Community Services Card Application



A service of the Ministry of Social Development

For clients applying for or already receiving New Zealand Superannuation.

Who can get a **Community Services** Card?

Mehemea he pātai ōu waea mai ki. Me e uianga taau e ringi mai ia matou, numero.

Mo so o sau fesili, telefoni mai.

If you have any questions call us on **T** 0800 999 999.

Holders of the Community Services Card pay less on prescriptions and some health services.

To be eligible for the Community Services Card, you must have low to middle

If you are a New Zealand citizen living overseas, you may be entitled to a card if you get Portable New Zealand Superannuation.

If you are living overseas but do not get Portable New Zealand Superannuation, you do not qualify for a card.

SuperGold Card

A SuperGold Card is sent to you automatically when you get New Zealand Superannuation.

If you have a Community Services Card that hasn't expired yet, or want to apply now, you need to complete this form.

If you qualify for a Community Services Card these details will be printed on the back of your SuperGold Card.

Please tell us ...



Tick (\checkmark) the boxes that apply to you:

	I have a spouse/	partner (y	ou both	need to	fill in this	application	form)

1/we	have	denend	lent	childrer
) 1/ WE	Have	uepend	CIIL	Cilitarei

I live with other	adults <i>(for exa</i>	mple, if you d	are flatting,	boarding,	in d
hostel or living	at home with o	ther family m	embers).		

If you are applying for New Zealand Superannuation and have an appointment, please complete this form and take it with you

send this form to: Seniors Support Centre

Ministry of Social Development

PO Box 5054 Wellington 6145

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.
- 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.

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A service of the Ministry of Social Developmen	nt	CLIENT NUMBER				
		Please complete all questions in pen – if not applicable write N/A. Please initial any changes that you make.				
Personal details	1.	What is your name? First name(s) Surname or family name What is your date of birth? Day Month Year				
Address Q3 note: If you live in a rural	3.	Where do you live? Flat/house no. Street name				
area, a house number could include: RAPID number fire number emergency services number.		Suburb City Country Are you in a resthome or hospital?				
Q5 note: Mailing address includes: • postal box (PO Box)	5.	No Yes What is your mailing address (if different from above)? If you live at a rural address please include your rural delivery details here:				
 rural delivery details C/O address. 	6.	How can we contact you? Mobile phone Home phone Work phone				
		Email Fax				
Dependent children currently in your care Op note: Please give the names of any children that you financially support and are living with you as a member of your family, including:		Do you have dependent children in your care? No Yes ▶ Please provide details below: Child's full name Date of birth 1 / / Relationship to you Other parent's name				
• stepchildren						

• children at boarding school

- adopted children
- grandchildren
- mokopuna.

If you are caring for a child who is not your own you may be able to get other forms of assistance. Please call Work and Income on **a o800 559 009** to talk about this.

Delease attach a separate sheet if necessary.

Do you have dependent children in your care? No Yes ▶ Please provide details below:							
Child's full name		Date of birth					
1		/ /					
Relationship to you	Other parent's name	·					
Child's full name Date of birth							
2		1 1					
Relationship to you	Other parent's name	'					
Child's full name Date of birt							
3	/ /						
Relationship to you Other parent's name							
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Partner	8.	Do you have a partner?
Q8 note: A partner is your spouse (husband or wife), your civil union partner, or a person		No ▶ Are you: Single Living apart/ separated Divorced Widowed Civil union dissolved
of the same or opposite sex with whom you have a de facto		▶ Go to Question 12
relationship.		Yes ▶ Are you:
	9.	What is your partner's name?
	10.	What is your partner's date of birth? Day Month Year
	11.	Do you and your partner live at the same address?
		Yes No ▶ Where does your partner live?
		Resthome Public Hospital
		Private Hospital Other Please provide details below:
Self employment	12.	Are you or your partner self employed?
Q12 note: You must use NZD\$		No Yes ▶ Please provide details below for your latest financial year:
and before tax (gross) amounts.		You Your partner Net Profit Before Tax \$ \$
We may ask you to provide your business accounts.		Shareholder Salaries \$
Employment	13.	Are you working? No ▶ Go to Question 16 Yes
	14.	How much is your regular gross wage (before tax)? \$
	-	How often are you paid?
	15.	Weekly Fortnightly Monthly
		Casual ▶ Please advise how many weeks per year:
		Other ▶ Please advise how often you are paid:
	16.	Is your partner working?
		No ▶ Go to Question 19 Yes Not Applicable ▶ Go to Question 19
	17.	How much is your partner's regular gross wage (before tax)? \$
	18.	How often is your partner paid?
		Weekly Fortnightly Monthly
		Casual ▶ Please advise how many weeks per year:
		Other • Please advise how often you are paid:

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Income details	19.	Did you or yo	ur partner	get income fro	m any other source	in the last 52 weeks?		
Q19 note: Examples of income from		No	Yes ▶ P	ease provide deta	ils below:			
other sources:		Source		Your incom	e Your partner's	ncome Joint income		
 interest from savings or investments 				\$	\$	\$		
• dividends from shares				\$	\$	\$		
• income from rents (less expenses)				\$	\$	\$		
• wages or salary				\$	\$	\$		
accident compensationredundancy or termination type				\$	\$	\$		
payments				\$	\$	\$		
Child Support								
• maintenance payments	20.	Do you or your partner expect to get other income (apart from jobs you have already told us about in this application) in the next 52 weeks? (Don't include New Zealand Superannuation or Family Tax Credit)						
boarders (if you have 3 or more)any other income, eg from family,								
overseas payments, trusts		No		ease provide deta	·			
• income from private pensions		Source		Your incom-		ncome Joint income		
 Government Superannuation Fund. 		Source		\$	\$	\$		
Give gross (before tax) amount.				\$	\$	\$		
We may ask you to provide proof				\$	\$	\$		
of your income.				\$	\$	\$		
				\$	\$	\$		
				\$	\$	\$		
	21.	No	Yes ▶ H	How much do you	nal to prepare you pay? Your partner \$			
Child support	22.	Do you or you	ır partner p	ay Child Supp	ort?			
Q22 note: We can only deduct Child		No	Yes ▶ I	low much do yo	u pay each year?			
Support if you have dependent				ou ·	Your partner			
children living with you.				\$) (\$			
Tax credits	23.	Do you or you		eceive Working low much per ye	g for Families tax c	redit?		
Paid parental leave	24.	Are you or yo	ur partner	receiving paid	parental leave pay	ments?		
Please provide proof of these		No ▶ Pl	ease go to the	e Declaration on pa	age 6			
payments, eg your payment advice letter from Inland Revenue.		Yes ▶ H	ow much pe	r week? \$				
	25.	What is the d	ate of the	ast payment?				
		Day Month	Year					

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Declaration	The information that I have given, or that has been given about me in this application is true and complete. I/we are 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)	Partner's signature Day Month Year					

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or

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