

# Childcare Assistance – Change of Circumstances



Work and Income  
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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## Please read this before you start

Please use a separate form for each child.

The childcare centre/programme needs to verify the changes by signing the form.

If you/your partner are training, your Training Provider also needs to sign the form.

Please complete all questions – if not applicable write N/A.

## What to bring

If you are receiving Childcare Assistance, you must tell us straight away about any changes which could affect your payment. Your partner has the same responsibility.

When you complete and return this form you will need to provide the following:

- identification for you and your partner (if you have one)
- your child's full birth certificate for any child added
- proof of your and/or your partner's income if it has changed
- details of your work, course, organised activity, you and/or your child(ren)'s medical details (if applicable).

## Client details

**Q2 note:** Please give your house number, street, suburb, and town or city.

A house number could include:

- street number
- fire
- RAPID
- emergency services.

### 1. What is your name?

First name(s)

Surname or family name

### 2. Where do you live?

Flat/house no.

Street name

Suburb

City

## Birth date

### 3. What is your date of birth?

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Day

Month

Year

## Child's details

Please use a separate form for each child attending the childcare centre/programme.

### 4. What is the child's name?

First name(s)

Surname or family name

### 5. What is the child's date of birth?

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Day

Month

Year

## Childcare changes

Only complete the question(s) that affect you.

### 6. The number of hours of childcare has changed:

No ▶ Go to Question 7

Yes ▶ Please provide details below:

New hours per week

Start date

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

New fee change per week

\$

Reason for change:

  

### 7. The fee to the childcare centre/programme has changed:

No ▶ Go to Question 8

Yes ▶ Please provide details below:

New fee change per week

\$

Start date

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

### 8. The child has moved to a new childcare centre/programme:

No ▶ Go to Question 9

Yes ▶ Please provide details below:

Name of old childcare centre/programme

End date

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

Name of new childcare centre/programme

Hours of care per week

Start date

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

New fee change per week

\$

### 9. Please complete the following if this child receives 20 Hours ECE:

Hours of 20 Hour ECE received (weekly total)

Date 20 Hour ECE started

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

## Supervisor to sign

This information is required under section 12 of the Social Security Act 1964.

The information provided in Questions 6–9 is true and complete.

Work and Income childcare service number:

Supervisor's name (print)

Supervisor's signature

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

## Client details

Please tick which box applies to you.

### 10. Have your training or study details changed?

No ▶ Go to Question 11

Yes ▶ Please provide details below:

I stopped attending a work related course or study on:

Day	Month	Year

OR

I am on a work related course or study. Please provide details below:

Provider's name

Name of course

Is the course NZQA accredited?

No

Yes ▶

Course start date

Course end date

Day	Month	Year

Day	Month	Year

Hours spent:

At your course

On other study

Travelling from the centre  
to your course and returning

Please ensure your Training Provider signs the statement below.

## Partner details

Please tick which box applies to you.

### 11. Have your partner's training or study details changed?

No

Yes ▶ Please provide details below:

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

Day	Month	Year

OR

My partner is on a work related course or study. Please provide details below:

Provider's name

Name of course

Is the course NZQA accredited?

No

Yes ▶

Course start date

Course end date

Day	Month	Year

Day	Month	Year

Hours spent:

At your course

On other study

Travelling from the centre  
to your course and returning

Please ensure your Training Provider signs the statement below.

## Trainer statement

Please get your training organisation  
to complete this section.

Official Training Provider's Stamp

I confirm that the above details are true and complete.

Trainer's name (print)

Trainer's signature

Day	Month	Year

## Income details

**Q13 note:** Examples of income from other sources:

- wages or salary
- accident compensation
- farm or business income (include drawings)
- self employment
- interest from savings or investments
- dividends from shares
- income from rents
- redundancy or termination type payments
- Child Support
- maintenance payments
- boarders
- Student Allowance or scholarship
- any other income, eg family trusts, overseas payments.

Give gross (before tax) amount.



Please attach proof of your income.

### 12. Have your hours of work and travel time changed?

No ▶ Go to Question 13

Yes ▶ Hours of work per week (including lunch breaks):

▶ Hours travelling from centre to work and returning:

### 13. Has your gross family income changed?

No ▶ Please sign the client statement below:

Yes ▶ Please provide details below:

**My gross family income has changed from:**

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

Income source (List jobs and other sources of income)	Your gross income a week BEFORE TAX	Your partner's gross income a week BEFORE TAX
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL	\$	\$
TOTAL COMBINED INCOME	\$	\$

If you are self-employed, please provide your full set of business accounts for the last 12 months. If your income changed over the year, please provide your income details for the last 26 weeks.

## Client statement

I have completed all questions on this Childcare Assistance – Change of Circumstances form, or it has been completed for me, and the information I have given is true and complete.

Client's name (print)

Client's signature

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

## OFFICE USE ONLY

### SWIFTT ACTION

- CCSI/CCSC Screens
- CDTS – enter holiday dates and/or next term school dates
- Care periods must be entered
- Check RNCLI Screen for CDA.

### Comments:

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

### Processor's signature

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

10% 100% Critical data

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Checker's signature

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