Recognised care questionnaire 2024

Notes to help with this form

- If you are a parent and have care of your child for at least 103 nights a year we will take this care into account when we work out your child support
- To help you work out how many nights a child is in your care in a year you can use our online child support nights per year calculator
- More information about recognised care can be found on ird.govt.nz/childsupport or in our guide Helping you to understand recognised care IR156.

1 Your name (Tick one)	Mr Mrs Miss Ms First name(s)						
Your IRD number	Surname (8 digit numbers start in the second box. 1 2 3 4 5 6 7 8)						
Your contact phone number(s)	Day Evening Mobile						
Email							
Child details If you have a parenting order or care	Child details If you have a parenting order or care arrangement for a child, attach it to this form.						
2 First child First name	e(s) Surname						
IRD number (if known)	Date of birth Day Month Year						
If nights are not a good reflect	ne child is in your care and complete the calendars on pages 5 and 6. ion of the care you provide, use the space in Question 6 to tell us what is happening. How often? (Tick one) Weekly Fortnightly Monthly Yearly						
Provide information about the	other person who cares for this child						
Other carer (Tick one)							
	First name(s) Surname						
Contact phone numbers							
	Day Evening Mobile						
Email	Day Evening Mobile						
Email Date care arrangement started	Day Month Year						

(3) S	Second child							
		First name	(s)			Surname		
17	RD number (if known)				Date of birth	Day Month	Year	
	Tell us the number of n If nights are not a good	_	-		-	calendars on p	pages 5 and 6.	t is happening.
N	Number of nights	Н	low often? (Tick	cone)	Weekly	Fortnightly	Monthly	Yearly
	Provide information abo	out the c	other person v					
C	Other carer	(Tick one)	Mr Mrs Miss Ms					
			First name(s)					
			Surname					
C	Contact phone numbers		Day		() Evening		() Mobile	
E	Email		Day		Lvoimig		Widelia	
E	Date care arrangement s	tarted	Day Month	Year				
4 1	Third child							
I	IRD number (if known)	First name	(s)		Date of birth	Surname		
	Tell us the number of n	_	-		-	=	_	
l\	ii iligiilo alo liot a good	renection	on of the care	you provid	le, use the spac	e in Question	6 to tell us wna	t is happening.
	Number of nights		on of the care		Neekly	Fortnightly	Monthly	Yearly
Ν	-	Н	low often? (Tick	cone)	Weekly			
P	Number of nights Provide information abo	Н	low often? (Tick	cone)	Weekly			
P	Number of nights Provide information abo	H out the c	other person w	one) \	Weekly or this child	Fortnightly		
P	Number of nights Provide information abo	H out the c	low often? (Tick	one) \	Weekly or this child	Fortnightly		
P	Number of nights Provide information abo	H out the c	other person w	one) \	Weekly or this child	Fortnightly		
F	Number of nights Provide information abo	H out the c	other person v Mr First name(s) Surname	one) \	Veekly or this child Miss	Fortnightly	Monthly	
F C	Number of nights Provide information about	H out the c	other person we have the person which the person we have the person we have the person which the person which the person which the person we have the person which the person which the person which the person we have the person which the person we have the person which the person which the person we have the person which the person we have the person which the person we have the person we have the person which the person which the person we have the person which the person we have the person which the person we have the person which the person whi	one) \	Weekly or this child	Fortnightly		
F C	Number of nights Provide information about the carer Contact phone numbers Email	out the c	other person v Mr First name(s) Surname	one) \	Veekly or this child Miss	Fortnightly	Monthly	
F C	Number of nights Provide information about the carer Contact phone numbers	out the c	other person v Mr First name(s) Surname	one) \	Veekly or this child Miss	Fortnightly	Monthly	
F C	Number of nights Provide information about the carer Contact phone numbers Email	out the c	other person v Mr First name(s) Surname	who cares f	Veekly or this child Miss	Fortnightly	Monthly	
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F C	Number of nights Provide information about the carer Contact phone numbers Email	out the c	other person v Mr First name(s) Surname	who cares f	Veekly or this child Miss	Fortnightly	Monthly	

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5	If there is any other person who regularly provides care for the child/children you have mentioned in this form, use the space below to provide information about what these care arrangements are.
	Care Information The number of nights a person cares for a child is generally the best measure of the care they provide, however in some cases this may not be a good reflection. For example, you have daytime care of a child but no overnight care because you work at
	night. Use the space below to tell us what your care arrangements are: If using the nights of care is not a good reflection of the care you provide for a child
	 If the child has a parenting order or care agreement and it isn't being followed.

Applicant checklist Have you: • answered all the questions on pages 1 to 3? • completed both calendars on pages 5 and 6? Privacy Meeting your tax obligations means giving us accurate information so we can assess your tax and entitlements under the Acts we administer. We may charge penalties if you do not.

We may also exchange information about you with:

- some government agencies
- · another country, if we have an information supply agreement with them, and
- Statistics New Zealand (for statistical purposes only).

You can ask for the personal information we hold about you. We will give the information to you and correct any errors, unless we have a lawful reason not to. Find our full privacy policy at **ird.govt.nz/privacy**

Declaration

I declare that the information I have given in this questionnaire and on any attached calendar(s) is a true and accurate account of the care that I provide for each child. I have read the privacy statement; I am also aware that the other parent or carer(s) may request details of the information I have provided.

Signature		
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		/ /
		,
		Date
		Date

Send this completed form to: Child Support, PO Box 39010, Wellington Mail Centre, Lower Hutt 5045

Care arrangement details:

- use our online calculator to help work out the number of nights you have a child in your care in a 12 month period. This can be found on our website ird.govt.nz/childsupport
- if you prefer you can complete the calendars below. Circle the nights you have or will provide care for the child/children over the next 12 month period. For example, if your care arrangement started on 1 April 2023, complete the calendars through to at least 31 March 2024.
- if the care arrangement is different for each child, you need to complete a separate calendar for each care arrangement.
- if you need another calendar, copy this page.



