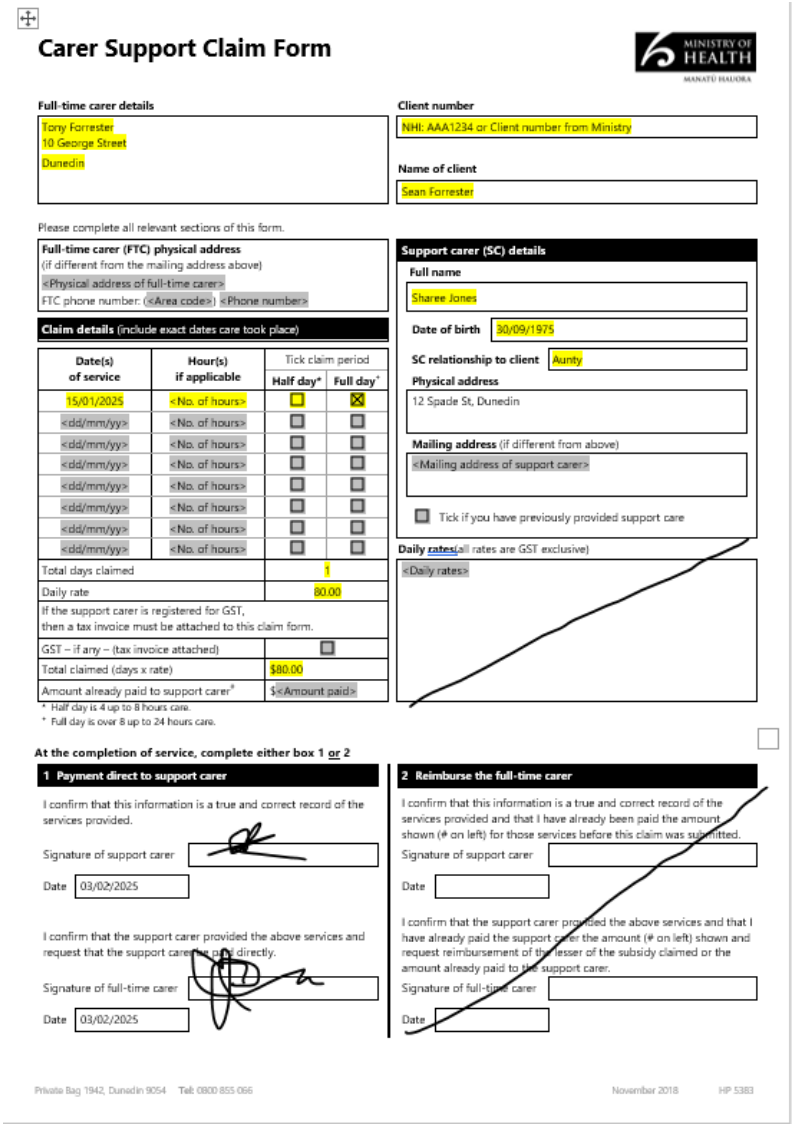
Your Way | Kia Roha

Making a Carer Support claim

There are different ways to use your carer support, with three main claims you may need to do.

1. **Claim payment for your support person to be paid directly by the Ministry**



Carer Support Claim Form

MINISTRY OF HEALTH
MANATŪ HAUORA

Full-time carer details

Tony Forrester
10 George Street
Dunedin

Client number

NHI: AAA1234 or Client number from Ministry

Name of client

Sean Forrester

Please complete all relevant sections of this form.

Full-time carer (FTC) physical address
(if different from the mailing address above)
<Physical address of full-time carer>
FTC phone number: (<Area code>) <Phone number>

Support carer (SC) details

Full name
Sharee Jones

Date of birth 30/09/1975

SC relationship to client Aunty

Physical address
12 Spade St, Dunedin

Mailing address (if different from above)
<Mailing address of support carer>

☐ Tick if you have previously provided support care

Claim details (include exact dates care took place)

Date(s) of service	Hour(s) if applicable	Tick claim period: Half day*	Full day*
15/01/2025	<No. of hours>	☐	☒
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐

Total days claimed	1
Daily rate	80.00
If the support carer is registered for GST, then a tax invoice must be attached to this claim form.	
GST – if any – (tax invoice attached)	☐
Total claimed (days x rate)	$80.00
Amount already paid to support carer*	$<Amount paid>

Daily rates (all rates are GST exclusive)
<Daily rates>

* Half day is 4 up to 8 hours care.
* Full day is over 8 up to 24 hours care.

At the completion of service, complete either box 1 or 2

1 Payment direct to support carer

I confirm that this information is a true and correct record of the services provided.

Signature of support carer

Date 03/02/2025

I confirm that the support carer provided the above services and request that the support carer be paid directly.

Signature of full-time carer

Date 03/02/2025

2 Reimburse the full-time carer

I confirm that this information is a true and correct record of the services provided and that I have already been paid the amount shown (# on left) for those services before this claim was submitted.

Signature of support carer

Date

I confirm that the support carer provided the above services and that I have already paid the support carer the amount (# on left) shown and request reimbursement of the lesser of the subsidy claimed or the amount already paid to the support carer.

Signature of full-time carer

Date

Private Bag 1942, Dunedin 9054 Tel: 0800 855 066 November 2018 HP 5383

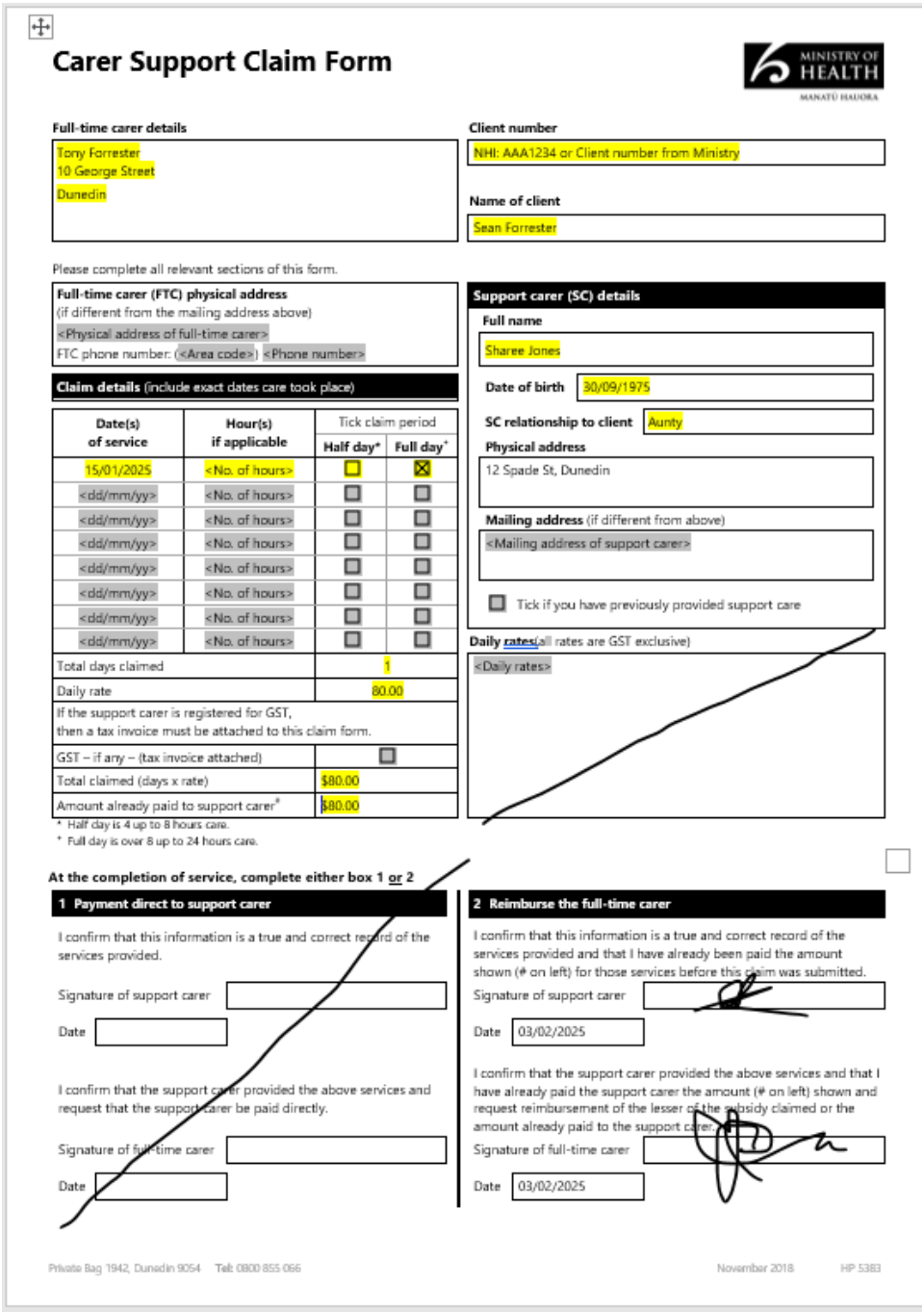
Example: My sister helped look after Sean for a day, and I want the Ministry to pay her directly. If it is the first time your support carer has been paid, you will need to attach proof of their bank account number to the form when you return it. If they have been paid previously, you would tick the 'Previously provided support care' box and you do not need to provide this proof of account again.

Note: The Carer Support rate was updated from $80 to $82, effective 1 November 2025.

2. Claim reimbursement for money you have already paid to your support person

For this example, I paid my sister on the day and would like the Ministry to reimburse me.

If you have paid your support carer already, this is how you can be reimbursed. If this is your first claim, you will also need to provide proof of your own bank account number.



Carer Support Claim Form

MINISTRY OF HEALTH
MANATŪ HAUORA

Full-time carer details

Tony Forrester
10 George Street
Dunedin

Client number

NHI: AAA1234 or Client number from Ministry

Name of client

Sean Forrester

Please complete all relevant sections of this form.

Full-time carer (FTC) physical address
(if different from the mailing address above)
<Physical address of full-time carer>
FTC phone number: (<Area code>) <Phone number>

Support carer (SC) details

Full name
Sharee Jones

Date of birth 30/09/1975

SC relationship to client Aunty

Physical address
12 Spade St, Dunedin

Mailing address (if different from above)
<Mailing address of support carer>

☐ Tick if you have previously provided support care

Claim details (include exact dates care took place)

Date(s) of service	Hour(s) if applicable	Tick claim period: Half day*	Full day+
15/01/2025	<No. of hours>	☐	☒
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐

Total days claimed	1
Daily rate	80.00
If the support carer is registered for GST, then a tax invoice must be attached to this claim form.	
GST – if any – (tax invoice attached)	☐
Total claimed (days x rate)	$80.00
Amount already paid to support carer*	$80.00

Daily rates (all rates are GST exclusive)
<Daily rates>

* Half day is 4 up to 8 hours care.
+ Full day is over 8 up to 24 hours care.

At the completion of service, complete either box 1 or 2

1 Payment direct to support carer

I confirm that this information is a true and correct record of the services provided.

Signature of support carer

Date

I confirm that the support carer provided the above services and request that the support carer be paid directly.

Signature of full-time carer

Date

2 Reimburse the full-time carer

I confirm that this information is a true and correct record of the services provided and that I have already been paid the amount shown (# on left) for those services before this claim was submitted.

Signature of support carer

Date 03/02/2025

I confirm that the support carer provided the above services and that I have already paid the support carer the amount (# on left) shown and request reimbursement of the lesser of the subsidy claimed or the amount already paid to the support carer.

Signature of full-time carer

Date 03/02/2025

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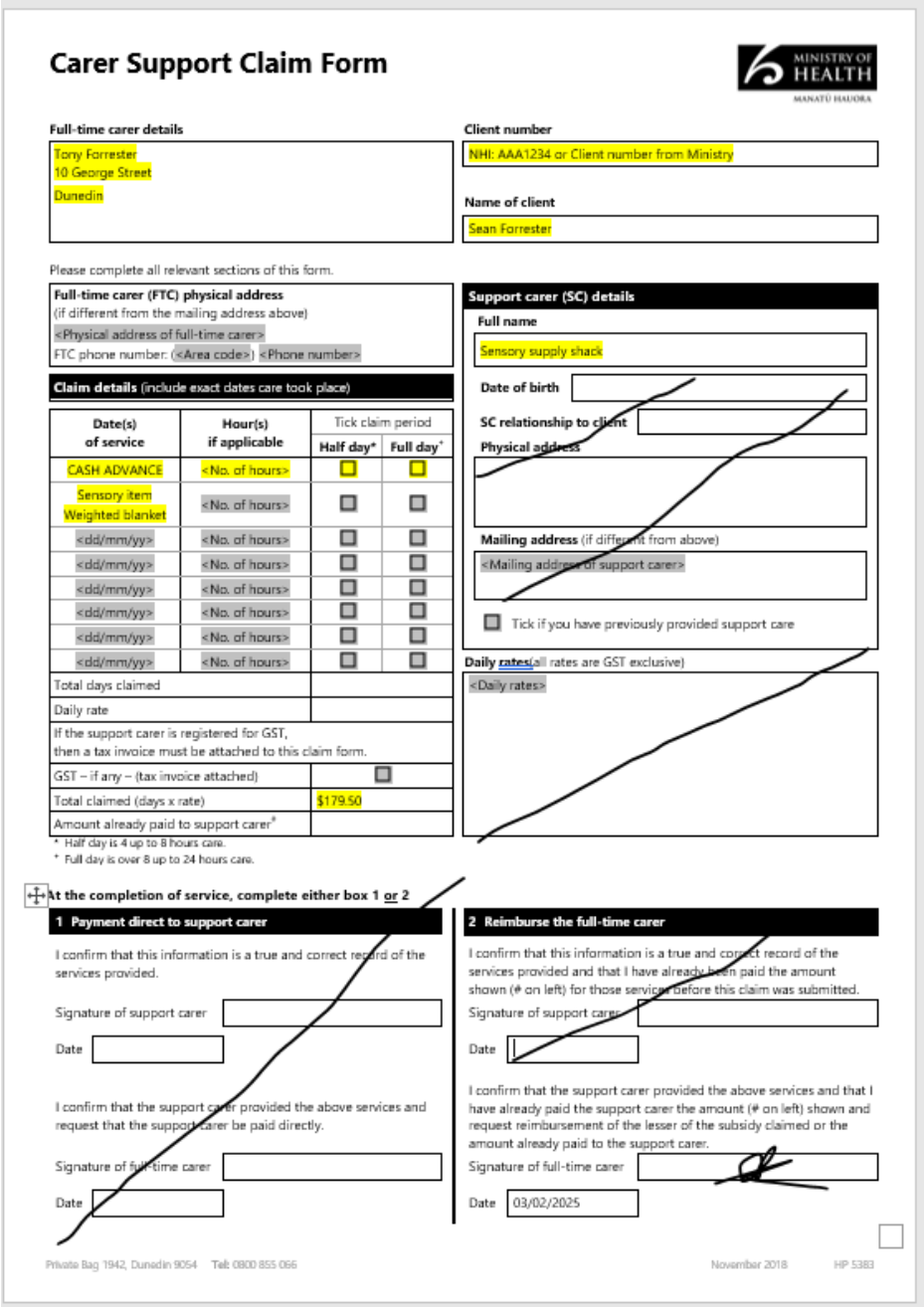
3. Request funds in advance to purchase items for the disabled person



Carer Support Claim Form

MINISTRY OF HEALTH
MANATŪ HAUORA

Full-time carer details

Tony Forrester
10 George Street
Dunedin

Client number

NHI: AAA1234 or Client number from Ministry

Name of client

Sean Forrester

Please complete all relevant sections of this form.

Full-time carer (FTC) physical address
(if different from the mailing address above)
<Physical address of full-time carer>
FTC phone number: (<Area code>) <Phone number>

Support carer (SC) details

Full name
Sensory supply shack

Date of birth

SC relationship to client

Physical address

Mailing address (if different from above)
<Mailing address of support carer>

☐ Tick if you have previously provided support care

Claim details (include exact dates care took place)

Date(s) of service	Hour(s) if applicable	Tick claim period: Half day*	Full day+
CASH ADVANCE	<No. of hours>	☐	☐
Sensory item Weighted blanket	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐
<dd/mm/yy>	<No. of hours>	☐	☐

Total days claimed	
Daily rate	
If the support carer is registered for GST, then a tax invoice must be attached to this claim form.	
GST – if any – (tax invoice attached)	☐
Total claimed (days x rate)	$179.50
Amount already paid to support carer#	

* Half day is 4 up to 8 hours care.
+ Full day is over 8 up to 24 hours care.

Daily rates (all rates are GST exclusive)
<Daily rates>

At the completion of service, complete either box 1 or 2

1 Payment direct to support carer

I confirm that this information is a true and correct record of the services provided.

Signature of support carer

Date

I confirm that the support carer provided the above services and request that the support carer be paid directly.

Signature of full-time carer

Date

2 Reimburse the full-time carer

I confirm that this information is a true and correct record of the services provided and that I have already been paid the amount shown (# on left) for those services before this claim was submitted.

Signature of support carer

Date

I confirm that the support carer provided the above services and that I have already paid the support carer the amount (# on left) shown and request reimbursement of the lesser of the subsidy claimed or the amount already paid to the support carer.

Signature of full-time carer

Date 03/02/2025

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In this final example, I want to request funds in advance for an item or support that fits the purpose of my Carer Support funding.

Along with the form, you need to provide a quote from the supplier. If the purchase needs prior approval, make sure that approval has been given by your local NASC before using the funding.

If it is your first claim, attach proof of your bank account number. Once the purchase is made, retain the receipt for your records.