and attachments on the Ministry of Social Development's website. Your personal details will be deleted and the Ministry will not publish any information that would identify you as the person who requested the information.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with this response concerning Elder Abuse Response Services, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Yours sincerely



Marama Edwards
**Group General Manager, Community Partnership and Programmes
Service Delivery**



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The first 4 pages of this Residential Care Subsidy Application contains information for the client. Please tear off and keep.

Who can get this subsidy

If you need help filling in this form, please ring the Residential Subsidy Unit on ☎ 0800 999 727.

Mēnā kei te hiahia āwhina koe ki te whakaki i fenēi pepa, me waea mai ki te Residential Subsidy Unit i te ☎ 0800 999 727.

'Āfai e te mana'omia se fesoasoani i le fa'atumuina o lenei pepa, fa'amolemole e telefoni le Lala o Fesoasoani mo Nofoaga (Residential Subsidy Unit) i le ☎ 0800 999 727.

The Residential Care Subsidy is mainly for elderly people with aged-related disabilities.

To be eligible for the Residential Care Subsidy, you must be aged:

- 65 years or over *or*
- 50–64 years, single, with no dependent children.

You must also be:

- eligible for publicly funded health and disability services *and*
- be financially eligible as determined by a Financial Means Assessment *and*
- assessed as requiring long-term residential care in a hospital or rest home.

What you must include with this application

Please ask the Residential Subsidy Unit staff for help if:

- you do not have any of the documents we have asked for
- you think there could be a delay in providing this information
- you would like to know about extra help.

In all cases, for both you and your partner (if you have one)

- Bank statement(s) or printouts showing balances and transactions for each account held, for the last three months.

Internet copies must have a bank logo on them and ATM printouts must be verified/stamped by the bank.

- Proof of all your other assets and income (include proof of interest rates where applicable to all accounts and investments).

If applicable, for both you and your partner (if you have one)

- Certificate of pre-paid funeral trust fund or account
- A copy of your Power of Attorney (if you have one)
- Current rates demand
- Bonus Bond certificate(s) and/or term deposit certificate(s)
- Sale documents and distribution statement
- Licence to occupy documentation
- Mortgage documents
- Approved dealer valuation of your vehicle, boat, caravan or campervan
- Proof of gifting (date, amount, and who received the gift)
- Proof of your outstanding debts.

If you have gifted to a family trust or other trust and/or your partner (if you have one)

- Trust Deed
- Sale and purchase agreement(s)
- Proof of fair value of assets transferred as at dates of transfers
- Deed(s) of acknowledgement or forgiveness of debt
- IRD gift statements
- Latest trust accounts.

Send your completed application form to:

Residential Subsidy Unit, Private Bag 9032, Whangarei 0148

If you have any questions please contact the Residential Subsidy Unit on ☎ 0800 999 727.

What is the Residential Care Subsidy?

Residential Care Subsidy provides financial assistance towards the costs associated with long-term residential care in a rest home or hospital.

Work and Income is responsible for assessing the assets and income of those who apply for the Residential Care Subsidy. This is called the Financial Means Assessment.

Your local District Health Board assesses all other aspects of eligibility, including the start date of the subsidy payments to your rest home or hospital.

Your local District Health Board pays the subsidy direct to the rest home or hospital.

If you are 50–64 years of age, single, and have no dependent child(ren), your eligibility for Residential Care Subsidy can be backdated to when you were needs assessed as requiring long-term care, or the date you entered care, whichever is the later, but no further back than 1 July 2005.

If you are aged 65 years or older, your eligibility for Residential Care Subsidy can only be backdated up to 90 days before the date your application for Financial Means Assessment is received by Work and Income.

***It is important that you apply within 90 days of entering care.
If you think there may be a delay in sending the form to us,
please call us to discuss this on 0800 999 727.***

What are the asset thresholds?

To be financially eligible for the Residential Care Subsidy your assets need to be equal to or below the appropriate threshold. There are two threshold levels that Work and Income will use when assessing your Financial Means Assessment. The one we use will depend on your personal circumstances.

These threshold levels are adjusted on 1 July each year and are published in our brochures and on our website.

You can view the information and/or download the brochures from our website www.workandincome.govt.nz

Search using the keywords: residential care subsidy.

The printed brochures are also available from your Needs Assessment Service Co-ordinator, from our service centres, or by calling us on **0800 999 727**.

If you are aged 50–64 years, single, and have no dependent children, there is no asset test.

Income from assets

Any income that you and your partner earn from assets will be assessed to determine the amount you contribute towards the cost of your care.

Income does **not** include:

- any money that your partner has earned through employment
- income from assets that is under certain limits – these can be found in the *Residential Care Subsidy* and *Residential Care Loan* brochure, or on our website www.workandincome.govt.nz
- a War Disablement Pension from New Zealand or any other Commonwealth country.

What is a Residential Care Loan?

If you have any questions please contact the Residential Subsidy Unit on ☎ 0800 999 727.

If you do not financially qualify for a Residential Care Subsidy because you own a property and have limited cash or other assets, you may apply for a Residential Care Loan to assist with the cost of your care.

Residential Care Loans are offered by the Ministry of Health and are interest-free for the period of the loan.

Each time a loan payment is made to your rest home or hospital, the amount is added to the total of your loan.

The loan is repayable when you sell your home, or no later than 12 months after your death, whichever is the earliest.

If you want to apply for a loan, there is an additional form that you will need to complete on page 17.

Privacy information

Information provided in this form is collected primarily to assess your financial means to pay for your residential care.

If you do not financially qualify for Residential Care Subsidy because you own property, and you have limited cash or other assets, you may apply for a Residential Care Loan to assist with the cost of your care. The loan information is collected for the purpose of administration of the Residential Care Loan system.

The Ministry of Social Development administers Residential Care Loans as an agent for the Ministry of Health. The Ministry of Social Development will advise the Ministry of Health of the outcome of the Financial Means Assessment. The Subsidy and/or Loan advances are paid by the Ministry of Health.

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
 - statistical and research purposes
 - providing advice to Government
 - providing support and services for you and your family.
- 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 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.

Important

If you have any questions please contact the Residential Subsidy Unit on ☎ 0800 999 727.

I understand that:

- if I have made a false statement **or**
- if I have failed to answer all the questions in full **or**
- if I do not tell Work and Income about changes in my life that might affect my Financial Means Assessment, **then**
- my subsidy or loan may be reviewed **and**
- I may have to pay back the total amount of any overpayment that I have received.

Obligations

Changes in your living situation include:

- marriage or separation
- entering or ending a civil union
- starting or ending a de facto relationship with someone of the same or opposite sex
- change in the number of children supported
- change in accommodation costs.

I must tell Work and Income immediately if I:

- have a change in financial circumstances
- intend to travel overseas
- have changes to personal details (such as name, address or bank account details)
- have been granted an overseas pension
- have any other changes that may affect my Financial Means Assessment.

Additional information

Your client number is: | |

Information required by

Day	Month	Year

Contact name

Residential Care – Needs Assessment Certificate



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Service Co-ordinator to complete.

Please read this before you start

Work and Income can only complete a Financial Means Assessment for a person who:

- Is aged 65 years or more; **or** aged 50–64, is single and has no dependent child, **and**
- is eligible for publicly funded health and disability services, **and**
- has been needs assessed as requiring long-term residential care in a hospital or rest home indefinitely.

Client details

Client's name

First name(s)

Surname or family name

Date of birth:

Day Month Year

Are you:

Male

Female

Needs assessment details

Name of assessor

Assessment team

Date of needs assessment

Day Month Year

Service co-ordinator's statement

Note: The client must meet the criteria at the top of this page. It is important that you check whether your client is eligible for publicly funded health services.

I certify that the applicant meets the criteria for a Financial Means Assessment to be completed.

Name of service co-ordinator

Address of service co-ordinator

Agency

Agency phone

Service co-ordinator's signature

Date

Day Month Year

Service provider details

Service provider

Hospital ▶ Please provide details below:

Rest home ▶ Please provide details below:

Name of hospital or rest home

Territorial Local Authority

Service provider's address

Date of entry to resthome/hospital

Day Month Year

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OFFICIAL INFORMATION ACT

Financial Means Assessment



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CLIENT NUMBER

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Your client number is on the back of your SuperGold Card or Community Services Card.

Please read this before you start

Please check that you have all relevant "What to include with this application" items on the front of this form.

Please initial any changes that you make.

Name

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, for example have you had married names, a maiden name, English names, changes by deed poll or aliases?

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 lived in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

Q7 note: Mailing address includes:

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

6. What was your address before entering residential care?

Flat/house no. Street name

--	--

Suburb

City

--	--

7. What address would you like your mail sent to?

If a rural address, please include your rural delivery details here:

8. What is the name and address of the rest home or hospital where you currently stay?

9. What date did you enter the rest home or hospital?

Day	Month	Year

Current benefits

Q10 note: A benefit/pension could include New Zealand Superannuation, Invalid's Benefit or Veteran's Pension.

10. Are you currently receiving any type of benefit/pension?

No Yes ▶ What type of benefit/pension?

11. What is your client number?

||

Ethnic group

Q12 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.

12. 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:

War/Veteran's pension entitlement

13. Have you or your spouse/partner served with the New Zealand Armed Forces?

No Yes ▶ You may be entitled to:

▶ War Disablement, Surviving Spouse or Partner pension. For more information call ☎ 0800 483 8372, and/or

▶ Veteran's Pension. For more information call ☎ 0800 650 656, or fax us free on 0800 999 996.

Payment details

Q14 note: The benefit/pension contribution is the amount of your benefit or pension less your Personal Allowance, which is kept by you. We will pay your personal allowance to your bank account.

The payment to the rest home will only start when we have decided you are financially eligible for Residential Care Subsidy.

14. Do you want your benefit/pension contribution paid directly to the rest home or hospital?

No Yes

15. Have you paid rest home fees?

No Yes ▶ What date have you paid your fees up to?

Day Month Year

Dependent children

Q16 note: Dependent children are 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.

16. Do you have dependent children in your care?

No ▶ Go to Question 17 Yes ▶ Please provide details below:

Child's full name Date of birth

1. / /

Relationship to you Other parent's name

Child's full name Date of birth

2. / /

Relationship to you Other parent's name

Child's full name Date of birth

3. / /

Relationship to you Other parent's name

Partner details

Q17 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.

17. Do you have a partner?

No ▶ Are you: Single Living apart/ separated Divorced

Widowed Civil union dissolved

▶ Go to Question 29

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

▶ Please provide details below:

18. What is your partner's name?

First name(s)

Surname or family name

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

Day	Month	Year

20. Where does your partner live?

Flat/house no. Street name

--	--

Suburb

City

--	--

21. How can we contact your partner?

Work phone

Home phone

Mobile phone

--	--	--

Email

Fax

--	--

22. Is your partner receiving a benefit/pension?

No ▶ Go to Question 24

Yes ▶ What type of benefit/pension?

23. What is your partner's client number?

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Living situation

We need to know if your partner is living alone so we can pay them the right rate.

24. Does your partner live alone?

No Yes ▶ Go to Question 26

Q25 note: We don't need to know the name of each person.

25. Please provide details for anyone living with your partner:

	Relationship to them (eg grandchild, etc)	Date of birth	Does this person attend school or a tertiary institution?
1.		/ /	
2.		/ /	
3.		/ /	
4.		/ /	

Living situation – continued

Q26 note: A visitor is someone who does not normally live with your partner.

Q27 note: 'Self-contained' means there is a kitchen or kitchenette and a bathroom.

26. Do they have visitor(s) aged 18 years or older who will be staying with them for 13 weeks or longer?

- No ▶ If your partner has a visitor(s) staying with them for less than 13 weeks in any 26 week period they may be eligible for the Living Alone Payment.
- Yes

27. What is your partner's accommodation?

- House or flat
- Self-contained 'granny' flat
- Self-contained unit in a retirement village or rest home
- Accommodation in a caravan park
- Other ▶ Please provide details below:
- A room in a boarding house
- Hotel or motel
- Boat moored within New Zealand territorial waters

Asset threshold

Q28 note: For more information on asset threshold limits, see the tear out client information on page 3 of this application form.

28. If you have a partner or dependent child, which asset threshold would you like to be assessed under?


Please tick one of the boxes below to indicate your choice.

- Threshold A** If you choose this higher asset limit, the value of your house and car (if you have one) are included in the Financial Means Assessment.
- Threshold B** If you choose this lower asset limit, the value of your house and car (if you have one) are not included in the Financial Means Assessment. You and/or your partner need to own the house and your partner or a dependent child must be living in the house.

Client's representative's details

Q29 note: A representative acting on your behalf includes:

- Enduring Power of Attorney in relation to property
- Power of Attorney
- Court appointed representative
- Authorised agent to act on your behalf in your dealings with Work and Income.

 You will need to provide a copy of your Power of Attorney or Court document.

29. Do you have someone acting as a representative on your behalf?

- No ▶ Please refer to the Appointment of an Agent form at the end of this application. Privacy laws prohibit Work and Income discussing your application details with anyone other than yourself or someone authorised to act on your behalf with Work and Income.
- Yes ▶ Please provide details below:

First name(s)

Surname or family name

Address

Home phone

Mobile phone

Alternative phone

Email

Fax

30. Would you like to receive information by email from us, including details about discounts for SuperGold Card holders?

- No Yes ▶ This service is voluntary and you can withdraw from it at any time. We will never provide your details to an unauthorised third party.

31. What is your relationship to the representative?

Home ownership details

Q32 note: *Owning your own home includes:*

- apartment
- studio unit
- cottage
- Licence to Occupy
- a life interest.

U If YES, please provide details and attach proof of rent received and outgoings paid on the property, (eg land and water rates, house insurance etc).

U Please attach a current rates demand that shows the capital value, legal description and certificate of title number. If the property is a Licence to Occupy, please attach proof of the current value. You can also provide a valuation from a registered property valuer if you wish.

32. Do you or your partner (if you have one) own your own home?

No ▶ Go to Question 37 Yes ▶ Please provide details below:

Address of the home you own

33. Who will be living in your home while you are in the rest home or hospital?

34. Is the property currently rented out? No Yes

35. What is the capital value of the property? \$

36. Is this property mortgaged?

No Yes ▶ Please provide details below and attach a copy of your mortgage agreement and a current statement from any mortgagees showing balance(s) owed:

Name of mortgagee

Amount owed

▶ Go to Question 39

37. Who owns the home you were living in? (eg you, you and/or your partner, a trust, family etc)

38. Have you ever owned a home (other than the one included above)?

No Yes ▶ When was it sold?

Day Month Year

▶ Please make sure you answer Questions 41–43.

Non-cash assets

Q39 note: *Examples of non-cash assets include:*

- car
- leisure boats
- caravans
- land or buildings other than your home, eg holiday homes
- life insurance policies
- a life interest.

U You will need to provide proof of all non-cash assets, including an LMVD valuation or the current insured value for your car.

39. Do you or your partner (if you have one) have any non-cash assets?

No Yes ▶ Please provide details below:

Type of asset	You	Your partner	Jointly owned	Money owing
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Cash assets

Q40 note: *Examples of cash assets include:*

- money in bank or savings organisations – including cash, savings, term deposits and investments
- money lent to other people or organisations – including family trusts
- money in Bonus Bonds, shares, debentures, government stock or overseas accounts.

Please list **all bank accounts** held by you and your partner (if you have one) otherwise we may not be able to complete your application.

U You will need to provide proof of all cash assets.

You must complete this section

40. Please provide details of your and your partner's (if you have one) cash assets:

Type of asset (eg ANZ savings)	You	Your partner	Jointly owned	Interest rate
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%
	\$	\$	\$	%

Sold assets

Q41 note: Depending on your circumstances, we may ask you for information on assets sold more than 5 years ago.


41. Have you or your partner (if you have one) sold any assets over the last 5 years?

Please include assets sold to a trust(s), family members, business or charitable organisations.

No Yes ▶ Please provide details below and attach a copy of the sale documents, including any distribution statements:

What was the asset?	When was the asset sold?		
	Day	Month	Year
1.			
2.			
3.			

Who did you sell the asset to?	What was the asset sale price?
1.	\$
2.	\$
3.	\$

 You will need to provide proof of the sold assets. If you can't do this, please talk to us.

Trusts


42. Are you, or have you or your partner (if you have one), ever been involved in a trust, as a settlor, transferor, trustee or beneficiary?

- **Settlor** is a person who sets up the Trust, usually by making a gift of assets and/or property.
- **Transferor** is someone who transfers assets to a Trust.
- **Trustee** is a person who manages the Trust, and makes decisions about the distribution of income from the Trust.
- **Beneficiary** is someone who benefits from the Trust, eg by receiving income such as Trust distributions.

A person can be a settlor, transferor, trustee or a beneficiary of a Trust, a combination of these or can be all four.

No Yes ▶ Please provide details below:

Trust name

 You will need to provide Trust documents, eg trust deed, deed of debt, gift statements, accounts, etc.

Gifted assets

Q43 note: Allowed gifts are limited to \$6,000 per year, made in the last five years, and \$27,000 per year made more than five years prior to this application.


43. Have you or your partner (if you have one) ever gifted, transferred or disposed of any cash or non-cash assets *at any time*?

Please include assets gifted or transferred to a trust(s), family members, business or charitable organisations.

No Yes ▶ Please provide details below and attach proof of these details:

What was the asset?	When was the asset gifted, transferred or disposed of?		
	Day	Month	Year
1.			
2.			
3.			
4.			

Who did you gift, transfer or dispose of the asset to?	What is the asset worth?
1.	\$
2.	\$
3.	\$
4.	\$

 You will need to provide proof of the fully or partly gifted assets. If you can't do this, please talk to us.

Estates

U You will need to provide estate documents, eg copy of Will and latest estate accounts.

44. Are you, or have you or your partner (if you have one), ever been the beneficiary of any estate?

No Yes ▶ Please provide the estate details below:

Lump sum payment

Name of estate received from	Date it was paid			Amount
	Day	Month	Year	
				\$
				\$
				\$

Ongoing payments

Name of estate received from	Amount being received	How often? (eg weekly)
	\$	
	\$	
	\$	

Recognition of care

Q45 note: A high level of care is the care provided to you that enables you to remain in the community without receiving home-based disability services.

For more information please ring the Residential Subsidy Unit on 0800 999 727.

45. Have you received a high level of care from someone other than your partner or dependent child and gifted in recognition of that care?

No Yes ▶ Please ensure you have completed Question 43

Pre-paid funeral

46. Do you or your partner (if you have one) have a pre-paid funeral trust fund or account?

No ▶ Go to Question 50 Yes ▶ Please provide details below:

Q47 note: The first \$10,000 of your pre-paid funeral fund (and the first \$10,000 of your partner's pre-paid funeral fund) are exempt from the Financial Means Assessment.

Q48 note: Please provide proof of the value of any pre-paid funeral trust fund or account.

47. What was the amount paid? You \$ Your partner \$

48. When was it paid? You
Day Month Year

Your partner
Day Month Year

49. Who was it paid to? You

Your partner

Outstanding debts

U You will need to provide proof of those debts if they are more than \$500.

50. What outstanding debts do you have?


Type of debt	Money owing
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

Income

Q51 note: Examples of money from other sources include:

- interest from savings or investments
- dividends from shares
- private superannuation
- any pensions
- payment from overseas
- estate income
- contributions from relatives
- annuities
- trust income
- farm or business income
- income from rent from properties
- accident compensation
- overseas pensions
- wages or salary.

Give net (after tax) amount.

 You will need to provide proof of this income.

51. Did you or your partner (if you have one) get money from any source (other than from New Zealand Superannuation or other benefit) over the last 12 months?

No Yes ▶ Please provide details below and attach proof of all other income including amount received and frequency of payments:

Your past income (over the last 12 months)

Where did it come from?	How much?	How often? (eg weekly)
	\$	
	\$	
	\$	
	\$	

Your partner's past income (over the last 12 months)

Where did it come from?	How much?	How often? (eg weekly)
	\$	
	\$	
	\$	
	\$	

52. Do you or your partner (if you have one) expect to get money from any source (other than from New Zealand Superannuation or other benefit) over the next 12 months?

No Yes ▶ Please provide details below:

Your expected income (over the next 12 months)

Where did it come from?	How much?	How often? (eg weekly)
	\$	
	\$	
	\$	
	\$	

Your partner's expected income (over the next 12 months)

Where did it come from?	How much?	How often? (eg weekly)
	\$	
	\$	
	\$	
	\$	

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Client Obligations

Important

Please read this statement carefully and sign.

I understand that:

- if I have made a false statement *or*
- if I have failed to answer all the questions in full *or*
- if I do not tell Work and Income about changes in my life that might affect my Financial Means Assessment

then

- my subsidy or loan may be reviewed *and*
- I may have to pay back the total amount of any overpayment that I have received.

Client's obligations

I must tell Work and Income immediately if either my partner or I:

- have changes to my/our income or financial circumstances
- intend to travel overseas
- have changes to personal details (such as name, address or bank account details)
- are admitted to or discharged from hospital
- have been granted an overseas pension
- have any other change that may affect my/our Financial Means Assessment.

Client's declaration

I agree that Work and Income and the Ministry of Health can:

- share all information necessary for the purposes of provision of any Residential Care Subsidy to me or administering any Residential Care Loan for me
- provide information to my residential care provider about the progress of my application and the timing and amount of any payments to be made
- advise my residential care provider of the outcome of my application for the Residential Care Subsidy or the Residential Care Loan.

I have completed all the questions or they have been completed for me in this Residential Care Subsidy Application and/or Residential Care Loan Application.

The information I have given is true and complete. The conditions for receiving this assistance have been explained to me/or my agent and I/or my agent understand these conditions.

I/or my agent am also aware of and understand the Privacy Act statement contained in this application form.

You must sign this page

Client's/Agent's name (print)

Client's/Agent's signature

Date

Day	Month	Year

Partner's/Agent's name (print)

Partner's/Agent's signature

Date

Day	Month	Year

Please go to page 17 if you wish to apply for a Residential Care Loan.

Please complete and sign the Appointment of Agent Form on page 19 and 20, if you are appointing an agent to act on your behalf.

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Residential Care Loan



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

How the loan works

Residential Care Loans are interest-free loans paid to a hospital or rest home for people who can't get Residential Care Subsidy to pay for the cost of their contracted care services.

You may be able to get a Residential Care Loan if you:

- own your home
- are assessed as needing residential care.

It also depends on money or assets you and your spouse or partner (if you have one) have.

How the loan works:

- The loan is a legal agreement with the Crown and a caveat is placed over your home.
- It is a condition of the loan that your benefit or pension is paid to the rest home/hospital, but you keep a personal allowance.
- Each time a loan payment is made, the amount paid is added to the total of your loan.
- The Ministry of Health will send out loan statements on a quarterly basis.
- The loan will stop if you apply for and financially qualify for Residential Care Subsidy.
- The loan is repayable when you sell your home, or 12 months after your death, whichever is earliest.
- No interest is charged during the period of the Loan. Penalty interest may be incurred if there is a delay in repaying the Loan after it is due.

Residential Care Loans are offered by the Ministry of Health and the Ministry of Social Development, acting as agent for the Ministry of Health, provides legal and administrative services. These include preparing Loan Agreements and other documents, and handling settlements.

There is no obligation on the Ministry of Social Development or the Ministry of Health to offer a Loan.

Do you wish to apply?

1. Do you wish to apply for a Residential Care Loan?

- Yes No Please go to the Appointment of Agent form on page 19.

Mailing details

2. If a loan is approved, what address would you like your loan balance statements sent to?

Partner

Q3 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.

3. Do you have a partner?

- No ▶ Go to Question 6 Yes ▶ Go to Question 4

4. Has your partner been needs assessed as requiring long term residential care?

- No ▶ Go to Question 5 Yes ▶ Go to Question 6

5. Is the loan application for you and your partner?

- No Yes

Legal details

6. Who will legally act for you?

Solicitor's name

Solicitor's address

Work phone

Mobile phone

Alternative phone

Email

Fax

7. What property will secure the loan?

Address of property

Client's/Agent's name (print)

Client's/Agent's signature

Date

Day Month Year

Partner's/Agent's name (print)

Partner's/Agent's signature

Date

Day Month Year

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Appointment of an Agent



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

You don't need to complete this form if you already have a Power of Attorney for property appointed.

Your agent's details

Q1 note: If you are unable to supply original documents for your agent, a copy can be accepted if it is signed and dated by someone who can certify documents, such as a Work and Income staff member, a solicitor, or a Justice of the Peace.

Q2 note: This can be either a person or an organisation.

Q3 note: We don't need this if the agent is an organisation.

Q4 note: Please give your agent's house number, street, suburb, and town or city.

A house number could include:

- street number
- fire
- RAPID
- emergency services.

1. Do you wish to appoint an agent to act on your behalf?

No ▶ Please check that you have signed page 15. You do not need to answer any further questions.

Yes ▶ If a person is appointed as your agent, they need to provide the following:

two documents that prove who they are, eg, a birth certificate, passport or driver's licence.

▶ If an organisation is appointed as your agent, they need to provide a:

business card, *or*

letter on official letterhead.

2. Who do you want to appoint as your agent?

Name of person or organisation

3. What is your agent's date of birth?

Day Month Year

4. What are your agent's contact details?

Flat/house no. Street name

Suburb

City

Work phone

Home phone

Mobile phone

Email

Fax

Your agent's responsibilities

5. What rights and responsibilities do you want to give your agent?

(Please tick as appropriate.)

Access my files to obtain personal information about me (under the Privacy Act 1993)

Provide information about me to Work and Income, such as income details

Change details of my personal file with Work and Income

Receive my mail from Work and Income

Complete and sign Work and Income application forms on my behalf

Receive part or all of my benefit payments. You need to have a good reason for doing this. You'll also need to complete a *Redirection of Benefit Payment* form.

6. Is there anything else you want to let your agent do? If so, write this here:

Client's declaration

I agree to the appointment of the agent named in this form.

The information I have provided on this form is true and complete, and I have answered all questions in full.

I understand that:

- the agent will have the authority to act in the areas I have stated in Question 5 and 6
- I continue to have full responsibility for all matters concerning my benefit, including the warnings and obligations
- Work and Income takes no responsibility for actions carried out by my agent
- the agent will continue to act for me until I tell Work and Income otherwise.

Client's signature

Date

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

Agent's declaration

I/we agree to act as agent for the client named above.

The information I/we have provided on this form is true and correct, and I/we have answered all questions in full.

I/we understand that:

- I/we need to meet the responsibilities granted to me/us as an agent, as stated in Question 5 and 6
- at all times I/we must act in the best interests of the client
- I agree to advise Work and Income if I change my address.

I/we have read and I/we understand the warnings and obligations placed on the client and the Privacy Information.

If I/we wish to cease being this client's agent I/we must inform the client and Work and Income.

Note: 'best interests' includes:

- talking to the client about their needs and what they expect of you
- making sure the client receives everything they are entitled to
- advising Work and Income of changes in the client's circumstances.


Full name of person (if signing on behalf of an organisation)


Agent's signature

Date

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

Client unable to sign this form

 Please make sure a copy of either the Enduring Power of Attorney or Court Order is attached.

 If you have not already provided this, please make sure evidence from a registered medical practitioner is attached. This needs to state the reason why the client can't act for themselves **and** how long it is likely to last. You also need to show us that you have a close personal relationship to the client. For example, if the client is your wife, you could show us your marriage certificate.

If the client is unable to sign this form and the form is being completed on their behalf by a person wanting to be appointed as their agent, please provide the reason for this:

We may be able to appoint a temporary agent until a Power of Attorney is appointed. This will depend on the reason the client is unable to sign the form and your relationship with the client.

Please state your relationship to this client (eg partner):