

**F****FAMILY**

CHILD BENEFIT



PURPOSE

- To **assist parents or guardians** with the **maintenance and education costs** of a child.
- A payment of **\$50** will be paid out on the 1st and the 16th of each month per child until the child reaches the age of 16.



FOR WHOM

- Children between **0-16**.
- Residing in the Cook Islands.
- Cook Islander or Child of a Permanent Resident.



APPLY

1. Collect application from Main Office in Tupa-pa OR phone to have form emailed to you. To download application visit our website **www.intaff.gov.ck**
2. Child must be residing in the Cook Islands 3 months prior to application.
3. Fill and sign form; attach required documents
4. Submit complete application to Main Office or email it to: **welfare@intaff.gov.ck**

For any enquiries please call **+682 29370** or send through your query via email above.



YOU NEED

- Valid Passport or Birth Certificate. IF born overseas provide birth certificates to indicate that child is a Cook Islander OR stamp for Cook Island residency on child's passport OR PR certificate for parents of non-Cook Island children.
- BCI Letter – Confirming Bank Account Details for child or mother or legal guardian of child.
- Applicant's Valid ID—Drivers License or Passport.



NEW BORN ALLOWANCE



PURPOSE

- This allowance is in respect of the new born child who is in need of accessories after birth.
- **One-off payment** paid out to the parent's or legal guardians who are responsible for the care of the child.
- A lump sum payment of **\$1,000** will be paid out upon receipt of application.



FOR WHOM

- **New Born Babies.**
- Cook Island or Permanent Resident children born in the Cook Islands or overseas.
- Child born overseas must prove mother as usually resident of the Cook Islands 12 months prior to giving birth.



APPLY

1. Collect application from Main Office in Tupa-pa OR phone to have form emailed to you. To download application visit our website www.intaff.gov.ck
2. Application must be made within 6 months from the date of birth of the child.
3. Fill and sign form; attach required documents.
4. Submit complete application to Main Office or email it to: welfare@intaff.gov.ck

For any enquiries please call +682 29370 or send through your query via email above.



YOU NEED

- Birth Notification or Birth Certificate.
- Permanent Resident certificate OR stamp on parent passport for non-Cook Islander children only.
- BCI Letter – Confirming Bank Account Details for child or mother or legal guardian of child.
- Applicant's Valid ID—Drivers License or Passport.

Additional documents required for children born overseas:

- Passport of child and mother.

If referred by Ministry of Health and application is submitted 6 months after date of birth please provide:

- Letter of Referral from Cook Islands Ministry of Health.
- Letter of discharge to return to the Cook Islands by Hospital in New Zealand or TMO.

CHECKLIST FOR A CHILD BENEFIT APPLICATION

Eligibility:

- ☐ Child is 0 – 16 years of Age
- ☐ Child is a Cook Islander or Child of a Permanent Resident
- ☐ Child has been in the Cook Islands for 3 months prior to application

Supporting Documents:

- ☐ Passport or Birth Certificate of Child
 - ☐ If Born Overseas – Please provide a Birth Certificate for the parent(s) and/or grandparent(s) born in the Cook Islands
 - ☐ Non – Cook Islander – Please provide a Copy of your Permanent Resident Certificate or Passport Residency Stamp
 - ☐ Letter from BCI confirming Bank Account Details- The Account must be under the beneficiary's name or Mother's name
 - ☐ ID for Applicant - Valid Passport/Driver's License
-

AKAPAPA'ANGA NO TE PATI'ANGA MONI TAMARIKI

Tika'anga:

- ☐ E tamaiti mei te 0 – 16-mataiti
- ☐ E tamaiti Kūki 'Airani me kore e tamaiti na teta'i tangata e tika'anga noo tinamou tona ki te Kūki 'Airani
- ☐ E tamaiti kua noo ki te Kūki 'Airani e 3 marama i mua ake i teia pati'anga

Au Pēpa Turu:

- ☐ Puka Tūranga Tika'anga me kore e Pēpa Ra Anau'anga no te Tamaiti
- ☐ Me kua anau'ia i vao ake i te bāsileia - Pati'anga kia oronga mai i teta'i Pēpa Ra Anau'anga no te metua(ngametua) ē te/me kore metua ruau (ngametua ruau) tei anau'ia i te Kūki 'Airani
- ☐ Tangata kāre i te Kūki 'Airani - Pati'anga kia oronga mai i tetai Pēpa Tika'anga Noo Tinamou ki te Kūki 'Airani me kore e Mīmiti Puka Tūranga Tika'anga i te noo mai ki te Kūki 'Airani
- ☐ Reta akapāpu no te Puka Akapapa'anga Moni nō ko i te Pangika o te Kūki 'Airani - Te puka moni ā te tamaiti me kore tā te metua vaine i ko i te Pangika o te Kūki 'Airani. Tei runga ua i te Akatere o te Puna 'Akamāruarua Ora'anga i te akatika i tetai uatu puka moni ka iki'ia.

Tangata Tuku Pati'anga

- ☐ Puka Tūranga Tika'anga/Raitini Aka'oro kāre i pou te tuatau

CHECKLIST FOR A NEW BORN ALLOWANCE APPLICATION

Eligibility:

- ☐ Child is a Cook Islander Born in the Cook Islands or Overseas
- ☐ Application is within 6 months from the Child's date of birth
- ☐ Mother of child has resided in the Cook Islands 12 months prior to the birth

Supporting Documents:

If the child is born in the Cook Islands, please provide the following:

- ☐ Birth Notification or Birth Certificate

If the child is Born Overseas, provide the following:

- ☐ Birth Certificate
- ☐ Childs Passport
- ☐ Mothers Passport or Birth Certificate

Also,

- ☐ Letter from BCI confirming Bank Account Details – The Account must be under the beneficiary's name or Mother's name
 - ☐ ID for Applicant – Valid Passport/Driver's License
-

AKAPAPA'ANGA NO TE PATI'ANGA MONI PĒPE 'ANAU 'ŌU

Tika'anga:

- ☐ E tamaiti Kūki 'Airani e kua anau ia i te Kūki 'Airani me kore i vao ake i te basileia
- ☐ Tei roto te Pati'anga i te 6 marama mei te ra anau'anga o te tamaiti
- ☐ Kua noo ana te metua vaine o te tamaiti ki roto i te Kūki 'Airani e 12 marama i mua ake i te anau'anga

Au Pēpa Turu:

Me kua anau'ia te tamaiti ki roto i te Kūki 'Airani, pati'anga kia ōronga mai i teia au mea:

- ☐ Akakite'anga no te Anau'anga me kore e Pēpa Ra Anau'anga

Me kua anau'ia te tamaiti i vao ake i te basileia, oronga mai i teia au mea:

- ☐ Pēpa Ra Anau'anga
- ☐ Puka Tūranga Tika'anga o te tamaiti
- ☐ Puka Tūranga Tika'anga o te metua vaine me kore te Pēpa Ra Anau'anga

E pera katoa

- ☐ Reta akapāpu no te Puka Akapapa'anga Moni no ko i te Pangika o te Kūki 'Airani - Te puka moni ā te tamaiti me kore tā te metua vaine i ko i te Pangika o te Kūki 'Airani. Tei runga ua i te Akatere o te Puna 'Akamāruarua Ora'anga i te akatika i tetāi uātu puka moni ka iki'ia.
- ☐ Tūtū nō te Tangata Tuku Pati'anga - Puka Tūranga Tika'anga/Raitini Aka'oro kāre i pou te tuatau



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

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#: _____ Tax Rate _____

EXP: _____

A/C No: _____

BENEFICIARYS' DETAILS

FIRST NAME: _____

SURNAME: _____

Date Of Birth: ____/____/____

GENDER: ☐ MALE

☐ FEMALE

CONTACT DETAILS

ISLAND: _____ VILLAGE: _____

Phone: _____ Mobile: _____ 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:

(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:

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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Name: _____ Signature: _____ Date: _____

Witnessed by: _____