



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: _____ REF: _____ A/C Name: _____
- RMD: _____ EXP: _____ A/C 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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Witnessed by: _____