## **Review of Decision Application**



## MINISTRY OF SOCIAL DEVELOPMENT

Te Manatū Whakahiato Ora

The Ministry of Social Development includes the service lines Work and Income, Integrity Services and StudyLink

If you need help with this form and/or clarification of our decision, please contact your local service centre or call us on **70 0800 559 009**.

### **Review of Decision**

**CLIENT NUMBER** 

**BENEFIT TYPE** 

A Review of Decision is an application to the Benefits Review Committee where you disagree with a decision made by the Ministry of Social Development. It must be in writing and received within 3 months after notification of the decision being received.

## What happens?

#### What happens to your application?

When we get your *Review of Decision Application*, we will hold an internal review, where we check the original decision. If we agree the decision was incorrect, we'll put things right.

If we think our original decision, or part of our decision is correct and we don't change it, we will send your *Review of Decision Application* to the Benefits Review Committee.

#### Is English your second language or do you have a hearing impairment?

If English is your second language or you have a hearing impairment we can arrange for an interpreter or other appropriate help to support you through the review process.

#### What if you have extra information to be considered?

You need to make sure we have all the information we need to consider your case.

If you have any new information that's relevant to your case, please provide it to us as soon as possible so that we can consider this during the internal review.

#### When do we tell you the outcome of the internal review?

We aim to write to you with the outcome of the internal review within 2 weeks of receiving your *Review of Decision Application*.

#### What if we agree to change our decision?

If we agree to change our decision, we may ask you to come into our offices to complete some forms.

#### What if we think the decision should stay the same?

We will send your *Review of Decision Application* and a report to the Benefits Review Committee. The committee co-ordinator will send you a copy of the report and ask you to contact them to arrange a time for the review hearing. We will send you more information about the Benefits Review Committee process once details have been finalised.

#### What happens if you applied more than three months after being notified of our decision?

If your *Review of Decision Application* is received more than 3 months after you were notified of our decision, it will be considered 'Out of Time'. In this case, it is essential that the reasons for the possible cause of delay are provided.

The committee will hold an initial hearing to decide whether it should hear your *Review of Decision Application*. If it decides to hear it, it will do that at a second hearing.

Please keep this page for your information.

R10 – MAR 2013

# Review of Decision Application



#### MINISTRY OF SOCIAL DEVELOPMENT

Te Manatū Whakahiato Ora

The Ministry of Social Development includes the service lines Work and Income, Integrity Services and StudyLink

# **CLIENT NUMBER BENEFIT TYPE**

Please	read	this
before y	you s	start

Please ensure you have provided as much information as possible so your application for review can be considered without further delay.

Please complete all questions – if not applicable write N/A.

Name

What is your name?

First name(s)

Surname or family name

### Birth date

What is your date of birth?

Day	Month	Year

### **Address**

Q3 note: If you live in a rural area, a house number could include:

- fire number
- emergency services number.

**Q4 note:** Mailing address includes:

- postal box (PO Box)
- rural delivery details
- C/O address.

3. Where do you live?
-----------------------

Flat/house no.	Street name
Suburb	City

What is your mailing address (if different from above)?

f you live at a rural address please include your rural delivery details here:				

5. How can we contact you?

Work phone	Home phone	Mobile phone
Email		Fax

## **Third party** authorisation

Q6 note: A third party can be a solicitor, an agent or a benefit advocate or support group.

proof of this authority such as a completed Appointment of Agent form, letter from your solicitor or advocacy group, which also has your signature on it.

-	Have you authorised	امدنطه ما	maubicka a		Papalt3
n.	mave vou authorised	ainira	Dariv to a	acı on vour	nenau?

	Yes	Please provide details below:		N
ľ			(	 ,

What is the name of the authorised representative? 7.

First name(s)	Surname or ramily name

8.

What is the name and cont	act details of the orga	anisation?	
Organisation's name			
Organisation's address (please inc	lude postal address details h	nere)	
Work phone	Home phone	Mobile phone	
Email		Fax	

R10 - MAR 2013

## Information on the decision you want reviewed

**Q9 note:** This will normally be the date on the letter you received from

**Q10 note:** Reasons could include:

- the date your income assistance started
- being declined income assistance
- a change to the amount of your payment
- the amount of an overpayment
- the cancellation and/or suspension of your income assistance.

**Q11 note:** Please provide us with as much information as possible. You can add additional pages to your application for review.

Client's name (print)

nformation on the ecision you want	9.	When did we let you know of our decision?	Day Month Year
eviewed	10.	Please tell us what the decision relates to:	buy Month Teur
note: This will normally be the ate on the letter you received from .  no note: Reasons could include: the date your income assistance			
started being declined income assistance a change to the amount of your payment the amount of an overpayment the cancellation and/or suspension of your income assistance.	11.	Please tell us why you disagree with the dec	ision:
a <b>1 note:</b> Please provide us with as uch information as possible. You n add additional pages to your splication for review.			
	12.	If you have applied for a review of decision motification of our decision, please give us the	
ent's name (print)		Clients signature	Day Month Year
OFFICE USE ONLY			
HIYA-ROD Reference Number		Date ROD entered in HIYA-ROI	<b>D</b> (the date the ROD was received)
		Day Month Year	
<ul> <li>Have you entered the applicant's a</li> <li>If the review is within time, follow</li> <li>If the review is out of time, review</li> </ul>	ow the n		ut of time issue.

Printed in New Zealand on paper sourced from well-managed sustainable forests using mineral oil free, soy-based vegetable inks

New Zealand Government

R10 - MAR 2013

Where the original decision is to be overturned in full, it may not be necessary to complete an Internal Review report.