

Veterans' Independence Programme (VIP) application form

About the Veterans' Independence Programme

- Veterans' Independence Programme (VIP) is a **non-urgent, discretionary, needs-based** programme to help veterans to maintain their independence in their homes.
- VIP is a basic level of services, not designed for post-injury illness rehabilitation support or high-level personal care support.
- If you have a health condition related to your service, make a claim with a different form:
 - If you served before 1 April 1974 or in Viet Nam, use the Disablement Pension form (VA01)
 - If you served after 1974, use the Veteran Support form (VA56).
- After you have completed and sent us this form, we will arrange an over-the-phone needs assessment for support for this programme.
- It might be 3 to 5 months before the needs assessment will take place.

Other support options

Before you apply for VIP, check your eligibility for support through the public health system, Work and Income, or ACC.

- Te Whatu Ora (public health system) — www.tewhatauora.govt.nz
- Work and Income NZ — www.workandincome.govt.nz
- ACC — www.acc.co.nz

If you need help completing this application

- You can ask someone you trust to help you complete this form. This might be whānau or family, or someone from your local RSA.
- 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.

Veterans' Independence Programme questions

Do you have Qualifying Service?

You can confirm if you have Qualifying Service at www.va.mil.nz/check

Yes. If yes, when did you enlist?

Before 1 April 1974

After 1 April 1974, and you have Qualifying Operational Service

Provide details of your deployments:

No. Do not complete this form. Contact your GP to discuss other agencies for support.

What is your service number?

Are you still serving?

No — fill out both enlistment and discharge dates.

Yes — fill out enlistment date only.

Enlistment / (MM/YYYY)

Discharged / (MM/YYYY)

If you have more than one period of service, provide the dates below

Do you have a Veterans' Affairs case manager?

- Yes.** Contact your Veterans' Affairs case manager to discuss your needs. Do not complete this form.
- No.** Continue with your application. ↩

Do you already have an accepted service-related condition registered with us, but you're not sure who you need to speak to?

- Yes.** Call us and we will arrange for a case manager to call you back to discuss your needs. Our contact details are on page 7.
- No.** Continue with your application. ↩

Are you applying for support due to an injury?

- Yes.** If yes, describe your injury:

Have you registered the injury with your GP and ACC?

Yes.

No.

No.

Are you applying for support due to a short-term illness?

- Yes.** If yes, what is the expected time frame for recovery?

No.

Have you recently had a Community Needs Assessment (NASC assessment)?

Yes. If yes, what was the outcome of this assessment?

No.

Don't know.

Are you currently receiving independence support from another organisation like ACC, Work and Income, or the New Zealand Defence Force?

Yes. If yes, describe what support you are currently receiving:

No.

Do you have a physically capable family member living with or near you who can reasonably provide you with independence support?

Yes.

No.

What support services you are applying for:

- Internal house cleaning
- External house cleaning and gutters
- Lawns and gardening
- Basic podiatry services
- Personal medical alarm

Please outline why you require these services to remain independent in your home

Your 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 What is your date of birth?

(DD/MM/YYYY)

4 What ethnic group do you most identify with?

For statistical purposes only.

European

Māori

Pacific Peoples

Asian

Other

Prefer not to answer

5 Where do you live?

Street address

Suburb

City

Country

Postcode

Your personal details

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

Address

Suburb

City

Country

Postcode

7 What are your contact details?

Email

We will contact you to verify this address

Homephone

Mobile phone

Work phone

Your employment status

8 Are you currently employed or working voluntarily?

Yes. If yes, describe the type of work:

No.

Claimant's checklist

Complete the Veterans' Independence Programme questions on pages 2 to 5.

Answer all questions in pages 6 and 7.

Read and **sign** the Privacy and Consent Statement on pages 8 and 9.

Additional information

How to apply

- Download, scan, or take photos of the completed form and supporting information, and email to: **veterans@nzdf.mil.nz**, or
- Post the completed form and the supporting information to: Veterans' Affairs, PO Box 5146, Wellington 6140.

What happens next

1. We review your application.
2. We call you to explain the needs assessment process and arrange a time to complete it. It might take 3 to 5 months before the needs assessment takes place. We may need additional information from you or a health professional.
3. If the needs assessment confirms your need, we will arrange relevant third party providers to support you.

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.veteransaffairs.mil.nz**

Privacy and Consent Statement

Veterans' Affairs privacy statement

Your personal information is managed in accordance with the full privacy statement on our website:

- www.va.mil.nz/privacy

ACC privacy statement

You can read the ACC privacy statement at:

- www.acc.co.nz/privacy/our-privacy-notice

Read and sign the Privacy and Consent Statement on the next page



Privacy and Consent Statement continued

Signature

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

If the applicant 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
- For the purposes set out in the privacy statement, I authorize that health, clinical, or other personal information held by any doctor or health practitioner may be:
 - collected or disclosed by or to Veterans' Affairs, ACC, or MSD
 - used for the assessment of this application
 - used to provide any services resulting from this application under the Veteran's Support Act 2014
- As part of the conditions for registration for this programme, I agree to behave in an appropriate manner with Veterans' Affairs Contractors performing the services and to abide by any health and safety instructions they may give
- Failure to sign this consent or to abide by the conditions above means that my application may be declined or that my registration may be cancelled.

Signature | Please sign

Applicant or authorised person

Applicant or authorised person name
Applicant or authorised person signature

/ / (DD/MM/YYYY)

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

Helper name
Helper's relationship to applicant