Childcare Assistance – Change of Circumstances

Te Hiranga Tangata A service of the Ministry of Social Development					
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 🗹	When you complete and return this form you will need to provide the following:				
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.	 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	What is your name? First name(s)				
Q2 note: Please give your house number, street, suburb, and town or city. A house number could include: • street number • fire • RAPID • emergency services.	2. Where do you live? Flat/house no. Street name Suburb City				
Birth date	3. What is your date of birth? 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? 				

Childcare	e changes
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Only complete the question(s) that affect you.

The number of hours of childcare has changed	The n	umber of	hours	of childcare	has	change	d:
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6.	The number of hours of childcare has	changed:				
	No F Go to Question 7					
	Yes Please provide details below:					
	New hours per week	Start date				
	New fee change per week	Day Month Year				
	\$					
	Reason for change:]				
7.	The fee to the childcare centre/progra	amme has changed:				
	No b Go to Question 8					
	Yes Please provide details below:					
	New fee change per week	Start date				
	\$					
		Day Month Year				
0	The shild has moved to a new shildes					
8.	The child has moved to a new childcar	re centre/programme:				
	No So to Question 9					
	Yes Please provide details below:					
	Name of old childcare centre/programme	End date				
	Name of new childcare centre/programme	Day Month Year				
	Hours of care per week	Start date				
		Day Month Year				
	New fee change per week					
	\$					
9.	Please complete the following if this o	child receives 20 Hours ECE:				
-	Hours of 20 Hour ECE received (weekly tota					
		Day Month Year				
_						
The i	nformation provided in Questions 6–9	is true and complete.				
Work	and Income childcare service number:					
Superv	visor's name (print)					
\subseteq						

Supervisor's signature

Day

Month

Year

1964.

Supervisor to sign

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

Client details	10.	Have your training or study details changed?			
Please tick which box applies to you.		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?			
		Yes Course start date Course end date Day Month Year Day Month			
		Hours spent: Travelling from the centre At your course On other study to your course and returning			
		Please ensure your Training Provider signs the statement below.			
Partner details	11.	Have your partner's training or study details changed?			
Please tick which box applies to you.		No			
	Yes > Please provide details below:				
	My partner stopped attending a work related course or study				
		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: Travelling from the centre			
		Hours spent: Travelling from the centre At your course On other study to your course and returning			
		Please ensure your Training Provider signs the statement below.			
Trainer statement	l con	firm that the above details are true and complete.			
Please get your training organisation		r's name (print)			
to complete this section.					
	Traine	r's signature			

Income details	12. Have your hours of work and travel time changed?					
		No b Go to Question 13				
		Yes Vers Vers of work per week (including lunch breaks):				
		 Hours travelling from centre to work and returning: 				
		• Hous daycang non-cente to wor]		
Q13 note: Examples of income from other sources: • wages or salary • accident compensation	 Has your gross family income changed? No ▶ Please sign the client statement below: 					
 farm or business income (include drawings) 		Yes Please provide details below:				
• self employment		My gross family income has changed from:				
• interest from savings or investments			Day Month	n Year		
 dividends from shares income from rents			Your gross income a week BEFORE TAX	Your partner's gross income a week BEFORE TAX		
 redundancy or termination type payments 			\$	\$		
Child Support			\$	\$		
• maintenance payments			\$	\$		
 boarders Student Allowance or scholarship 			\$	\$		
Student Allowance or scholarshipany other income, eg family trusts,			\$	\$		
overseas payments.			\$	\$		
Give gross (before tax) amount.			\$	\$		
Please attach proof of your income.			\$	\$		
			\$	\$		
		TOTAL	\$	\$		
		TOTAL COMBINED INCOME	\$			
Client statement		If you are self-employed, please provide yo 12 months. If your income changed over the the last 26 weeks. re completed all questions on this Childcare	e year, please p Assistance – Ch	rovide your income details for ange of Circumstances form,		
	or it	has been completed for me, and the information of the information of the information of the second	tion I have give	n is true and complete.		
Client's name (print)		Client's signature				
				Day Month Year		
OFFICE USE ONLY						
 SWIFTT ACTION CCSI/CCSC Screens CDTSA-enter holiday dates and/or next term school dates Care periods must be entered Check RNCLI Screen for CDA. 		Comments:				
Processor's signature						
				Day Month Year		
	Choc	ker's signature		Day Month Year		
10% 100% Critical data	Chec	ner ə sıgılature				
				Day Month Year		
				buy month feat		