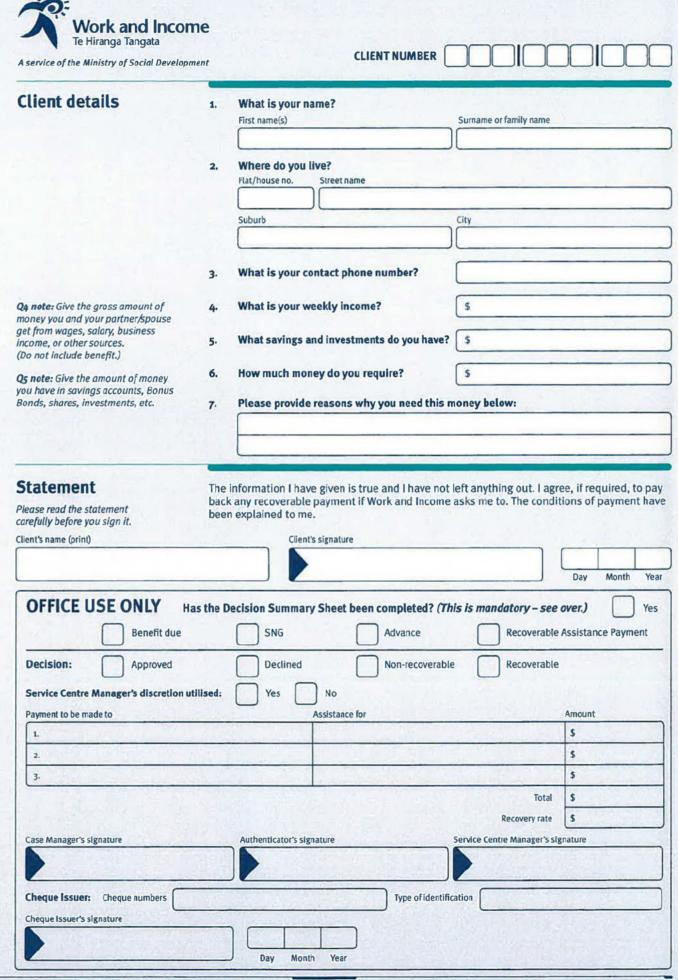
## Special Needs Grant/Advance on Benefit/Recoverable Assistance Payment



511 - MAR 2010

OFFICE USE ONLY	1.	Does the client meet the universal criteria including the cash asset and income tests?  Yes No ▶ Please state why not below: Verification sighted
	2.	Does the client meet essential and immediate criteria where applicable or emergency criteria (for some SNGs)?  Yes No ▶ Please state why not below:
<b>Q3 note:</b> This question may not apply to RAP applicants.	3.	Is the client receiving full and correct benefit/supplement entitlement?  Yes No ▶ Please state why not below: Action taken
Q4 note: Examples of other options could include:  • meet from next benefit due  • own resources  • other government agencies	4.	Are any other options available?  Yes ▶ Please state what options below:  No ▶ Please state why not below:
<ul> <li>automatic payments</li> <li>budgeting</li> <li>negotiating part payments</li> <li>layby</li> <li>family</li> <li>refinancing</li> </ul>	5.	Is the quote for the item or service the least amount required?  Yes No ▶ Please state why not below:
• boarders	6.	Are there any severe consequences to the client if assistance is not given?
TIA. The above is not an exhaustive list.		Yes ▶ Please state consequences below: No
<b>Q7 note:</b> If an advance/RAP Service Centre Manager approval is required for payments that exceed the six week limit.	7.	What is the client's total debt level?  Work and Income debt \$  Other debt \$  Advance balance \$
	8.	If a recoverable SNG/Advance/RAP, has repayment been negotiated?  Yes ▶ Weekly repayment: \$  No ▶ Please state why not below:
<b>Q9 note:</b> Examples of exceptional circumstance could include:  • to exceed the SNG category limit.	9.	Do exceptional circumstances exist to justify exceeding the limits in the programmes?  (For example, to exceed the SNG category limit.)  Yes ▶ Please state why below:  No
	10.	Is a proactive interview needed?  Yes ▶ Time arranged:  No
	11.	Please provide any other comments below:

## **Temporary Additional Support Application**



CLIENT NUMBER

A service of the Ministry of Social Development

If you need help with this form call us on 2 0800 559 009.

before you start	Temporary Additional Support can provide financial assistance as a last resort to help people in financial hardship who can't meet their essential costs from their income or other sources.  It is important that you take all necessary steps to get other assistance towards costs and take reasonable steps to increase income and reduce costs where possible; and that you haven't arranged your situation to try to get this help.			
		ase complete all questions – if not applicable write N/A. If you need more space please ach a separate sheet.		
Name	1.	What is your name? First name(s)		
		Surname or family name		
Birth date	2.	What is your date of birth?  Day Month Year		
Address	3.	Where do you live?		
Q3 note: If you live in a rural area, a house number could include:		Flat/house no. Street name		
RAPID number     fire number		Suburb City		
emergency services number.				
Q4 note: Mailing address includes:  • postal box (PO Box)  • rural delivery details  • C/O address.	4.	What is your mailing address (if different from above)?  If you live at a rural address please include your rural delivery details here:		
	5.	How can we contact you?  Work phone Home phone Mobile phone		
		Email Fax		
	6.	Do you live alone?  Yes No Please provide the names of the others you live with below:  First name(s) Surname or family name Relationship to you		

S11 - MAR 2010

Assets				\$100 m	200	
	7.		er have any cash asset			
Q7 note: Examples of cash assets:		No Ye	Please provide details b	elow:		
<ul> <li>money in bank or savings organisation</li> </ul>		Type of asset	You	Your pa	rtner	Jointly owned
money lent to other people or			\$	\$		\$
organisations money in Bonus Bonds, shares,			s	\$		S
debentures or government stock.			\$	\$		\$
Q8 note: Examples of non-cash	8.	Do you or your partr	ner have any non-cash a	ssets?		
assets: Leisure boats		No Ye	Please provide details b	elow:		
caravans		Type of asset		Total va	lue	Money owing
land or buildings other than your				\$		\$
home, eg holiday homes.				s		s
You may be required to show roof of these details.				\$		\$
Working for Families Fax Credits On note: Working for Families Tax Credits payments include: In family tax credit	9.	Inland Revenue?	Please provide details be Revenue. You can get a C ☎ 0800 257 720. Pleas	elow and provide a Pertificate of Entitle	Certificate of En	titlement from Inlan
in-work payment		Type of payment		You	Your partner	fortnightly etc)?
minimum family tax credit				\$	\$	
child tax credit				\$	s	
parental tax credit.				\$	\$	
				\$	\$	
<b>Q10 note:</b> Examples of income from other sources:  wages or salary			fit, NZ Superannuation, Vetos  Please provide details be		r War Disablen	nent Pension.)
accident compensation		Source (eg bank account n	umber)		Gro	ss income (eg intere
farm or business income (include drawings)					S	
self employment					\$	
interest from savings or investments					\$	
dividends from shares income from rents redundancy or termination type payments Child Support maintenance payments	11.	(Do not include a benej	other income in the nex fit, NZ Superannuation, Veto S Please provide details be	eran's Pension o	r War Disablen	nent Pension.)
boarders Student Allowance, scholarship or		Source (eg bank account n	umber)		Gro	ss income (eg intere
Student Loan living cost payments					\$	
any other income, eg family trusts, overseas payments.					\$	
ive gross (before tax) amount.				- 1-	\$	
mployment costs	12.		partner have any essent		nt costs?	
12 note: Employment costs include: vehicle running costs or public transport to employment		No Ye	Please provide details be	Amount		often (weekly, ghtly etc)?
childcare if the caregiver is working				\$		
telephone if it is a condition for employment.				\$		
стрюушет.				\$		
You may be required to show proof			_	\$		
f these costs.				*		

Accommodation	PER				
Accommodation costs		Go to Question 16		details below if you have not application Supplement	ed for
Q14 note: If you don't have a cost, write 'nil'.	14. Please g	rive details of your costs		How often (weekly,	
	20/05	or person you pay	Your cost	fortnight etc)?	-
	Rent		\$		
	Board		\$		
	First mortgage		\$		-
	Other mortgage		\$		
	House insurance		\$		
	Ground lease		\$		
	Mortgage insuranc	e	\$		
	Rates		\$		
	Water rates		\$		
Please provide proof of these costs.	Cost of essential repairs and		\$		
	maintenance for the last 12 months				
	15. Have you	received a Rates Rebai	te?		
		Amount \$	Rating year	1 July 2 0	
		Amount (+	nating year		
	No		to	30 June 2 0	
Health or disability			ou have one) or any depo	endent children have any h	ealti
costs		lity costs?			
Essential health or disability costs may be included in Temporary Additional Support if:	No	Go to Question 18	Yes Go to Question 1	,	
<ul> <li>you do not get Disability Allowance because of your income, or the health</li> </ul>		nd/or your partner (if yo y Allowance for health o		endent children receive a	
or disability condition will last less than 6 months or	No	Talk to us about applying f	or a Disability Allowance		
<ul> <li>these costs are more than your Disability Allowance pays for or</li> </ul>	Yes	Talk to us if your costs hav	ve changed		
<ul> <li>you are a certain refugee or residence permit applicant.</li> </ul>					
<b>Q16 note:</b> Include children on Orphan's Benefit or Unsupported Child's Benefit.					
<b>Q17 note:</b> Include children on Orphan's Benefit or Unsupported Child's Benefit.					
Credit sales	18. Do you a	nd /or your partner have	any assential credit sal	es (hire purchases) or regu	ılar
(hire purchases)	costs?	, or your parener mave			
and regular costs	Item	Amount	How often (weekly, fortnight etc)?	Start / purchase date	186
Q18 note: Essential items that may be		\$			
included:		s			
<ul> <li>beds, dining suites, fridge / freezer,</li> </ul>					

portable heaters, lounge suite, stove, television

• vehicle repayments

• washing machine (or laundrette costs)

• dryer (disability)

• childcare costs (disability).

Please talk to us if you, your partner or any dependent children have disability costs but have not applied for a Disability Allowance.

## Personal safety and special family circumstances

Q19 note: Telephone costs for personal safety or security need to be verified by either the Police, court orders, Women's Refuge, previous history held by Work and Income, Child Youth and Family, or any other relevant organisation.

Q You will need to provide proof of your circumstances and your telephone rental costs (excluding toll or call charges and mobile phones) if we do not have these details already.

Do you of spec	ou and/or your partner need a telephone for safety or security reasons, ecial family circumstances?	or because
	No Yes ▶ Please provide details below:	
Details o	of circumstances	
Amount	t \$ How often (weekly, fortnightly etc)?	

# Necessary and reasonable steps

**Q20 note:** Temporary Additional Support is last resort financial assistance. You and your partner must take all necessary steps to get other assistance towards costs and take reasonable steps to increase income and reduce costs where possible.

20. Please indicate what steps you and/or your partner have taken to get other assistance, reduce costs or increase income:

We will talk to you about what other steps you might be able to take.

## **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.
- 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.

## **Obligations**

Work situation changes include starting part-time, casual or full-time work, whether paid or unpaid.

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 understand that my partner and I (if I have one) must take all necessary steps to get other assistance towards costs and take reasonable steps to increase income and reduce costs where possible.

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

- have a change in work situation
- become self employed / start to run a business
- have changes to my income or financial circumstances
- · intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account details)
- have changes to my living situation
- · am imprisoned / held in custody on remand
- am admitted to or discharged from hospital
- have been granted an overseas pension
- have any other changes that may affect my benefit entitlement or rate.

### **Important**

#### 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 entitlement or rate *then*
- my benefit may be reviewed and cancelled and
- I may have to pay back the total amount of any overpayment that I have received and
- Work and Income may impose a penalty (up to three times the value of the overpayment) or
- I may be prosecuted and fined or imprisoned.

Your client number is:

S11 - MAR 2010

## Client Obligations

Please read this statement carefully and sign.

I understand that my partner and I must take all necessary steps to get other assistance towards costs and take reasonable steps to increase income and reduce costs where possible.

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

- · have a change in work situation (such as starting part-time, casual or full-time work, whether paid or unpaid)
- become self-employed / start to run a business
- have changes to my / our income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account number)
- have changes to my / our living situation (such as 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)
- are imprisoned / held in custody on remand
- are admitted to or discharged from hospital
- have been granted an overseas pension
- · have any other change that may affect my / our benefit entitlement or rate.

### My obligations have been explained to me and I understand my responsibilities.

I have completed all the questions in the *Temporary Additional Supplement* application, or this application has been completed for me, and the information I have given is true and complete. The conditions for receiving this assistance have been explained to me and I understand these.

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

Name (print)	Client's signature			
		Day	Month	Year

S11 – MAR 2010

	÷	ì	
	÷	1	
	3	d	1
	3	č	5
	ī	ñ	
	1	ä	
	j	ò	ú
	-	ġ	Į
	Š	7	
	٦	ç	7
	ď	÷	
	i	ň	3
	4	¢	2
	1	Ś	
	3	Ç	2
	1	u	1
	i	d	į
	1	q	į
	ú	Ċ	
	1	Ç	)
	7	7	
	į	2	
	1	9	
	÷	Ė	
	1	E	
	1	6	
	1	ć	
	"	Ū	
	1		j
	1	v	7
	ă	,	
	i	ă	į
	ł	ř	Š
	ų		
	-	q	į
	I	Č	j
	1	٨	į
	1	<u></u>	
	ı	١	į
	î	J	i
			į
	3	V	1
	٦	Ç	7
	i	8	2
	ì	n	3
	1	Ċ	
	1	1	2
	1	ţ	
	=	4	
	1	٥	į
	1	3	
	1	Ġ	
	i	ì	
	å	Ē	
	Ę		
	ì	ì	ĺ
	ļ	Ĺ	j
		i	ś
	1	Ç	2
	4	4	
	i	d	
	i	Č	
	3	ì	į
	ď		
	1	Ĕ	
	4	٠	
	1		1
	1		
	÷		
	1	ò	j
	r	•	
	1		
		3	
		S	
	. Mi	Man	
	To Minney	BON	
	The Minney	NON L	
	Carried and Land	Man	
	The Line Manney	MON	
	Thinks of the Manney of	Man	

Statement by Interviewer / Interpre	tor.	
I have explained the conditions for receiv	ing a benefit and explained what the client's obligations mean and the reason for them. The client has accepts responsibility to provide true and complete information and to advise immediately of any chan	nges
Interviewer's name (print)	Interviewer's signature	
	Day Month Y	Year
Additional information:		
		_
Decision:	Processor's signature	
Decision:		
Decision:	Day Month Y	Year
Decision:		Year
Decision:	Checker's signature	Year
Decision:	Checker's signature	
	Checker's signature  Day Month Y  Day Month Y	
	Checker's signature  Day Month Y  Day Month Y  Service Centre Manager's signature (If applicable)	
	Checker's signature  Day Month Y  Day Month Y  Service Centre Manager's signature (If applicable)	Year