# Community Services Card application



The Community Services Card can help you and your family with the costs of health care.

Always carry your card to make it easy to get the benefits, like paying less on some health services and prescriptions.

If you have any questions or need help with this application, please call us on **0800 999 999**.

## Who should fill in this form?

#### You only need to complete this form if you're:

- working and have a low income and no children
- · working, have children and are getting family tax credits
- getting NZ Super and have a low income.

Some people don't need to fill in the form because they automatically get sent a card.

These include people who get Work and Income benefits, Veteran's Pension or Accommodation Supplement, students getting a Student Allowance, people getting Residential Care or Residential Support Subsidy.

# What you need to provide

#### ① INFORMATION NOTE:

Documents need to be originals, or copies of documents that have been certified as a **true copy** by a Solicitor/Lawyer, Notary Public, Registrar of the Court or Justice of the Peace.

Proof of who you are:	For you	For your partner (if you have one)
<b>If you were born in New Zealand</b> , provide one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).		
<b>If you were born overseas</b> , provide proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).		
<b>If your name has changed</b> , provide your marriage certificate, deed poll, or other proof of the name change.		
<b>All people applying</b> need to provide <b>two</b> more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).		
Full birth certificate for each dependent child in your care.		
One of the documents above must be at least two years	old.	

## Our commitment to YOU



We will get to know you, your situation and your needs



We will use your feedback to improve our service



you

We will make sure you understand everything you need to know



We will respect your privacy and be clear about how we use your information and who we share it with





We will let you know everything you may be eligible for



The information we give you will be accessible and consistent no matter how you contact us



support

We will help you however we can, as soon as we can



We will be honest about our mistakes and put them right





We will respect you and what is important to you



We will let you know your options, rights and obligations

Ka mahi tahi ki a koe



We will work o together to achieve shared goals 'II



Our actions will follow our words





Wedo? Let us know by visiting msd.govt.nz/feedback or call us on o8oo 559 oo9

# Community Services Card applicant's form



In the applicant form, 'you', 'your', and 'yourself' means the person applying for a Community Services Card. If we say 'your partner' this only applies to you if you have one. If you have received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on an expired Community Services Card if you have one. **Client number** What is your full name? Tell us the names you've Mr Mrs Ms Miss Other been known by First and middle names ATTACHMENT FOR Q1: You need to provide Surname or family name proof of your identity. What you need to provide is explained on page 1. Is the name on your birth certificate the same as above? No Tell us the name that is on your birth certificate Yes First and middle names Surname or family name HOW TO ANSWER Q3: 3 Have you ever been known by any other name? For example, have you had married names, Write them all out below No English names, changes by deed poll, or aliases? 1. ATTACHMENT FOR Q3: Provide your marriage certificate, deed poll, What name would you like us to call you? or other proof of any name change. The name I wrote in Question 1 The name I wrote in Question 2 Other Write the full name

Tell us more about you  6	What date were you born?  Day Month Year  Are you:  Male Female Gender diverse  What is your Inland Revenue tax number?	
Tell us about where you live  Tell us about where you live  HOW TO ANSWER Q8:  If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.	Where do you live?  Flat/House number Street name  Suburb Town/City	
Mailing address can include a PO Box, rural delivery details, or C/O address.  9  4  9	Is your mailing address different from where you live.  No Yes   Tell us your mailing address	/e?
10	Are there other adults living at your address?  No Yes  Are you in a rest home or hospital?  No Yes	
Please only give us contact details you'd like us to use.	How else can we contact you?  Home phone ( )  Mobile phone ( )  Other phone ( )  Email	Tick the best way for us to first contact you

Tell us your ethnicity  ① INFORMATION FOR Q13:  We collect this information for statistics we use in research and future development work.	Tick the group(s) you most identify with.  Māori
Tell us about your residence status  HOW TO ANSWER Q14: This means you appoints New 7 appoint The means you	Do you usually live in New Zealand?  No Yes  What best describes your residence status in New Zealand? Tick only one box.
consider New Zealand your home, you're a legal resident, you usually live here and you intend to stay.	New Zealand citizen by birth  Granted New Zealand citizenship  Date citizenship granted  Day Month Year
	Granted permanent residency  Date permanent residence granted  Day Month Year  Go to question 16
	Other What is your residence status?
16	When did you arrive in New Zealand?  Day Month Year
17	What country were you born in?

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#### Tell us about your dependent children

18

(7) HOW TO ANSWER Q18:

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 the parents of each child.

ATTACHMENT FOR Q18:

Provide the birth certificate for each dependent child.

#### Do you have dependent children in your care?

No Go to question 19	Yes	<b>→</b> Pleas	e provide de	etails belov
Child 1				
full name		Date of b	oirth	
		Day	Month	Voor
Relationship to you		Day	Month	Year
Parent 1: Full name	Parent 2: F	-ull name		
Child 2		D-+ f1	- total	
Full name		Date of b	oirth	
		Davi	Month	V
Relationship to you		Day	Month	Year
Parent 1: Full name	Parent 2: F	-ull name		
Child 3				
Full name		Date of b	oirth	
Relationship to you		Day	Month	Year
Parent 1: Full name	Parent 2: F	-ull name		
Child 4				
Full name		Date of b	oirth	
Relationship to you		Day	Month	Year
Relationship to you				
Parent 1: Full name	Parent 2: F	- 		
arene i. r anname	Tarchez.1	diriarie		
Child 5 Full name		Date of b	oirth	
		Day	Month	Year
Relationship to you		20,		. 50.
Parent 1: Full name	Parent 2: F	-ull name		
	)(			

If you need to include more than five children in your application, please write these details about each one on a separate sheet of paper, and provide it with this application form.

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Tell us about your relationship status  20	Do you have a partner?  By 'partner' we mean someone you're in a relationship with.  No Go to question 23  Yes  What is your partner's full name?  Mr Mrs Ms Miss Other  First and middle names  Surname or family name  What date was your partner born?
Overseas 23	Please ask your partner to fill in the Partner's section on page 12  What is your relationship status with your partner?  Tick one of the following boxes  Married In a civil union In a relationship  Do you or your partner get or qualify for a social security benefit, pension or
overseas pensions and benefits	allowance from overseas?  No Go to question 25  Yes Tick the box that best describes your benefit, pension or allowance  Retirement or old age Superannuation Disability or health condition  Widow or survivor Child or dependent War related  Other

proof of these payments,			
uch as a pension certificate.	Payment Who is the payment for (you or	1 Payment 2	Payment 3
	your partner)?		
	What country does the payment come from?		
	How much do you get each time the payment is made (in overseas currency)?		
	Is this amount before or after tax?		
	How often do you get the payment (for example: weekly,		
	fortnightly, monthly)?  What is the name of your		
	pension, allowance or benefit?		
	What is the payment reference number?		
Business 25 ncome	Are you or your partner self-employed?  No Go to question 27	•	
	No Go to question 27		
HOW TO ANSWER Q25:	Yes Please describe your business		
ou must use NZ\$ nd before tax (gross) mounts.	Sole trader Partnership	b Limited lia	bility company
	Please complete the following table for	your last financial	year.
le may ask you to rovide your business	_	You	Your partner
le may ask you to rovide your business	Net profit before tax	You \$	Your partner
le may ask you to rovide your business	_	You \$	Your partner
Ve may ask you to provide your business	Net profit before tax	You \$	Your partner
le may ask you to rovide your business	Net profit before tax Shareholder salaries	You \$	Your partner \$
le may ask you to rovide your business	Net profit before tax Shareholder salaries Depreciation	You \$ \$ \$	Your partner  \$ \$ \$
Ve may ask you to rovide your business ccounts.	Net profit before tax Shareholder salaries Depreciation Net drawings Funds introduced	You \$ \$ \$ \$ \$ \$	Your partner  \$ \$ \$ \$ \$
Ve may ask you to rovide your business ccounts.  Tell us about 27 your current	Net profit before tax Shareholder salaries Depreciation Net drawings Funds introduced  Are you working?	You \$ \$ \$ \$ \$ \$	Your partner  \$ \$ \$ \$ \$
Ve may ask you to rovide your business ccounts.  Tell us about 27 your current	Net profit before tax Shareholder salaries Depreciation Net drawings Funds introduced	You \$ \$ \$ \$ \$ \$	Your partner  \$ \$ \$ \$ \$
Tell us about your current work Vermay ask you to provide your business ccounts.  27 Vour current work Vermation for Q27: Vorking means for	Net profit before tax Shareholder salaries Depreciation Net drawings Funds introduced  Are you working?	You \$ \$ \$ \$ \$ \$	Your partner  \$ \$ \$ \$ \$
Ve may ask you to rovide your business ccounts.  Tell us about your current work  NEORMATION FOR Q27:	Net profit before tax Shareholder salaries Depreciation Net drawings Funds introduced  Are you working?  No Go to question 29	You \$ \$ \$ \$ \$ \$	Your partner  \$ \$ \$ \$ \$ \$ \$
Tell us about cour current vork  Jorking means for rages or salary.	Net profit before tax Shareholder salaries Depreciation Net drawings Funds introduced  Are you working?  No Go to question 29  Yes	You \$ \$ \$ \$ \$ \$	Your partner  \$ \$ \$ \$ \$
Tell us about courcurrent cork  FORMATION FOR Q27:  Toking means for ages or salary.	Net profit before tax Shareholder salaries  Depreciation Net drawings Funds introduced  Are you working?  No Go to question 29  Yes  How much do you get paid?	You \$ \$ \$ \$ \$ \$ Amount paid	Your partner  \$ \$ \$ \$ \$ \$ How often? (for example weekl
Tell us about cour current cork  FORMATION FOR Q27:  Vorking means for agges or salary.	Net profit before tax Shareholder salaries  Depreciation Net drawings Funds introduced  Are you working?  No Go to question 29  Yes  How much do you get paid?	You \$ \$ \$ \$ \$ \$ Amount paid (before tax)	Your partner  \$ \$ \$ \$ \$ \$ How often? (for example weekl
Tell us about cour current vork  Vorking means for rages or salary.	Net profit before tax Shareholder salaries  Depreciation Net drawings Funds introduced  Are you working?  No Go to question 29  Yes  How much do you get paid?	You  \$ \$ \$ \$ \$ \$ Amount paid (before tax)	Your partner  \$ \$ \$ \$ \$ \$ How often? (for example weekl

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29	Is your partner working?  No Go to question 31  Yes	partner Go to question 31
30	How much is your partner's regular gross wage (before	•
	Amount pai Where does it come from? (before tax	
	where does it come from: (before tax)	) Tol triightiy, montrily)
	\$	
	\$	
Tell us about income in the last 52 weeks?	Did you or your partner get income from any of the foliast 52 weeks?  Tick one box in each line below  Accident compensation (eg ACC)  Income insurance (replacement/protection)  Interest from savings, investments, or bonds  Dividends from shares, unit trusts, or managed funds  Net income from rents	No Yes
	Payments from three or more boarders or flatmates	No Yes
	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 payment	s No Yes
	Overseas pension, benefit or allowance payments	No Yes
	Other superannuation or retirement scheme income – government or private (don't include NZ Super or Veteran's Pension because we already know what you get)	No Yes
	Income from an estate, if you have inherited money	No Yes
	Income from trusts	No Yes
	Other	No Yes
	Important: you must answer question 32.	

Where did the income conditions of the income	tner get oth		e type of payment a	Jointly with your partner  \$ \$ \$ \$  m money in the
Did you or your part ast 52 weeks?	tner get oth	\$ \$ \$ er types of pay	Your partner  \$ \$ \$ \$  yment apart from type of payment a	Jointly with your partner  \$ \$ \$ \$  m money in the
Did you or your part ast 52 weeks?	tner get oth	\$ \$ \$ er types of pay	\$ \$ \$ /ment apart from	your partner  \$ \$ \$ \$  m money in the
No Yes		\$ \$ er types of pay se tell us about the	\$ \$  /ment apart from	\$ \$ \$ m money in the
No Yes		\$ er types of pay se tell us about the	\$  /ment apart from	\$ \$ m money in the
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No Yes		er types of pay	ment apart fro	m money in the
No Yes		er types of pay	ment apart fro	m money in the
Type of payment		Where did it come	from?	
			: 110111:	lts value
				\$
	l l			\$
				\$
				·
<b>2 months.</b> Please us	se the before			
Where will the			Jointly with	How often do you expect the
payment come from:		\$	\$	payment?
		Ι Φ	I <b>J</b> D	
	\$			
	\$	\$	\$	
o you or your part	\$	\$	\$	x return?
Oo you or your part	\$ \$ ner pay a pi	\$	\$ \$ prepare your ta	x return?
	\$ \$ ner pay a pi	\$ \$ rofessional to p	\$ \$ prepare your ta	x return?
- 2 - 2	No Yes  Please us  No Please us	No  Yes  Go to quest  Go to quest  ell us what income or other pa months. Please use the before  Where will the payment come from?  You	No  Yes  Go to question 36  Payment mad Where will the payment come from?  Yes  Go to question 36  Go to question 36  For a payment you expend to the payments you expend to the payment mad Where will the payment come from?  You  Your partner	ell us what income or other payments you expect to get in the months. Please use the before-tax amounts.  Payment made to?  Where will the Jointly with bayment come from? You Your partner your partner

39	Are you a tertiary student or will you be one next year?  No  Yes  Do you or your partner get Working for Families tax credit?  No  Yes  Please tell us how much you get  How much?  How often?  How much?  How often?  \$
Paid parental leave  ATTACHMENT FOR Q40: Please provide proof of these payments, eg your payment advice letter from Inland Revenue.  41	Are you or your partner getting paid parental leave payments?  Ves How much per week?  What is the date of the last payment?  Day Month Year

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# **Community Services Card** partner form



This partner form should be completed by the partner of the person applying for Community Services Card. If you don't have a partner please go to page 15.

	t or extra financial help from us before, write your client number here if you know it.  I on your expired Community Services Card if you have one.
Tell us about yourself  ATTACHMENT FOR QI: Provide proof of your identity. What you need to bring is explained on page 1.	What is your full name?  Mr Mrs Ms Miss Other  First and middle names  Surname or family name  Is the name on your birth certificate the same as above?  No Tell us the name that is on your birth certificate  Yes  First and middle names  Surname or family name
HOW TO ANSWER Q3: For example, have you had married names, English names, changes by deed poll, or aliases?  ATTACHMENT FOR Q3: Provide your marriage certificate, deed poll, or other proof of any name change.	Have you ever been known by any other name?  No Yes
6	What date were you born?  Day Month Year  Are you:  Male Female Gender diverse  What is your Inland Revenue tax number?

Where do you live?	
Flat/House number Street name	
Suburb Town/City	
Are you in a rest home or hospital?	
No Yes	
Is your mailing address different from where you live?	
No Yes Tell us your mailing address	
How else can we contact you?	Tick the best way for us to first contact you
Home phone ( )	
Mobile phone ( )	
Other phone ( )	
Email	
Tick the group(s) you most identify with.    Māori	Indian Chinese Don't want to answer
	Are you in a rest home or hospital?  No Yes  Is your mailing address different from where you live?  No Yes  Tell us your mailing address  How else can we contact you?  Home phone ( )  Mobile phone ( )  Email  Tick the group(s) you most identify with.  Māori    which tribe(s) or iwi?  New Zealand    Niuean    Samoan  Other European    Tokelauan    Tongan

tell us bout your esidence tatus	Do you usually live in New Zealand?  No Yes
nis means you consider ew Zealand your ome, you're a legal esident, you usually the here and you intend to stay.	What best describes your residence status in New Zealand? Tick only one both New Zealand citizen by birth  Go to page 15
	Granted New Zealand citizenship granted  Go to question 16  Day Month Year
	Granted permanent residency  Date permanent residence granted  Day Month Year
	Other What is your residence status?
	Day Month Year
16	What country were you born in?

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### **Privacy Statement**

The Ministry of Social Development includes Work and Income, MSD Housing Assessment, Senior Services, StudyLink and other service lines. The legislation administered by the Ministry of Social Development allows us to check the information that you give us. This may happen when you apply for assistance and at any time after that. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

#### Why we collect information

The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development and 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:

- granting benefits and other assistance under the Social Security Act 2018
- · delivering superannuation services under the New Zealand Superannuation and Retirement Income Act 2001
- delivering assistance under the Veterans' Support Act 2014
- providing services under the Residential Care and Disability Support Services Act 2018
- statistical and research purposes
- providing advice to Government
- providing support and services for you and your family
- providing education related services
- · care and protection needs of children
- assessing eligibility for social housing and calculating income-related rents under the Housing Restructuring and Tenancy Matters Act 1992
- · assessing whether you and/or your partner may be entitled to an overseas pension, benefit or allowance.

You are not required to give the Ministry of Social Development information, but if you do not give us all the information we ask for, your application for benefits or pensions and other assistance may be declined.

#### We may contact health practitioners

The Ministry of Social Development may contact health practitioners to check any health related information you give us.

#### We may use information for public housing

Information you give us when you apply for assistance, and at any time after that, may also be used for public housing purposes under the Housing Restructuring and Tenancy Matters Act 1992, including reviewing your eligibility for social housing or your income-related rent. Public housing is subsidised housing available to people in the greatest need of housing for the duration of their need. It is provided by Kāinga Ora and approved community housing providers.

#### We may compare the information you give us with information held by other agencies

The information you give us may be compared with information held by other agencies such as Inland Revenue, the Ministry of Justice, Department of Corrections, New Zealand Customs Service, Department of Internal Affairs, Accident Compensation Corporation, Kāinga Ora, 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, Malta and the Netherlands).

#### We may share information with Inland Revenue

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 Ministry of Business, Innovation, and Employment, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
- · disclose your personal information to your partner.

### We may give information to service providers, employers, public housing providers and childcare providers

The Ministry of Social Development may:

- give employers information about you if you use our employment services
- $\bullet \quad \text{share information with childcare centres to administer your entitlement to childcare assistance}\\$
- give information about you to the Tertiary Education Commission, Workbridge, training providers, career services or other agencies that have a formal agreement to provide services on behalf of the Ministry of Social Development, if you use our employment services
- · share information about you with public housing providers (such as Kāinga Ora) to administer your housing-related assistance.

#### We may use your information to give you a better service

Other information that you give us that is not required to assess your entitlement may be used to provide a better service to you.

#### You have the right to see and correct your information

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.

### Signature page

### **Applicant and partner**

The information that I have given, or that has been given about me in this application is true and complete.				
I understand what you do with my personal information and how you protect my privacy.				
Applicant's name (print)	Applicant's signature	Date		
		Day	Month	Year
Applicant's partner's name (print)	Applicant's partner's signature	Date		
		Day	Month	Year
Helper's statement				
Complete this if you've helped the applicant or their partner to complete this application form.				
Your first and middle names  Your surname or family name				
Your address				
Tour address				
Your phone number				
Tick the box for the statement that a	nnlies			
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.	·		'	O
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 pa	rtner of the person applying.			
Helper's signature	Date			
Licipoi 3 signature	Date			

### **Next steps**

#### Next steps:

Day

Send this form to:

Seniors Support Centre Ministry of Social Development PO Box 5054 Wellington 6145

Month Year

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