

Emergency Benefit Interview form



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

You must complete this form for people who have applied for a main benefit – but instead may qualify for an Emergency Benefit.

You **don't** need to complete this form when the client is applying because they're:

- a seasonal worker
- serving a sentence of imprisonment in a psychiatric hospital or
- a spouse/partner of a client who has entered long-term residential care.

Once you've completed the form you must scan it and link it to the application client event note.

Client's details

Client number

 | |

1

What is the person's name?

First and middle names

Surname or family name

2

What date was the person born?

Day Month Year

Residency details

3

Is the person a New Zealand citizen or do they have permanent residence?

 No

Do they have a current temporary permit to be lawfully in New Zealand?

 No Yes Yes

How long has the client lived in New Zealand?

 Months Years

Existing benefit information

4

Does the person already get an Emergency Benefit?

 No

Go to question 6

 Yes

5

What was the reason the Emergency Benefit was granted?

Hardship

6

Has the client said they're in hardship?

No

Yes

↓ Write down the client's reason for this.

Before the person came to New Zealand, they would have told officials how they intended to support themselves and their dependent family for the first few years after arriving.

7

How did the client intend to support themselves after they arrived in New Zealand?

8

What has changed that means they can't support themselves or be supported this way now?

9

Could we reasonably expect the person to support themselves and their dependent family now?

No

Yes

↓ Please give reasons for your answer.

Barriers to working

10

Are there any specific barriers preventing the person from *working* to support themselves and their family?

No

Yes

↓ What are the barriers?



HOW TO ANSWER Q7:

Some examples could include working, being sponsored by a family member, living off savings.



HOW TO ANSWER Q8:

The answer should tell us **what's changed** from the original intention.

11

Can these barriers be addressed? No

↓ Why not?

 Yes

↓ What could be done to address the barriers?

Options

12

What has the person done to try to support themselves and their family?

① INFORMATION FOR Q13:

There may be help available from agencies other than the Ministry of Social Development.

13

Is there any other help that could improve their situation? No

↓ Why not?

 Yes

↓ What help could they receive?

 Main benefit Extra help One-off assistance Other (for example help from other agencies)

↓ Please describe below

Analogous benefit

An analogous benefit is the benefit that **best fits** the person's circumstances and reasons for not being able to work.

14

Based on the questions and responses above, is the person still eligible for Emergency Benefit? No

Go to the signature panel

 Yes

15

What is the analogous benefit for the person?

16

What rate will it be granted at?

\$

17

What obligations will the client have?

18

In SWIFTT, what 'reason for emergency service' will be used?

19

What date will the person be eligible for a statutory benefit?

Day Month Year

20

Have you entered the Expiry Date in SWIFTT?

Yes

Case manager's name (print)

Case manager's signature

Date

Day Month Year

Next Steps:

- Check you've entered an Expiry Date in SWIFTT.
- Scan this form.
- Save and link this form to the application client event note.