



DESTITUTE BENEFIT



PURPOSE

- Payment for adult individuals who is **facing hardship** and **unable to support self financially** by own means or labor.
- A payment of **\$100** will be paid out on the **1st and the 16th of each month.**



FOR WHOM

- Persons **18 years and over.**
- Cook Islander and Permanent Resident.
- Residing in the Cook Islands.
- Destitute benefit will cease once a beneficiary of this benefit qualifies for the Cook Islands Pension at the age of 60 years or over.



APPLY

1. Collect application from Main Office in Tupapa OR phone to have form emailed to you. To download application visit our website www.intaff.gov.ck
2. Fill and sign form; attach required documents.
3. Submit complete application to Main Office or email it to: welfare@intaff.gov.ck
4. A Welfare Officer will contact you in regards to your application once received—to carry out an Assessment.

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



YOU NEED

- Passport or Birth Certificate.
- BCI Letter – Confirming Bank Account Details.
- Applicant's Valid ID—Drivers License or Passport.



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
- Other (please give details): _____ Date: ____/____/____

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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