TEMPLATE FOR RECOGNITION PAYMENT SUBMISSION

*Recognition Payment to meet extra needs of rangatahi*

[Recognition payment ― guidance on Practice Centre](https://www.practice.orangatamariki.govt.nz/our-work/care/transitioning-out-of-care/transition-to-adulthood/recognition-payments)

## *Summary*

Client Name:

Client DOB:

Client Age:

Transition Caregiver Name:

Recognition Payment Proposed Start Date:

Recognition Payment Proposed End Date:

Key financial information required for the submission include:

* estimated total weekly income of rangatahi (made from core benefits and income derived from work).
* weekly Board Payment by rangatahi (as listed in Living Arrangement Agreement).
* any Board top up paid by Oranga Tamariki to rangatahi/transition caregiver (as listed in Living Arrangement Agreement).
* any Work and Income allowances being paid to rangatahi that respond to identified special needs. (Please attach documentation on what this allowance covers).
* any previous higher fostercare allowance amount for period \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ when rangatahi was still in care (please attach previous review findings).
* Any residual costs that won’t be met from other agencies or organisations
* proposed Recognition Payment amount.

Estimated Weekly Income of Rangatahi total: Enter estimate base income of rangatahi income

Previous HFCA Payment Weekly total: Enter previous HFCA weekly rate

Existing Work and Income Weekly Allowances total: Enter current Work and Income weekly allowance rate

Current Board Weekly total: Enter current weekly Board Payment amount

Current Board Top Up Weekly total: Enter current weekly Board Top Up Payment amount

Residual disability costs unfunded Weekly total: Enter Recognition Payment weekly rate as per rationale below

Proposed Recognition Payment Weekly total: Enter Recognition Payment weekly rate as per rationale below

Placement type (remain, return with

same or different transition caregiver): Enter placement type

**Describe rangatahi extra or special needs and the likely duration of these needs:**

**Identify supports required by the transition caregiver and any additional costs incurred to meet rangatahi extra or special needs:**

**What else does rangatahi need and who is providing this?**

**Who has been consulted?**

**Additional comments:**

**Caregiver social worker (name):**

**Transition worker (name)**

**To be authorised by:**

TEMPLATE FOR REVIEW OF RECOGNITION PAYMENT

*Recognition Payment to meet extra needs of rangatahi*

(Refer to Practice Centre guidelines on Recognition Payment for further information on review process) [LINK]Recognition Payment Guidance[/LINK]

## *Summary*

Client Name:

Client DOB:

Client Age:

Caregiver Name:

Recognition Payment Proposed Start Date:

Recognition Payment Proposed End Date:

Key financial information required for the review include:

* estimated total weekly income of rangatahi (made from benefits and income derived from work)
* weekly Board Payment by rangatahi (as listed in Living Arrangement Agreement)
* any Board top up by Oranga Tamariki to rangatahi/transition caregiver (as listed in the Living Arrangement Agreement)
* any Work and Income allowances being paid to rangatahi that respond to identified special needs. (Please attach documentation on what this allowance covers)
* current Recognition Payment amount for period \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_ (please attach existing Recognition Payment submission and any previous review findings)
* Any residual costs that won’t be met from other agencies or organisations
* proposed Recognition Payment amount.

Estimated Weekly Income of Rangatahi total: Enter estimate base income of rangatahi income

Current Recognition Payment Weekly total: Enter current Recognition Payment weekly rate

Existing Work and Income Weekly Allowances total: Enter current Work and Income weekly allowance rate

Current Board Weekly total: Enter current weekly Board Payment amount

Current Board Top Up Weekly total: Enter current weekly Board Top Up Payment amount

Residual disability costs unfunded Weekly total: Enter Recognition Payment weekly rate as per rationale below

Proposed new Recognition Payment Weekly total: Enter proposed new Recognition Payment weekly rate as per rationale below

Placement type (remain, return with

same or different transition caregiver): Enter placement type

**Consider the child or young person’s needs and the last application for Recognition Payment. Describe any continuing, increasing or decreasing needs for the child or young person:**

**Identify supports required by the transition caregiver and any additional costs incurred to meet rangatahi needs. Note any increases, decreases or continued supports required:**

**Who has been consulted?**

**Additional comments:**

**Caregiver social worker (name):**

**Transition worker (name):**

**To be authorised by:**