

Disability Allowance Application



Work and Income
Te Hirainga 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 Gender diverse

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

Partner

Q9 note: A partner is your spouse, your civil union partner, or a person 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?

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

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

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

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 ✓)
<input type="text"/>	\$	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$	<input type="text"/>	<input type="checkbox"/>

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
- 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

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

Partner's name (print)

Partners signature

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

How we protect your privacy

Collecting your information

We collect your personal information, so we can provide income support, NZ Super or Veteran's Pension, Student Allowance, or Loans and connect you with employment, education and housing services. We do this under various Acts, which are all listed on our website at workandincome.govt.nz/privacy

- To help us do this, we collect information about your identity, your relevant history, and your eligibility for our services.
- We get this information directly from you, and we sometimes collect information about you from others, including other government agencies.
- You can choose not to give us your personal information, but we might not be able to help you if you don't.

Using your information

We use the information you give us to make decisions about the best way to help you.

- These decisions may be about:
 - whether you're eligible for our services
 - running our operations and ensuring our services are effective
 - the services we'll provide in the future.

Sharing your information

Sometimes, we need to share your information outside our Ministry to reach our goal of helping New Zealanders to be safe, strong, and independent.

- To do this, we may share your information with:
 - prospective employers to help you find work
 - contracted service providers that help us to help you
 - health providers if we need your medical information to assess your eligibility
 - other government agencies when we have an agreement with them
 - some other governments if you may be eligible to get or are getting an overseas pension.
- We also share personal information when the law says we have to.

Respecting you and your information

We make sure we follow the Privacy Act to do what's right when we use your information.

- We treat you and your information with respect, by acting responsibly and being ethical.
- We make sure any technology we use meets strict security standards so it keeps your information safe.

Get in touch if you have a question

You have a right to ask to see your personal information, and to ask for it to be corrected if it's wrong.

- If you have a question or a complaint, please get in touch.
- You can find full details about what we do with personal information in our privacy notice at: workandincome.govt.nz/privacy



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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 at least 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 health practitioner.

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 go to workandincome.govt.nz and search on Disability Allowance.

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, specialist or nurse practitioner visits

5. Please list the type, cost and how often visits to doctors, specialists or nurse practitioners are necessary because of the stated disability:

Type of consultation	Cost	How often (eg daily, weekly, monthly)?	Health 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	Health practitioner's initials

Health practitioner's verification

Please print your details below.

HPI number

Health practitioner's full name

Practice name and address

Telephone number ()

Medical Practitioner's signature

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

This information is requested under Section 298 of the Social Security Act 2018.

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