Disability Allowance Application

Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

If you need help with this form call us on ☎ **0800 559 009.**

Who can get Disability Allowance?

If you, or a family member, have a disability, likely to continue for at least six months, you may be able to get extra help through a Disability Allowance.

We may be able to help with costs such as ongoing visits to the doctor, medicines, medical alarms and travel.

Your doctor or specialist will need to complete the Disability Certificate.

Please read this before you start

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

Name

1. What is your name?

First name(s)

Surname or family name

Q2 note: *Give any other names that you use now or have used in the past (including your maiden name).*

2. Are you known by or have you used any other names?

☐ No ☐ Yes ▶ Please provide details below:

3. Are you: ☐ Male ☐ Female

Q4 note: *Please tick one box to show the title you want to be known by.*

4. What do you want to be called?

☐ Mrs ☐ Miss ☐ Ms ☐ Mr ☐ No title ☐ Other

Birth date

5. What is your date of birth? Day Month Year

Address

Q6 note: *If you live in a rural area, a house number could include:*

- *RAPID number*
- *fire number*
- *emergency services number.*

6. Where do you live?

Flat/house no. Street name

Suburb City

Q7 note: *Mailing address includes:*

- *postal box (PO Box)*
- *rural delivery details*
- *C/O address.*

7. What is your mailing address (if different from above)?

If you live at a rural address please include your rural delivery details here:

8. How can we contact you?

Work phone Home phone Mobile phone

Email Fax

Partner

Q9 note: *A partner is your spouse (husband or wife), your civil union partner, or a person of the same or opposite sex with whom you have a de facto relationship.*

9. Do you have a partner?

☐ No ▶ Are you: ☐ Single ☐ Living apart/ separated ☐ Divorced ☐ Widowed ☐ Civil union dissolved

☐ Yes ▶ Are you: ☐ Married ☐ In a civil union ☐ In a relationship

10. What is your partner's name?

11. What is your partner's date of birth?

Day Month Year

Income

Q12 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, scholarship or Student Loan living cost payments*
- *any other income, eg family trusts, overseas payments.*

Give gross (before tax) amount.

12. Did you or your partner (if you have one) get income from any other source in the last 52 weeks?

☐ No ☐ Yes ▶ Please provide details below:

Source (eg bank account number)	You	Your partner	Jointly
	$	$	$
	$	$	$
	$	$	$

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

☐ No ☐ Yes ▶ Please provide details below:

Source (eg bank account number)	You	Your partner	Jointly
	$	$	$
	$	$	$
	$	$	$

Disability Allowance

Q14 note: *Please tick one box only.*

You may be able to get Child Disability Allowance for the same dependent child. Please talk to us about this.

14. Who are you applying for?

☐ Yourself ▶ Go to Question 15 ☐ Your partner ▶ Please provide their full name below:

☐ Your dependent child ▶ Please provide their full name below:

First name(s)	Surname	Relationship to you

Entitlements

15. Is this disability covered by private medical insurance?

☐ No ☐ Yes ▶ Please provide details below:

16. Is this disability covered by ACC or War Disablement Pension?

☐ No ☐ Yes ▶ If 'Yes', you may not be entitled to a Disability Allowance

Expenses

Q17 note: *You must provide invoices, receipts, quotes or printouts for each additional expense before they can be considered as an ongoing cost for Disability Allowance. These must be attached to this form when you have completed it.*

All of these expenses must be directly related to the disability and verified as necessary by a registered medical practitioner.

Do not include costs that are covered by a War Disablement Pension.

17. What additional expenses are paid for as a result of the disability?

List pharmaceuticals/items/services/treatments (eg medical costs, gardening, transport, medical alarms)	Cost?	How often (eg daily, weekly, monthly)?	Verification provided (please tick ✓)
	$		
	$		
	$		
	$		
	$		

Privacy Statement

The legislation administered by the Ministry of Social Development allows us to check the information that you give us in this form.

This may happen when you apply for a benefit and at any time after that.

The Privacy Act 1993 requires us to tell you that:

- The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development.
- The information 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 Work and Income, Child, Youth and Family and other service lines of the Ministry), and in particular for:
  - granting benefits and other assistance under the Social Security Act 1964
  - providing employment related services
  - statistical and research purposes
  - providing advice to Government
  - care and protection needs of children
  - providing support and services for you and your family
  - providing education related services.
- Work and Income may contact health providers to verify any health related information you give us.
- Work and Income may give employers information about you to find you employment. Where Work and Income refer you to a job vacancy, we may also contact the employer to discuss the result of any job interview that you attend.
- Work and Income may share information you have given us with childcare centres to administer your entitlement to childcare assistance.
- Other information that you give us on your skills, aspirations, family circumstances etc, and that is not required to assess your entitlement to a benefit may be used to provide a better service to you by the Ministry of Social Development.
- The information you give us may be compared with information held by Inland Revenue, the Ministry of Justice, the Department of Corrections, the New Zealand Customs Service, the Department of Internal Affairs, the Accident Compensation Corporation, Housing New Zealand Corporation, 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 and the Netherlands).
- 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 Department of Labour, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
  - disclose your personal information to your partner.
- 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.
- You are not required to give us information, but if you do not give us all the information we ask for, your application for benefits may be declined.

Obligations

Work situation changes include starting part-time, casual or full-time work, whether paid or unpaid.

Changes in your living situation include:

- *marriage or separation*
- *starting or ending a civil union*
- *starting or ending a de facto relationship with someone of the same or opposite sex*
- *change in the number of children supported*
- *change in accommodation costs.*

I must tell Work and Income immediately if either my partner or I:

- have a change in work situation
- become self employed / start to run a business
- have changes to my / our income or financial circumstances
- intend to travel overseas
- start / finish part-time or full-time study
- have changes to personal details (such as name, address or bank account details)
- have changes to my / our living situation
- am imprisoned / held in custody on remand
- am admitted to or discharged from hospital
- have been granted an overseas pension
- have any other changes that may affect my / our benefit entitlement or rate.

Important

I understand that:

- if I have made a false statement ***or***
- if I have failed to answer all the questions in full ***or***
- if I do not tell Work and Income about changes in my life that might affect my entitlement or rate

then

- my benefit may be reviewed and cancelled ***and***
- I may have to pay back the total amount of any overpayment that I have received ***and***
- Work and Income may impose a penalty (up to three times the value of the overpayment) ***or***
- I may be prosecuted and fined or imprisoned.

The information I have given is true and complete. The conditions for receiving this assistance have been explained to me and I understand these conditions. I am also aware of and understand the Privacy Act statement contained in this application form.

Client's name (print)

Client's signature

Day Month Year

Partner's name (print)

Partners signature

Day Month Year

Disability Certificate *Registered Medical Practitioner to complete*

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Please read this before you start

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

1. The person has a disability which is likely to continue for not less than 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 registered health professional.

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 of the body of organisms capable of causing illness.

For more information about Disability Allowance, refer to the "Guide for Medical Practitioners – Disability Allowance" brochure.

Name

1. What is the client's name:

First name(s)

Surname or family name

Disability details

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

☐ Yes ▶ Please provide details below: ☐ No ▶ Please go to Registered Medical Practitioner Verification

3. 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)

continued overleaf ...

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)

4. 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 or specialist visits

5. Please list the type, cost and how often visits to doctors or specialists are necessary and result from the stated disability:

Type of consultation	Cost	How often (eg daily, weekly, monthly)?	Registered Medical Practitioner's initials
	$		
	$		
	$		

Items / services / treatments / pharmaceuticals

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

Item / service / treatment / pharmaceutical	Registered Medical Practitioner's initials

Registered Medical Practitioner's verification

Please print your details below.

HPI number

☐☐☐☐☐☐

Medical Practitioner's full name

Practice name and address

Telephone number ( )

Medical Practitioner's signature

Day Month Year

This information is required under the Social Security Act 1964.

Privacy Act: The person has been advised and understands that this information is required for benefit assessment purposes.

OFFICE USE ONLY

Statement by Interviewing / Interpreting Officer

I have explained the conditions for receiving a benefit and explained what the client's obligations mean and the reason for them. The client has indicated that he / she understands and accepts responsibility to provide true and complete information and to advise immediately of any changes in circumstances. All questions have been completed.

Name (print)

Interviewer's signature

Day Month Year

Additional information:

Decision:

Processor's signature

Day Month Year

Authenticator's signature

Day Month Year

10% 100% Critical data

Checker's signature

Day Month Year

Bring up B F

Day Month Year