

Community Services Card application



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

The Community Services Card can help you and your family with the costs of health care.

Always carry your card to make it easy to get the benefits, like paying less on some health services and prescriptions.

If you have any questions or need help with this application, please call us on **0800 999 999**.

Who should fill in this form?

You only need to complete this form if you're:

- working and have a low income and no children
- working, have children and are getting family tax credits
- getting NZ Super and have a low income.

Some people don't need to fill in the form because they automatically get sent a card.

These include people who get Work and Income benefits, Veteran's Pension or Accommodation Supplement, students getting a Student Allowance, people getting Residential Care or Residential Support Subsidy.

What you need to provide

INFORMATION NOTE:
Documents need to be originals, or copies of documents that have been certified as a **true copy** by a Solicitor/Lawyer, Notary Public, Registrar of the Court or Justice of the Peace.

Proof of who you are:

For you For your partner
(if you have one)

If you were born in New Zealand, provide one type of official identification that has your full legal name and your date of birth (for example, your birth certificate, passport, driver licence, firearms licence, deed poll).

☐☐

If you were born overseas, provide proof that you have a right to live in New Zealand (for example, a citizenship certificate, a New Zealand passport, a passport from another country with residence class visa or proof of permanent residence).

☐☐

If your name has changed, provide your marriage certificate, deed poll, or other proof of the name change.

☐☐

All people applying need to provide **two** more documents that help to prove who you are (for example, a marriage certificate, bank statement, phone or power account, driver licence).

☐☐

Full birth certificate for each dependent child in your care.

☐☐

One of the documents above must be at least two years old.

Our commitment *to YOU*



We will get to know you,
your situation and
your needs

Ka mohio
ki a koe

—
**know
you**

We will make sure you
understand everything
you need to know



We will use your
feedback to improve
our service

We will respect your
privacy and be clear
about how we use
your information and
who we share it with



We will let you know
everything you may
be eligible for

Ka tautoko
i a koe

—
**support
you**

We will help you
however we can,
as soon as we can



The information
we give you will
be accessible and
consistent no matter
how you contact us

We will be honest
about our mistakes
and put them right



We will respect you
and what is important
to you

Ka mahi
tahi ki a koe

—
**with
you**

We will work
together to achieve
shared goals



We will let you know
your options, rights
and obligations

Our actions will
follow our words



How did 
wedo?

Let us know by visiting msd.govt.nz/feedback
or call us on 0800 559 009

Community Services Card applicant's form



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

In the applicant form, 'you', 'your', and 'yourself' means the person applying for a Community Services Card.

If we say 'your partner' this only applies to you if you have one.

If you have received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on an expired Community Services Card if you have one.

Client number

Tell us the names you've been known by

1

What is your full name?

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

First and middle names

Surname or family name

2

Is the name on your birth certificate the same as above?

☐ No ☒ **Tell us the name that is on your birth certificate** ☐ Yes

First and middle names

Surname or family name

3

Have you ever been known by any other name?

☐ No ☐ Yes ☒ **Write them all out below**

1.

2.

4

What name would you like us to call you?

☐ The name I wrote in Question 1 ☐ The name I wrote in Question 2☐ Other ☒ **Write the full name**

ATTACHMENT FOR Q1:
You need to provide
proof of your identity.
What you need to provide
is explained on page 1.

HOW TO ANSWER Q3:
For example, have you
had married names,
English names, changes
by deed poll, or aliases?

ATTACHMENT FOR Q3:
Provide your marriage
certificate, deed poll,
or other proof of any
name change.

Tell us more about you

5

What date were you born?

Day	Month	Year

6

Are you:

☐ Male ☐ Female ☐ Gender diverse

7

What is your Inland Revenue tax number?

--	--	--	--	--	--	--	--	--

Tell us about where you live

8

Where do you live?

Flat/House number	Street name
Suburb	Town/City

HOW TO ANSWER Q8:

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

9

Is your mailing address different from where you live?

☐ No ☐ Yes [↓ Tell us your mailing address](#)

10

Are there other adults living at your address?

☐ No ☐ Yes

11

Are you in a rest home or hospital?

☐ No ☐ Yes

12

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 Q12:

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

Tell us your ethnicity

13

① INFORMATION FOR Q13:

We collect this information for statistics we use in research and future development work.

Tick the group(s) you most identify with.

<input type="checkbox"/> Māori	→ Which tribe(s) or iwi?		<input type="text"/>	
<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Niuean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Indian	
<input type="checkbox"/> Other European	<input type="checkbox"/> Tokelauan	<input type="checkbox"/> Tongan	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Other	↓ Please write below		<input type="checkbox"/> Don't want to answer
<input type="text"/>				

Tell us about your residence status

14

Do you usually live in New Zealand?

☐ No ☐ Yes

② HOW TO ANSWER Q14:

This means you consider New Zealand your home, you're a legal resident, you usually live here and you intend to stay.

15

What best describes your residence status in New Zealand? Tick only one box.

<input type="checkbox"/> New Zealand citizen by birth	Go to question 18
<input type="checkbox"/> Granted New Zealand citizenship	→ Date citizenship granted <input type="text"/> <input type="text"/> <input type="text"/>
	Day Month Year
	Go to question 16
<input type="checkbox"/> Granted permanent residency	→ Date permanent residence granted <input type="text"/> <input type="text"/> <input type="text"/>
	Day Month Year
	Go to question 16
<input type="checkbox"/> Other	↓ What is your residence status?
<input type="text"/>	

16

When did you arrive in New Zealand?

Day Month Year

17

What country were you born in?

Tell us about your dependent children

18

Do you have dependent children in your care?

☐

No

[Go to question 19](#)

☐

Yes



Please provide details below

Child 1

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 2

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 3

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 4

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

Child 5

Full name

Date of birth

Day Month Year

Relationship to you

Parent 1: Full name

Parent 2: Full name

If you need to include more than five children in your application, please write these details about each one on a separate sheet of paper, and provide it with this application form.



HOW TO ANSWER Q18:

Please give the names of children you support financially and who live with you as a member of your family, including:

- your own children
- adopted children
- stepchildren
- children at boarding school
- grandchildren / mokopuna.

The child's name should be the same as on the child's birth certificate.

Tell us the names of all the parents of each child.



ATTACHMENT FOR Q18:

Provide the birth certificate for each dependent child.

Tell us about your relationship status

19

Do you have a partner?

By 'partner' we mean someone you're in a relationship with.

☐

No

[Go to question 23](#)

☐

Yes

20

What is your partner's full name?

☐

Mr

☐

Mrs

☐

Ms

☐

Miss

Other

First and middle names

Surname or family name

21

What date was your partner born?

Day

Month

Year

Please ask your partner to fill in the Partner's section on page 12

22

What is your relationship status with your partner?

Tick one of the following boxes

☐

Married

☐

In a civil union

☐

In a relationship

Overseas pensions and benefits

23

Do you or your partner get or qualify for a social security benefit, pension or allowance from overseas?

☐

No

[Go to question 25](#)

☐

Yes

Tick the box that best describes your benefit, pension or allowance

☐

Retirement or old age

☐

Superannuation

☐

Disability or health condition

☐

Widow or survivor

☐

Child or dependent

☐

War related

☐

Other

**ATTACHMENT FOR Q24:**

You'll need to show us proof of these payments, such as a pension certificate.

24

If you ticked 'Yes' for question 23, please give details of the payments you or your partner get.

	Payment 1	Payment 2	Payment 3
Who is the payment for (you or your partner)?			
What country does the payment come from?			
How much do you get each time the payment is made (in overseas currency)?			
Is this amount before or after tax?			
How often do you get the payment (for example: weekly, fortnightly, monthly)?			
What is the name of your pension, allowance or benefit?			
What is the payment reference number?			

Business income

25

Are you or your partner self-employed?

☐

No

Go to question 27☐

Yes

**Please describe your business**☐

Sole trader

☐

Partnership

☐

Limited liability company

**HOW TO ANSWER Q25:**

You must use NZ\$ and before tax (gross) amounts.

**ATTACHMENT FOR Q26:**

We may ask you to provide your business accounts.

26

Please complete the following table for your last financial year.

	You	Your partner
Net profit before tax	\$	\$
Shareholder salaries	\$	\$
Depreciation	\$	\$
Net drawings	\$	\$
Funds introduced	\$	\$

Tell us about your current work

27

Are you working?

☐

No

Go to question 29☐

Yes

**INFORMATION FOR Q27:**

Working means for wages or salary.

28

How much do you get paid?

Where does it come from?	Amount paid (before tax)	How often? (for example weekly, fortnightly, monthly)
	\$	
	\$	
	\$	

29

Is your partner working?☐ No**Go to question 31**☐

I don't have a partner

Go to question 31☐ Yes

30

How much is your partner's regular gross wage (before tax)?

Where does it come from?	Amount paid (before tax)	How often? (for example weekly, fortnightly, monthly)
	\$	
	\$	
	\$	

**Tell us
about
income
in the last
52 weeks?**

31

Did you or your partner get income from any of the following sources in the last 52 weeks?**Tick one box in each line below**

Accident compensation (eg ACC)

☐

No

☐

Yes

Income insurance (replacement/protection)

☐

No

☐

Yes

Interest from savings, investments, or bonds

☐

No

☐

Yes

Dividends from shares, unit trusts, or managed funds

☐

No

☐

Yes

Net income from rents

☐

No

☐

Yes

Payments from three or more boarders or flatmates

☐

No

☐

Yes

Child Support payments

☐

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 (don't include NZ Super or Veteran's Pension because we already know what you get)

☐

No

☐

Yes

Income from an estate, if you have inherited money

☐

No

☐

Yes

Income from trusts

☐

No

☐

Yes

Other

☐

No

☐

Yes

**Important:** you must answer question 32.

**ATTACHMENT FOR Q32:**

You need to show us proof of income you've received in the last 52 weeks.

32**Did you answer 'Yes' to any of the sources of income listed in question 31?**☐

No

☐

Yes

**Tell us the total before-tax amounts, for the last 52 weeks**

Where did the income come from?	Payment made to?		
	You	Your partner	Jointly with your partner
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

33**Did you or your partner get other types of payment apart from money in the last 52 weeks?**☐

No

☐

Yes

**Please tell us about the type of payment and its value**

Type of payment	Where did it come from?	Its value
		\$
		\$
		\$

34**Do you think you and your partner will get the same amounts you've told us in questions 31, 32 and 33 in the next 12 months?**☐

No

☐

Yes

Go to question 36**35****Tell us what income or other payments you expect to get in the next 12 months.** Please use the before-tax amounts.

Where will the payment come from?	Payment made to?			How often do you expect the payment?
	You	Your partner	Jointly with your partner	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

36**Do you or your partner pay a professional to prepare your tax return?**☐

No

☐

Yes

**How much do you pay?**

You	Your partner
\$	\$

37**Do you or your partner pay child support?**☐

No

☐

Yes

**How much do you pay?**

You		Your partner	
How much?	How often?	How much?	How often?
\$		\$	

38

Are you a tertiary student or will you be one next year?

☐

No

☐

Yes

39

Do you or your partner get Working for Families tax credit?

☐

No

☐

Yes



Please tell us how much you get

You

How much? How often?

\$	
----	--

Your partner

How much? How often?

\$	
----	--

Paid parental leave

40

Are you or your partner getting paid parental leave payments?

☐

No

☐

Yes



How much per week?

\$	
----	--

41

What is the date of the last payment?

--	--	--

Day Month Year



ATTACHMENT FOR Q40:

Please provide proof of these payments, eg your payment advice letter from Inland Revenue.

Community Services Card partner form



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This partner form should be completed by the partner of the person applying for Community Services Card. If you don't have a partner please go to page 15.

If you've received a benefit or extra financial help from us before, write your client number here if you know it. This number can be found on your expired Community Services Card if you have one.

Client number

 | |

Tell us about yourself

1

What is your full name?

☐

Mr

☐

Mrs

☐

Ms

☐

Miss

Other

First and middle names

Surname or family name

2

Is the name on your birth certificate the same as above?

☐

No



Tell us the name that is on your birth certificate

☐

Yes

First and middle names

Surname or family name

3

Have you ever been known by any other name?

☐

No

☐

Yes



Write them all out below

1.

2.

4

What name would you like us to call you?

☐

The name I wrote in Question 1

☐

The name I wrote in Question 2

☐

Other



Write the full name

5

What date were you born?

Day

Month

Year

6

Are you:

☐

Male

☐

Female

☐

Gender diverse

7

What is your Inland Revenue tax number?



ATTACHMENT FOR Q1:

Provide proof of your identity. What you need to bring is explained on page 1.



HOW TO ANSWER Q3:

For example, have you had married names, English names, changes by deed poll, or aliases?



ATTACHMENT FOR Q3:

Provide your marriage certificate, deed poll, or other proof of any name change.

Tell us where you live

8

Where do you live?

Flat/House number

Street name

Suburb

Town/City

② HOW TO ANSWER Q8:

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

9

Are you in a rest home or hospital?

☐

No

☐

Yes

② HOW TO ANSWER Q10:

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

10

Is your mailing address different from where you live?

☐

No

☐

Yes



Tell us your mailing address

② HOW TO ANSWER Q11:

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

11

How else can we contact you?

Tick the best way for us to first contact you

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

Tell us your ethnicity

12

① INFORMATION FOR Q12:

We collect this information for statistics we use in research and future development work.

Tick the group(s) you most identify with.

☐

Māori



Which tribe(s) or iwi?

☐

New Zealand European

☐

Niuean

☐

Samoan

☐

Indian

☐

Other European

☐

Tokelauan

☐

Tongan

☐

Chinese

☐

Cook Island Māori

☐

Other



Please write below

☐

Don't want to answer

Tell us about your residence status



HOW TO ANSWER Q13:

This means you consider New Zealand your home, you're a legal resident, you usually live here and you intend to stay.

13

Do you usually live in New Zealand?

☐

No

☐

Yes

14

What best describes your residence status in New Zealand? Tick only one box.

☐

New Zealand citizen by birth

Go to page 15

☐

Granted New Zealand citizenship



Date citizenship granted

Day

Month

Year

Go to question 16

☐

Granted permanent residency



Date permanent residence granted

Day

Month

Year

Go to question 16

☐

Other



What is your residence status?

15

When did you arrive in New Zealand?

Day

Month

Year

16

What country were you born in?

Privacy Statement

The Ministry of Social Development includes Work and Income, MSD Housing Assessment, Senior Services, StudyLink and other service lines. The legislation administered by the Ministry of Social Development allows us to check the information that you give us. This may happen when you apply for assistance and at any time after that. The Privacy Act 1993 requires us to tell you why we collect the information and what we will do with it.

Why we collect information

The information you give us is collected under the authority of the legislation administered by the Ministry of Social Development and 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:

- granting benefits and other assistance under the Social Security Act 2018
- delivering superannuation services under the New Zealand Superannuation and Retirement Income Act 2001
- delivering assistance under the Veterans' Support Act 2014
- providing services under the Residential Care and Disability Support Services Act 2018
- statistical and research purposes
- providing advice to Government
- providing support and services for you and your family
- providing education related services
- care and protection needs of children
- assessing eligibility for social housing and calculating income-related rents under the Housing Restructuring and Tenancy Matters Act 1992
- assessing whether you and/or your partner may be entitled to an overseas pension, benefit or allowance.

You are not required to give the Ministry of Social Development information, but if you do not give us all the information we ask for, your application for benefits or pensions and other assistance may be declined.

We may contact health practitioners

The Ministry of Social Development may contact health practitioners to check any health related information you give us.

We may use information for public housing

Information you give us when you apply for assistance, and at any time after that, may also be used for public housing purposes under the Housing Restructuring and Tenancy Matters Act 1992, including reviewing your eligibility for social housing or your income-related rent. Public housing is subsidised housing available to people in the greatest need of housing for the duration of their need. It is provided by Kāinga Ora and approved community housing providers.

We may compare the information you give us with information held by other agencies

The information you give us may be compared with information held by other agencies such as Inland Revenue, the Ministry of Justice, Department of Corrections, New Zealand Customs Service, Department of Internal Affairs, Accident Compensation Corporation, Kāinga Ora, 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, Malta and the Netherlands).

We may share information with Inland Revenue

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 Ministry of Business, Innovation, and Employment, Statistics New Zealand, the Ministry of Justice, the Accident Compensation Corporation, and the Ministry of Education
- disclose your personal information to your partner.

We may give information to service providers, employers, public housing providers and childcare providers

The Ministry of Social Development may:

- give employers information about you if you use our employment services
- share information with childcare centres to administer your entitlement to childcare assistance
- give information about you to the Tertiary Education Commission, Workbridge, training providers, career services or other agencies that have a formal agreement to provide services on behalf of the Ministry of Social Development, if you use our employment services
- share information about you with public housing providers (such as Kāinga Ora) to administer your housing-related assistance.

We may use your information to give you a better service

Other information that you give us that is not required to assess your entitlement may be used to provide a better service to you.

You have the right to see and correct your information

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.

Signature page

Applicant and partner

The information that I have given, or that has been given about me in this application is true and complete.

I understand what you do with my personal information and how you protect my privacy.

Applicant's name (print)

Applicant's signature

Date

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

Applicant's partner's name (print)

Applicant's partner's signature

Date

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

Helper's statement

Complete this if you've helped the applicant or their partner to complete this application form.

Your first and middle names

Your surname or family name

Your address

Your phone number

Tick the box for the statement that applies

☐

I completed this application form at the request of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the person applying.

☐

I completed this application form at the request of the partner of the person applying. They told me they understood what they were signing. The statements and answers I have completed are true and complete as given to me by the partner of the person applying.

Helper's signature

Date

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

Next steps

Next steps:

Send this form to:

Seniors Support Centre
Ministry of Social Development
PO Box 5054
Wellington 6145