

Disability Allowance application



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

The Disability Allowance helps with extra costs if you or a family member has a health condition, injury or disability lasting more than six months. The allowance can help with extra costs directly related to the health condition, injury or disability. You'll need your doctor, specialist or nurse practitioner to fill in the Disability Allowance medical certificate in this form. You need to complete a separate form for each person you're applying for, so please ask if you need more forms.

Tell us about yourself

Client number

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

1

What is your full name?

First and middle names

Surname or family name

2

What date were you born?

Day Month Year

3

Where do you live?

Flat/House number Street name

Suburb

Town/City

4

Is your mailing address different from where you live?

No Yes

5

How else can we contact you?

Tick the best way for us to first contact you

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

HOW TO ANSWER Q3:

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

HOW TO ANSWER Q4:

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

HOW TO ANSWER Q5:

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

6

Do you have a partner?

No Yes

7

What is your partner's full name?

First and middle names

Surname or family name

8

What is your partner's date of birth?

Day Month Year

Tell us about your relationship status

Tell us about the people in your household

Tell us about who you live with

9

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

- I live alone [Go to question 11](#)
- My partner and/or dependent children [Go to question 11](#)
- The people listed below (don't list your partner or dependent children)

First name	Surname or family name	Relationship to you

Our definitions of renters and boarders are:

- **Renters:** people who pay for accommodation only
- **Boarders:** people who pay a fixed amount for accommodation, food and utilities, and are not included on the tenancy agreement. This includes people living in a boarding house (with food provided) or social housing property and are not the head tenant.

10

Do any of the people you live with, listed in Q9 above, pay you board or rent?

- No [Go to question 11](#) Yes [If yes, please provide details below](#)

Person 1

Full name of renter or boarder			
Date of birth / /			
Phone number ()			
Email address			
Do they pay you rent or board? <input type="checkbox"/> Rent <input type="checkbox"/> 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?			
<input type="checkbox"/> No Go to next person or question 11			
<input type="checkbox"/> 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)	Floor area (in metres ²)
<input type="text"/>	×	<input type="text"/>	= <input type="text"/>
What is the total floor area of the whole property?			<input type="text"/> metres ²

INFORMATION FOR Q9:
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 Q9:
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.

HOW TO ANSWER Q10:
'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 Q10:
The floor area for the whole home can be found by looking up the address on [qv.co.nz](#)

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Person 2

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 11**

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 ²)
<input type="text" value="."/>	×	<input type="text" value="."/>	=	<input type="text" value="."/>

What is the total floor area of the whole property?

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 11**

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 ²)
<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 question 11**

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 ²)
<input type="text" value="."/>	×	<input type="text" value="."/>	=	<input type="text" value="."/>

What is the total floor area of the whole property?

Tell us about your accommodation costs 11

INFORMATION FOR Q13:
By rent we mean the amount you pay is for your accommodation only and doesn't include other costs such as food or electricity.

ATTACHMENT FOR Q16:
You'll need to show proof of what you pay for rent.

ATTACHMENT FOR Q17:
You'll need to show proof of what you pay for water rates.

HOW TO ANSWER Q18:
For example food, electricity, telephone.

INFORMATION FOR Q18:
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 Q19:
You'll need to show proof of what you pay for board.

INFORMATION FOR Q20:
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.

11 Do you get board or rent payments from another person?

No [Go to question 25](#) Yes

12 Are you receiving, or are you applying for, an Accommodation Supplement?

No Yes [Go to question 25](#)

13 Do you pay rent?

No [Go to question 18](#) Yes

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

No Yes

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

\$

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

\$

17 Do you pay water rates separately from your rent?

No Yes [If yes, tell us how much you pay](#)

\$ How often

[Go to question 20](#)

18 Do you pay board?

No [Go to question 21](#) Yes [If yes, tell us what costs your board includes](#)

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

\$

20 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	<input type="text"/>
Phone number	(<input type="text"/>) <input type="text"/>
Email	<input type="text"/>

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"/>

21

Do you own the home you live in?

No

Go to question 25

Yes

HOW TO ANSWER Q22:

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 Q22:

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

ATTACHMENT FOR Q24:

Bring receipts for any repair and maintenance costs.

22

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		\$	

23

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

\$

24

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

No

Yes

Amount

\$

Rating year 1 July

20

to 30 June

20

Tell us about your income and assets

Tell us about income in the last 52 weeks?

25

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 Q25:
Bring a copy of your business accounts.

INFORMATION FOR Q25:
In this application form, 'partner' means the person you're married to or in a civil union or relationship with, not a business partner.

26

Did you answer 'yes' or 'jointly with partner' to any of the sources of income listed in question 25?

No Yes

↓ If yes, tell us the total before-tax amounts, for the last 52 weeks

Where did the payment come from?	You	Your partner	Jointly with partner
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

ATTACHMENT FOR Q26:
You need to show us proof of income.

HOW TO ANSWER Q27:
The types of income you need to include here are listed in question 25.

27

Do you or 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?	You	Your partner	Jointly with partner
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

28

Do you run your own business?

No **Go to question 31** Yes

29

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 **Go to question 31** Yes

30

What is the amount you claim back from Inland Revenue?

\$

INFORMATION FOR Q29:
For example a room you use as an office.

HOW TO ANSWER Q30:
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.

Other rent payments

31

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

No **Go to question 36** Yes

32

What is the space they rent?

33

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 metres²)

34

What is the total floor area of the whole property?

metres²

35

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"/>

HOW TO ANSWER Q31:
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.

HOW TO ANSWER Q32:
For example a bedroom or garage.

Tell us about the person you're applying for

ATTACHMENT FOR Q36:
You need to provide a Disability Allowance medical certificate for each person you apply for.

36

Who in your family has health-related costs?

You Your partner Your dependent child

↓ **If applying for your dependent child, tell us their names**

Child's first name

Child's surname

Tell us about any payments you get for these health needs

37

Do you get payments from private medical insurance for any health-related needs?

No Yes ↓ **If yes, please write the details below**

What cost is covered

How much is paid?

Name of person the payment is for

What cost is covered	How much is paid?	Name of person the payment is for
	\$	
	\$	
	\$	

38

Is this health condition covered by ACC or War Disablement Pension?

No Yes **If 'yes', you may not be entitled to a Disability Allowance**

Describe your extra costs

39

What extra health-related costs do you have?

Type of cost

Cost

How often?

(For example weekly, monthly, yearly)

Name of person costs relate to

Type of cost	Cost	How often? (For example weekly, monthly, yearly)	Name of person costs relate to
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

HOW TO ANSWER Q39:
Extra costs must be directly related to the health condition. Costs can include medical and prescription costs, medical alarms, lawn mowing, extra power or gas, transport and special equipment.

ATTACHMENT FOR Q39:
You'll need to show proof of these costs.

Obligations and signature

Let us know when things change

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

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

Changes to information about you or your family, like:

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

We also need to know if you:

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

Your rights

If you don't think we have things right or there's something you don't understand:

- call us – we can usually fix it over the phone
- you have the right to ask us to review the decision. Find out how at msd.govt.nz/reviews

Signature

- I've answered all the questions that apply to me and my situation
- I understand the changes I need to let you know about
- The information I've given you is true and complete.

Applicant's name (print)

Applicant's signature

Day Month Year

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

Applicant's partner's signature

Day Month Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Disability Allowance medical certificate



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Health practitioner to complete

The Disability Allowance is available for reimbursement of additional costs arising from a disability where the following criteria are met:

1. The person has a disability which is likely to continue for at least six months; and
2. The disability has resulted in a reduction of the person's independent function to the extent that:
 - the person requires ongoing support to undertake the normal functions of life, or
 - the person requires ongoing supervision or treatment by a health practitioner.

For the purposes of qualifying for Disability Allowance, a disability means:

- physical disability or impairment
- physical illness

- psychiatric illness
- intellectual or psychological disability or impairment
- any other loss or abnormality of psychological, physiological, or anatomical structure or function (including sensory impairment)
- reliance on a guide dog, wheelchair, or other remedial means
- the presence in the body of organisms capable of causing illness.

The information you provide below is covered by our Privacy Statement which lets clients know we may contact health providers to check the health-related information they give us.

For more information go to workandincome.govt.nz and search *Disability Allowance*.

Client details

1

Client number

 | |

2

Client's name

First names

Surname

Disability details

3

Does the person have a disability that meets the Disability Allowance criteria?

Yes

↓ If yes, provide the details below

No

Go to Health Practitioner Verification

4

What is the nature of the person's disability?



Please tick the major disabilities or specify below

Psychological or psychiatric conditions

- Stress (160)
- Depression (161)
- Bipolar disorder (162)
- Schizophrenia (163)
- Other psychological/psychiatric (165)

Nervous system disorders

- Epilepsy (120)
- Multiple sclerosis (121)
- Parkinson's disease (122)
- Muscular dystrophy (123)
- Other nervous system disorders (124)

Cardio-vascular disorders

- Heart disease (130)
- Stroke (131)
- Other cardio-vascular (132)

Immune system disorders

- HIV / Aids (140)
- Other immune system disorders (141)

Metabolic and endocrine disorders

- Diabetes (150)
- Other metabolic or endocrine disorders (151)

Substance abuse

- Alcohol (170)
- Drug (171)
- Other substance abuse (172)

Sensory disorders

- Blindness (180)
- Other visual / eye (181)
- Hearing / ear (182)
- Other sensory disorders (183)

Accident

- Burns (190)
- Fractures, dislocations, soft tissue injury (191)
- Poisoning, toxic effects (192)
- Internal injuries (193)
- Injury to the nervous system (194)
- Back pain / injury (195)
- Overuse injury [RSI] (196)
- Complications of medical or surgical care (197)
- Other injury (198)

Other disorders

- Congenital conditions (103)
- Intellectual disability (164)
- Cancer (104)
- Infectious / parasitic diseases (105)
- Musculo-skeletal system disorder (106)
- Respiratory disorders (107)
- Genito-urinary disorders (108)
- Blood and blood forming organs (109)
- Skin disorders (110)
- Digestive system disorder (111)

5

Please indicate the expected duration of the disability:

- Less than 6 months **There may be no entitlement to Disability Allowance**
- 6 to 12 months
- 1 to 2 years
- 2 to 3 years
- Permanent (never reassess)

Verification of doctor, specialist or nurse practitioner visits

6

Please list the type, cost and how often visits to doctors, specialists or nurse practitioners are necessary because of the stated disability:

Type of consultation	Cost	How often (eg daily, weekly, monthly)	Health practitioner's initials
	\$		
	\$		
	\$		
	\$		
	\$		

Items, services, treatments, pharmaceuticals

7

Please list the pharmaceuticals, items, services or treatments that are necessary and of therapeutic value for the stated disability:

Item / service / treatment / pharmaceutical	Health practitioner's initials

Health practitioner's verification

Please print your details below.

HPI number |

Health practitioner's full name

Practice name and address

Telephone number ()

Health practitioner's signature

Day Month Year

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