



GOVERNMENT OF THE COOK ISLANDS
MINISTRY OF INTERNAL AFFAIRS

P O Box 98, Rarotonga, Cook Islands \* Tel: (682) 29-370 \* Fax: (682) 23-608 \* E-mail: welfare@intaff.gov.ck

SOCIAL WELFARE BENEFIT/ ASSISTANCE APPLICATION FORM

Please complete all questions – if not applicable write N/A.

[ ] New application [ ] Reapplying

PLEASE INDICATE THE TYPE OF BENEFIT/ ASSISTANCE YOU ARE APPLYING FOR:

- [ ] OLD AGE PENSION [ ] CHILD BENEFIT [ ] NEW BORN ALLOWANCE
[ ] INFIRM RELIEF [ ] DESTITUTE RELIEF [ ] CAREGIVER ALLOWANCE

SUPPORTING DOCUMENTS

I have provided all the required supporting documents

- [ ] Birth Certificate/ Birth Notification [ ] Passport [ ] BCI Bank Card/ Passbooks
REF: [ ] A/C Name: [ ]
EXP: [ ] A/C No: [ ]
RMD No#: [ ]

BENEFICIARYS' DETAILS

FIRST NAME: [ ]
SURNAME: [ ]
Date Of Birth: [ ] / [ ] / [ ] GENDER: [ ] MALE [ ] FEMALE

CONTACT DETAILS

ISLAND: [ ] VILLAGE: [ ]
Phone: [ ] Mobile: [ ] Fax: [ ]
Email: [ ]
Postal Address: [ ]

RESIDENCY

I (the beneficiary) am a:
[ ] Cook Islander born in the Cook Islands [ ] Cook Islander born overseas [ ] Cook Islands permanent resident
Date: [ ] / [ ] / [ ]
[ ] Other (please give details): [ ]
When did you (the beneficiary) arrive in the Cook Islands: [ ] / [ ] / [ ]

YOUR DETAILS (person whom completed the application form)

FIRST NAME: [ ] SURNAME: [ ]
Your relationship to the beneficiary: [ ] Your contact number: [ ]

The information I have provided is true and complete. The conditions of receiving this benefit/assistance have been explained to me and I understand these conditions.

Signature of applicant: [ ] date: [ ]

# OFFICE USE ONLY

**Statement by Officer:** I have explained the conditions for receiving of this benefit/ assistance and explained what the clients obligations means and the reason for them. The client has indicated that he/ she understands and accepts responsibility to provide true and complete information and to advise immediately of any changes in circumstances. All questions have been completed.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ date \_\_\_\_\_

Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation:

\_\_\_\_\_  
\_\_\_\_\_

### (Outer Islands/ Rarotonga)

Application received by: \_\_\_\_\_

#### Dates

Application received: \_\_\_\_\_  
Supporting documents : \_\_\_\_\_  
Supplementary documents: \_\_\_\_\_  
Referred to Main Office \_\_\_\_\_  
O/Island Application No. \_\_\_\_\_  
Head Office Application No. \_\_\_\_\_

### (Rarotonga ONLY)

Application received by: \_\_\_\_\_

#### Dates

Pay period: \_\_\_\_\_  
Payment amount: \_\_\_\_\_  
Other payment: \_\_\_\_\_  
Payment amount: \_\_\_\_\_  
Addition Voucher No. \_\_\_\_\_  
Main Vchr from: \_\_\_\_\_

### FOR DIRECTOR/ COMMITTEE

Decision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ date \_\_\_\_\_

### FOR THE REGISTRAR OF BIRTHS or HIGH COURT (Old Age Applications ONLY)

I, \_\_\_\_\_, Deputy Registrar/ Registrar of Births (or the High Court) at Rarotonga, pursuant to Section 42 of the Welfare Act 1989, hereby verify & certify that applicant was born on: \_\_\_\_\_ and has reached the age of 60 years.

REFERENCE DETAILS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYMENT STATUS OF MOTHER (For maternity leave considerations)

Are you currently in full time employment YES / NO

PRIVATE / GOVERNMENT / OTHER

**CLIENTS OBLIGATIONS**

OFFICE COPY

Please read this statement carefully and sign.

**I must tell Social Welfare immediately if:**

- I intend to TRAVEL OVERSEAS, whether for holiday or permanently
- My personal details change (such as name, address or bank account)
- I am granted an overseas benefit payment
- My living arrangement and circumstances changes.

**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 Social Welfare about changes that it might affect my entitlement or rate.

**Then:**

- The benefit/ assistance may be reviewed and cancelled *and*
- I may have to pay back the total amount of any overpayment that I have received *and*
- I may be prosecuted and fined

**My obligations have been explained to me and I understand my responsibilities**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

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CLIENTS COPY

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**My obligations have been explained to me and I understand my responsibilities**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_