



# Childcare payment for Children of a Deceased Veteran Scheme Two

## Claimant's Personal Details

<b>1</b>	<b>Title</b> <small>(tick)</small>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="text"/>	Other																																																								
<b>2</b>	<b>Surname</b>	<input type="text"/>																																																														
<b>3</b>	<b>Given Name/s</b>	<input type="text"/>																																																														
<b>4</b>	<b>Contact Details</b>	<table border="1"> <tr> <td colspan="8">Postal Address</td> </tr> <tr> <td colspan="8"><input type="text"/></td> </tr> <tr> <td colspan="6">Country (if not New Zealand)</td> <td colspan="2">Post Code</td> </tr> <tr> <td colspan="4">Home Phone</td> <td colspan="4">Work Phone</td> </tr> <tr> <td colspan="4">Mobile Number</td> <td colspan="4">Fax Number</td> </tr> <tr> <td colspan="8">E-mail Address</td> </tr> <tr> <td colspan="8"><input type="text"/></td> </tr> </table>							Postal Address								<input type="text"/>								Country (if not New Zealand)						Post Code		Home Phone				Work Phone				Mobile Number				Fax Number				E-mail Address								<input type="text"/>							
Postal Address																																																																
<input type="text"/>																																																																
Country (if not New Zealand)						Post Code																																																										
Home Phone				Work Phone																																																												
Mobile Number				Fax Number																																																												
E-mail Address																																																																
<input type="text"/>																																																																

## Child 1

<b>5</b>	<b>Surname</b>	<input type="text"/>					
<b>6</b>	<b>Given Name/s</b>	<input type="text"/>					
<b>7</b>	<b>Date of Birth</b>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	
<b>8</b>	<b>Relationship to the veteran</b>	<input type="text"/>					
<b>9</b>	<b>If over 14, do they need ongoing care?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
<b>10</b>	<b>Is the parent/carer employed?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
<b>11</b>	<b>How many children are there in the family?</b>	<input type="text"/>					
<b>12</b>	<b>Where does the child live?</b>	<input type="text"/>					
<b>13</b>	<b>Is there accessible or organized childcare, or can a family member provide it?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

---

## Child 2

<b>14</b>	<b>Surname</b>				
<b>15</b>	<b>Given Name/s</b>				
<b>16</b>	<b>Date of Birth</b>	/ /			
<b>17</b>	<b>Relationship to the veteran</b>				
<b>18</b>	<b>If over 14, do they need ongoing care?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>19</b>	<b>Is the parent/carer employed?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>20</b>	<b>How many children are there in the family?</b>				
<b>21</b>	<b>Where does the child live?</b>				
<b>22</b>	<b>Is there accessible or organized childcare, or can a family member provide it?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



Please attach medical evidence showing why the child requires ongoing child care.

---

## Child 3

<b>23</b>	<b>Surname</b>				
<b>24</b>	<b>Given Name/s</b>				
<b>25</b>	<b>Date of Birth</b>	/ /			
<b>26</b>	<b>Relationship to the veteran</b>				
<b>27</b>	<b>If over 14, do they need ongoing care?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>28</b>	<b>Is the parent/carer employed?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>29</b>	<b>How many children are there in the family?</b>				
<b>30</b>	<b>Where does the child live?</b>				
<b>31</b>	<b>Is there accessible or organized childcare, or can a family member provide it?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No



Please attach medical evidence showing why the child requires ongoing child care.

---

# ACC

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

Yes  No


**33** If yes, please state how much was received for each child.

Child 1	\$
Child 2	\$
Child 3	\$

## 34 Bank Account Details

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 Child Care payment is made.

Name of bank	Branch
Account Name	

 Write the bank account number below and attach an original or certified copy of the bank statement showing the account number and name **OR** a pre printed deposit slip stamped by the bank.

	Bank	Branch	Account number	
■	/	■ ■	/	■ ■

## Privacy Statement

### You can read our full privacy statement on our website

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

- [www.va.mil.nz/privacy](http://www.va.mil.nz/privacy)

If you would like a copy of this posted to you please contact us:

- 0800 483 8372 from New Zealand
- +64 4 495 2070 outside New Zealand

### 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](http://www.va.mil.nz/privacy)
- I authorize the collection and disclosure of health, clinical, or other personal information by or to Veterans' Affairs, held by any doctor or health practitioner or named agencies, or service providers, 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.

## Signature | Please sign

### Claimant or authorised person

Claimant or authorised person name

Claimant or authorised person signature

D D / M M / Y Y Y Y

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

Helper name

Helper's relationship to claimant