Childcare payment for children of a deceased veteran

SCHEME TWO

Te Tira Ahu Ika A Whiro
VETERANS' AFFAIRS
New Zealand

Claimant's Personal details

1 What is your title?

☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other

2 What is your full name?

First name

Middle names

Family name

Preferred name

3 Where do you live?

Street address

Suburb

City Postcode

Country

4 If your postal address is different to where you live, enter details below.

Street address

Suburb

City Postcode

Country

5 What are your contact details?

Email

Home phone Mobile phone

Work phone

Child 1's details

Please only provide details of children to whom you are the legal guardian for and can provide such information.

6 What is Child 1's full name?

First name

Middle names

Family name

Preferred name

7 What is Child 1's date of birth?

D D / M M / Y Y Y Y

8 What is Child 1's relationship to the veteran?

9 If Child 1 is over 14, do they need ongoing care?

☐ No ☐ Yes

10 Is Child 1's parent/carer employed?

☐ No ☐ Yes

11 How many children are there in the family?

12 Where does Child 1 live?

Street address

Suburb

City

Postcode

Country

13 Is there accessible or organised childcare, or can a family member provide it?

☐ No ☐ Yes

Child 2's details

Please only provide details of children to whom you are the legal guardian for and can provide such information.

14 What is Child 2's full name?

First name

Middle names

Family name

Preferred name

15 What is Child 2's date of birth?

D D / M M / Y Y Y Y

16 What is Child 1's relationship to the veteran?

17 If Child 2 is over 14, do they need ongoing care?

☐ No ☐ Yes

18 Is Child 2's parent/carer employed?

☐ No ☐ Yes

19 How many children are there in the family?

20 Where does Child 2 live?

Street address

Suburb

City Postcode

Country

21 Is there accessible or organised childcare, or can a family member provide it?

☐ No ☐ Yes

Child 3's details

Please only provide details of children to whom you are the legal guardian for and can provide such information.

22 What is Child 3's full name?

First name

Middle names

Family name

Preferred name

23 What is Child 3's date of birth?

D D / M M / Y Y Y Y

24 What is Child 3's relationship to the veteran?

25 If Child 3 is over 14, do they need ongoing care?

☐ No ☐ Yes

26 Is Child 3's parent/carer employed?

☐ No ☐ Yes

27 How many children are there in the family?

28 Where does Child 3 live?

Street address

Suburb

City Postcode

Country

29 Is there accessible or organised childcare, or can a family member provide it?

☐ No ☐ Yes

ACC

30 Are you receiving an ACC payment for any of the above children?

☐ No ☐ Yes **If yes, please state how much was received for each child**

Child 1 $

Child 2 $

Child 3 $

Bank account details

31 If Veterans' Affairs is not making any payments to you, please provide us with the bank account you would like the payment to be made to if a Childcare payment is made.

Name of the account

You must attach **one** of the following

☐ A bank account statement, printout, or letter issued within the last six months that includes the bank's letterhead and stamp, **account holder's name and the account number**, or

☐ A screenshot from a banking app or website that displays **all** of the following:

- The account holder's full name
- The name or logo of the bank, and
- The bank account number.

Help

Help completing this form

- You can ask someone you trust to help you complete this form. This might be whānau or family, someone from your local RSA, or a Veterans' Affairs Case Manager.
- If you're unable to complete and sign this form due to physical or mental incapacity, it must be signed by a person with authority to act on your behalf. Evidence of this authority must be provided with the application.

Any questions?

Contact us:

- New Zealand freephone 0800 483 8372
- Australia freephone 1800 483 837
- Rest of the world +64 4 495 2070
- Or email us at ***veterans@nzdf.mil.nz***

For more information visit our website ***www.va.mil.nz***

Checklist

- ☐ If applicable, I have attached one of the following: a bank account statement, printout, or letter issued within the last six months that includes the bank's letterhead and stamp, account holder's name and the account number, or a screenshot from a banking app or website that displays all of the following: the account holder's full name, the name or logo of the bank, and the bank account number.
- ☐ I have read the Privacy Statement on the Veterans' Affairs website and completed the Signature on page 7.

Email your completed application form and any supporting documents to:

veterans@nzdf.mil.nz

OR

Send your completed application to:

Veterans' Affairs
PO Box 5146
WELLINGTON 6140

Privacy Statement

Personal information is managed in accordance with the privacy statement on our website ***www.va.mil.nz/privacy***. If you would like a copy of the privacy statement posted to you, please email ***veterans@nzdf.mil.nz*** to request it.

Signature and acknowledgement

Signature

This form must be signed either by the claimant or a person with the authority to act on the behalf of the claimant if they are unable to do so.

If the claimant didn't sign the form, **include one** of the following forms of evidence:

- Power of Attorney or Enduring power of Attorney (in relation to Property)
- Certificate of Administration (from the Public Trustee)

I acknowledge that:

- the information I have given in this claim form is true and correct
- Veterans' Affairs may obtain further information to assess and decide on my claim
- I have read and understood the Privacy Statement for Forms on ***www.va.mil.nz/privacy***
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs or by or to named agencies held by any doctor or health practitioner or named agencies, or service providers (such as ACC), or contractors for the purposes set out in the privacy statement; for the purposes of assessment of this claim; administration of any resulting entitlement; and the provision of any services, treatment or rehabilitation under the Veteran's Support Act 2014.
- I have read my obligations in the 'Information for Applicant' section at the start of this form.

Claimant's or authorised person's signature

Signature of claimant or authorised person:

First names:

Surname:

Today's Date:

D D / M M / Y Y Y Y

Helper | Complete this section if you've helped the claimant to complete the form

Helper's relationship to claimant:

First names:

Surname: