

# OSCAR Subsidy Verification Form



**Work and Income**  
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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## Information for the OSCAR programme service

For more information, please read our brochure "Do you provide childcare or OSCAR services?".

This form needs to be completed by the OSCAR programme supervisor. The information you provide will help us to assess if the applicant is eligible for the OSCAR Subsidy.

**OSCAR programmes are for children under 14 years of age (or 14–18 years of age if they receive the Child Disability Allowance) and include:**

- before and after school care
- school holiday programmes.

## Client details

### Client's name

First name(s)

Surname or family name

### Client's date of birth:

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Day

Month

Year

## OSCAR programme details

### 1. Which terms and holiday programmes are you applying for?

Term 1

Term 2

Term 3

Term 4

Holiday Programme

Holiday Programme

Holiday Programme

Holiday Programme

### 2. What is the programme name?

### 3. How can we contact you?

Work phone

Home phone

Mobile phone

Email

Fax

### 4. Is your programme approved by the Ministry of Social Development?

Yes ▶ Please attach a copy of your Ministry of Social Development approval (if you haven't already provided).

No ▶ Please call ☎ 0800 559 009 and ask for your local Childcare Coordinator.

### 5. What is your Work and Income OSCAR provider number?

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**6. Please provide details of OSCAR care provided.**

Child's full name

Hours of care (weekly total)	Date they started care	Date they ended care	Your hourly fee (before subsidy)	Total weekly fee (before subsidy)
	/ /	/ /	\$	\$

Child's full name

Hours of care (weekly total)	Date they started care	Date they ended care	Your hourly fee (before subsidy)	Total weekly fee (before subsidy)
	/ /	/ /	\$	\$

Child's full name

Hours of care (weekly total)	Date they started care	Date they ended care	Your hourly fee (before subsidy)	Total weekly fee (before subsidy)
	/ /	/ /	\$	\$

Child's full name

Hours of care (weekly total)	Date they started care	Date they ended care	Your hourly fee (before subsidy)	Total weekly fee (before subsidy)
	/ /	/ /	\$	\$

**7. If the care is for school holidays, is the parent paying in advance?**

No
  Yes
 ▶ Part payment in advance: \$

**Supervisor's statement**

*This information is required under section 12 of the Social Security Act 1964.*

**The statements and answers I have given are true and complete.**

Supervisor's name (print)

Supervisor's signature

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