



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@cookislands.gov.ck

SOCIAL WELFARE CAREGIVERS APPLICATION FORM

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

[] New application [] Reapplying

PLEASE INDICATE THE TYPE OF ASSISTANCE THE BENEFICIARY IS RECEIVING:

[] OLD AGE PENSION [] CHILD BENEFIT [] INFIRM RELIEF

SUPPORTING DOCUMENTS

I have provided all the required supporting documents

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

CAREGIVERS' DETAILS

FIRST NAME: SURNAME:
Date Of Birth: GENDER: [] MALE [] FEMALE
ISLAND: VILLAGE:
Phone: Mobile: Fax:

BENEFICIARIES' DETAILS

NAME:
Date Of Birth: GENDER: [] MALE [] FEMALE

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 applicant: 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 client's 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 _____

Home visit completed:

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 COMMITTEE

Decision: _____

Meeting held:

Name (print) _____ Signature _____ date _____

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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Witnessed by: _____