

# Childcare Assistance change of circumstances form



MINISTRY OF SOCIAL  
DEVELOPMENT  
TE MANATŪ WHAKAHIATO ORA

## Please use a separate form for each child.

There are some other documents you may need to provide with this form. Use the checklist to make sure you provide everything you need to.

### Checklist

<b>Identification for you and your partner</b> , such as a Community Services Card, or something you've provided before, like a passport or driver licence	<input type="checkbox"/>
<b>The child's</b> full birth certificate for any child added	<input type="checkbox"/>
<b>Proof of income</b> for you and your partner, if either of your income has changed	<input type="checkbox"/>
Details of your work, course or organised activity	<input type="checkbox"/>
Proof of your accommodation costs if people pay you board or rent	<input type="checkbox"/>
Your and/or your child's medical details (if applicable)	<input type="checkbox"/>
The childcare provider has completed and signed their section on page 11	<input type="checkbox"/>
The training organisation's representative has signed their section on page 11 (if applicable)	<input type="checkbox"/>

### Client number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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It's on your Community Services Card, or if you've applied for support from StudyLink or Work and Income before it's on a letter from us.

## Tell us your details

**ATTACHMENT FOR Q1:**  
Bring proof of who you are.

**HOW TO ANSWER Q3:**  
If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

1

### What is your full name?

First and middle names

Surname or family name

2

### What date were you born?

Day      Month      Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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3

### Where do you live?

Flat/House number

Street name

Suburb

Town/City

## Tell us your child's details

4

### What are the child's details?

Full name

Date of birth  
Day Month Year

Relationship to you

Do you have a shared care arrangement for this child?  No  Yes

Has this child left your care?  No  Yes  
Date left care  
Day Month Year

## Tell us about changes

5

### What are the changes in your circumstances? (tick as many as apply)

- You've started or ended a relationship  Medical reasons  
 Children have come into or left your care  Other  
 The people who live at my address have changed  My income (including board or rent I may receive) has changed

↓ Please provide as much information as you can about these changes to your circumstances, including the date of the change. ↓

  
  


6

### Have the number of hours of childcare changed?

- No [Go to question 7](#)  
 Yes ↓ [If yes, please provide details below](#)

Date care changed Date 20 Hours ECE changed (if applicable) Date Top-up fee changed (if applicable)  
Day Month Year Day Month Year Day Month Year

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours							
ECE hours used (if applicable)							

Reason for change

7

### Have the fees to the childcare service changed?

- No [Go to question 8](#)  Yes ↓ [If yes, please provide details below](#)

New care fee start date New Top-up fee start date  
Day Month Year Day Month Year

Type of childcare	Childcare provider	Home-based	OSCAR provider
Total hours each week			
ECE top-up fee charged to caregiver per hour		\$	
Total weekly fee charged to caregiver (don't include ECE)	\$	\$	\$

**INFORMATION FOR Q6:**  
Where we say ECE in this question we mean 20 Hours ECE.

**HOW TO ANSWER Q8:**

Please tell us your fee **after** you've applied any discount but **before** any Work and Income subsidy is applied.

The Childcare Subsidy can't be used for donations or optional charges, but can be used for the top-up fee.

**INFORMATION FOR Q8:**

Where we say ECE in this question we mean 20 Hours ECE.

**Important:**

The childcare service's or programme's supervisor **must** sign on page 11.

**8**

**Has the child moved to a new childcare service/programme?**

No [Go to question 9](#)  Yes [If yes, please provide details below](#)

Name of old childcare service/programme

End date at the old service/programme  Day  Month  Year

Name of new childcare service/programme

Care start date	20 Hours ECE start date (if applicable)	Top-up fee start date (if applicable)
Day Month Year	Day Month Year	Day Month Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Enrolment times	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Enrolled hours							
ECE hours used (if applicable)							

Type of childcare	Childcare provider	Home-based	OSCAR provider
Total hours each week			
ECE top-up fee charged to caregiver per hour		\$	
Total weekly fee charged to caregiver (don't include ECE)	\$	\$	\$

OSCAR care period end date  /  /

**Tell us about your study**

**9**

**Have your training or study details changed?**

No [Go to question 13](#)  Yes [If yes, please provide details below](#)

I stopped attending a work related course or study on:  Day  Month  Year

[Go to question 13](#)

I am on a work related course or study.

[Go to question 10](#)

**10**

**What are your course details?**

Training provider's name

Course name

**11**

**Is the course NZQA accredited?**

No  Yes [If yes, what are the start and finish dates?](#)

Start date	Finish date
Day Month Year	Day Month Year
<input type="text"/>	<input type="text"/>

**12**

**Important:**

The training provider **must** sign on page 11.

**How many hours a week do you spend on the following?**

At your course  On other study

Travelling from the childcare service to your course and returning?

**Tell us about your partner's study** **13**

**Have your partner's training or study details changed?**

No [Go to question 17](#)

Yes [↓ If yes, please provide details below](#)

My partner stopped attending a work related course or study on: 

Day	Month	Year

[Go to question 17](#)

My partner is on a work related course or study.

[Go to question 14](#)

**14 What are your partner's course details?**

Training provider's name

Course name

**15 Is the course NZQA accredited?**

No  Yes [↓ If yes, what are the start and finish dates?](#)

Start date

Day	Month	Year

Finish date

Day	Month	Year

**! Important: 16**

The training provider **must** sign on page 11.

**How many hours a week does your partner spend on the following?**

At their course  On other study

Travelling from the childcare service to their course and returning?

**Tell us about who you live with**

**17 What other people live at your residence? (Tick all that apply)**

I live alone [Go to question 19](#)

My partner and/or dependent children [Go to question 19](#)

The people listed below (don't list your partner or dependent children)

First name	Surname or family name	Relationship to you

**! INFORMATION FOR Q17:** If the people you live with get a benefit or pension from us, we'll match your information with theirs, and we may need to contact them.

**📎 ATTACHMENT FOR Q17:** If more than 4 other people live at your address, please write these details about each one on a separate sheet of paper, and bring them with this application form.



**Person 3**

Full name of renter or boarder \_\_\_\_\_

Date of birth     /     / \_\_\_\_\_

Phone number    (     ) \_\_\_\_\_

Email address \_\_\_\_\_

Do they pay you rent or board?     Rent     Board

How much do they pay?    \$ \_\_\_\_\_     How often? \_\_\_\_\_

When did they start paying?     /     / \_\_\_\_\_

Does this person live in a self-contained part of the property?

No    **Go to next person or question 19**

Yes    **↓ What is the floor area of the self-contained part of property?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres <sup>2</sup> )
<input type="text" value="."/>	×	<input type="text" value="."/>	=	<input type="text" value="."/>

What is the total floor area of the whole property?   

**Person 4**

Full name of renter or boarder \_\_\_\_\_

Date of birth     /     / \_\_\_\_\_

Phone number    (     ) \_\_\_\_\_

Email address \_\_\_\_\_

Do they pay you rent or board?     Rent     Board

How much do they pay?    \$ \_\_\_\_\_     How often? \_\_\_\_\_

When did they start paying?     /     / \_\_\_\_\_

Does this person live in a self-contained part of the property?

No    **Go to next person or question 19**

Yes    **↓ What is the floor area of the self-contained part of property?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres <sup>2</sup> )
<input type="text" value="."/>	×	<input type="text" value="."/>	=	<input type="text" value="."/>

What is the total floor area of the whole property?   

**HOW TO ANSWER Q18:**  
‘Self-contained’ means there is a kitchen or a kitchenette and a bathroom. If it’s a caravan or campervan it needs to have facilities for:

- day-to-day living
- sleeping
- preparing and cooking food.

It must also have a:

- Sink
- Toilet

**HOW TO ANSWER Q18:**  
The floor area for the whole home can be found by looking up the address on [qv.co.nz](http://qv.co.nz)

## Tell us about your income

19

**Have your or your partner's (if you have one) hours of work and travel times changed?**

No

Yes    **↓ If yes, please provide details below**

Hours you work each week (including lunch breaks)

Hours a week you spend travelling from the childcare service to work and returning

Hours your partner works each week (including lunch breaks)

Hours a week your partner spends travelling from the childcare service to work and returning

20

**Has your family income changed?**

No    **Go to question 25**

Yes    **→ What date did the income change from?**

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

**ATTACHMENT FOR Q21:**  
Bring a copy of your business accounts.

**21**

**Did you or your partner (if you have one) 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 boarders or flatmates  No  Yes  Jointly with partner
- Child Support payments (private arrangement or through Inland Revenue)  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 Q22:**  
You need to show us proof of income you've received in the last 52 weeks.

**22**

**Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 21?**

No  Yes **↓ If yes, tell us the total before-tax amounts, for the last 52 weeks**

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

**HOW TO ANSWER Q23:**  
Other types of payment include advantages such as free or subsidised goods and services (for example, free food, subsidised accommodation).

**23**

**Did you or your partner (if you have one) get other types of payment apart from money in the last 52 weeks?**

No  Yes **↓ If yes, tell us about the type of payment and its value**

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

**HOW TO ANSWER Q24:**  
The types of income you need to include here are listed on page 7.

24

**Do you and your partner (if you have one) expect to get income or other payments in the next 52 weeks?**

No  Yes

**↓ If yes, write the details below. Tell us the before-tax amounts**

Where will the payment come from?	Payment made to?			How often do you expect the payment?
	You	Your partner	Jointly with partner	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

25

**Do you run your own business?**

No  Yes

**Go to question 28**

**INFORMATION FOR Q26:**  
For example a room you use as an office.

26

**Do you claim back part of the home you live in as a business expense from Inland Revenue at the end of each tax year?**

No  Yes

**Go to question 28**

**HOW TO ANSWER Q27:**  
If you don't know the exact amount please estimate it, based on the percentage of your home used for the business. Talk with us if you're not sure.

27

**What is the amount you claim back from Inland Revenue?**

\$

## Other rent payments

28

**Do you rent out some of your residence (not used for accommodation purposes) to another person or organisation?**

No  Yes

**Go to question 33**

**HOW TO ANSWER Q28:**  
For example:

- a person pays you to use your garage to park their car in each week
- an organisation rents a bedroom they use as an office.

29

**What is the space they rent?**

30

**What is the floor area of the space they use?**

Length of the space (in metres)	Multiply	Width of the space (in metres)	Equals	Floor area (in metres <sup>2</sup> )
<input type="text"/>	×	<input type="text"/>	=	<input type="text"/>

**HOW TO ANSWER Q30:**  
For example a bedroom or garage.

31

**What is the total floor area of the whole property?**

metres<sup>2</sup>

**HOW TO ANSWER Q31:**  
The floor area for the whole home can be found by looking up the address on [qv.co.nz](http://qv.co.nz)

32

**How much do they pay you?**

Amount	How often (eg weekly)?	Start date of payment
\$ <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

## Tell us about your accommodation costs

33

Do you get board or rent payments from another person?

 No

[Go to page 11](#)

 Yes

[Go to question 34](#)

### INFORMATION FOR Q34:

34

By rent we mean the amount you pay is for your accommodation only and doesn't include other costs such as food or electricity.

Do you pay rent?

 No

[Go to question 39](#)

 Yes

35

Do you pay rent to Kāinga Ora or an approved community housing provider?

 No

 Yes

36

What is the total amount of rent paid each week for your home?

### ATTACHMENT FOR Q37:

37

You'll need to show proof of what you pay for rent.

How much of this total amount do you pay for you and your family?

### ATTACHMENT FOR Q38:

38

You'll need to show proof of what you pay for water rates.

Do you pay water rates separately from your rent?

 No

 Yes

[If yes, tell us how much you pay](#)

How often

[Go to question 41](#)

### HOW TO ANSWER Q39:

39

For example food, electricity, telephone.

Do you pay board?

 No

[Go to question 42](#)

 Yes

[If yes, tell us what costs your board includes](#)

### INFORMATION FOR Q39:

By board we mean the amount you pay for your accommodation where it includes food costs and may also include other costs like electricity.

### ATTACHMENT FOR Q40:

40

You'll need to show proof of what you pay for rent or board.

What is the total amount of board you pay for you and your family?

### INFORMATION FOR Q41:

41

If your landlord gets a benefit or pension from us, we may need to contact them. We need this information so we can correctly identify them.

Tell us about the person or organisation you pay rent or board to:

Person's or organisation's full name

Person's or organisation's contact details

Address	
Phone number	(     )
Email	

If paid to a person, what is their date of birth (if known)?

Day    Month    Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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42

Do you own the home you live in?

No

**Go to page 11**

Yes

**HOW TO ANSWER Q43:**

Only include mortgages you used to buy or alter your home. Include both interest and principal.

List any other mortgages such as a second mortgage or revolving mortgage.

Don't include contents insurance.

**ATTACHMENT FOR Q43:**

You'll need to show proof of your home ownership costs.

43

What are your home ownership costs?

	Who do you pay?	How much do you pay?	How often do you make the payment (such as weekly, monthly or yearly)?
First mortgage		\$	
Other mortgage		\$	
House insurance		\$	
Mortgage insurance		\$	
Rates		\$	
Ground lease		\$	
Water rates		\$	
Body corporate fees		\$	

**ATTACHMENT FOR Q44:**

Bring receipts for any repair and maintenance costs.

44

Did you have to pay for repairs and maintenance to your home in the last 12 months?

No

Yes

**→ If yes, please write the total amount**

\$

45

Have you received a rates rebate in the last 52 weeks?

No

Yes

Amount

\$

Rating year 1 July

20

to 30 June

20

# Signature page

## Applicant

The information I have given you is true and complete.

Applicant's name (print)

Applicant's signature

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Childcare supervisor

I confirm the information provided in questions 6–8 is true and complete.

Work and Income childcare service number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Supervisor's name (print)

Supervisor's signature

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Trainer

Complete this if you've helped anyone to complete this application form.

I confirm the information provided in questions 10–12 is true and complete.

I confirm the information provided in questions 13–16 is true and complete.

Trainer's name (print)

Trainer's signature

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Official training provider's stamp

