Please fill in this form so that we can pay your carer(s). If you’re receiving the care, please check and sign section 1. If you’re the carer, please check and sign sections 2 and 3. Please return this form by:

* scanning and emailing to us at [AucklandACC86@acc.co.nz](mailto:AucklandACC86@acc.co.nz) or

post to ACC, Provider Service Centre, PO Box 90341, Victoria Street West, Auckland 1142.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Your details | | | |
| Name: [Client full name auto] | | Claim number: [Claim number auto] | |
| Pay me directly and I’ll pay the carer | | Purchase order number:  **-** | |
| Address: | [Home Address Line 1 auto], [Home Address Line 2 auto], [Suburb Auto], [Town or City Auto], [Post Code Auto] | | |
| This form accurately shows the type and quantity of Home and Community Support Services I’ve received this week. I’ve read and understood section 5, ‘What you need to know about getting paid’. | | | |
| Signature: | | | Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. Carer details (carer to complete) | | | |
| Carer name: | | Phone number: | |
| Pay carer directly | | Vendor code: | |
| Address: |  | | |
| This form accurately shows the type and quantity of Home and Community Support Services I’ve provided this week. I’ve read and understood section 5, ‘What you need to know about getting paid’. | | | |
| Signature: | | | Date: |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 3. Service details (carer to complete) | | | | | | | | | | |
| Please tell us the care you’ve provided this week by listing the total number of hours or sleepover nights for each day of the week. | | | | | | | | | | |
| For week **/** **/** to **/** **/** | | | Total units of service provided (either hours or nights) | | | | | | | |
| Service code | Service description | Approved Quantity of care | M | T | W | T | F | S | S | Total |

|  |  |
| --- | --- |
| 4. ACC details | |
| ACC contact person: [Case owner auto] | ACC office: [ACC office auto] |
| Contact phone number: [Case owner Phone number auto] | Email address: [Email address auto] |

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| --- |
| 5. What you need to know about getting paid |
| To make sure your carer(s) gets the right payments at the right time, we ask that you agree that:   * before we can make the first payment, you and your carer need to complete, sign and return the *ACC84 How would you like us to pay for your care?* form with your IRD number.Note that if we pay your carer directly and you change your carer, we ask that you complete a new *ACC84 How would you like us to pay for your care?* form for each new carer * we pay for Home and Community Support Services after they have been provided (this is called “payment in arrears”) * we’ll need this weekly care summary from you and your carer to know how much to pay * payment is made by direct credit using the bank details you gave us and that cash payments aren’t possible * for tax purposes, the Home and Community Support Services payments we make to you or your carer are known as ‘schedular payments’, and this means we need to deduct tax from them. This type of tax used to be known as ‘withholding tax’ * if your carer has a certificate of exemption or a tailored tax rate certificate from Inland Revenue, then please make sure we have a copy. Please remember the certificates are only valid for 12 months and should be renewed each year * if your carer is GST registered, they need to attach a tax invoice when returning this form * we can pay for actual services provided, but we’re unable to pay for administration costs, such as finding a service provider * you have checked that the services listed in section 3, ‘Service details’ are correct * you have made sure not to sign this form if it is blank or only partially completed   both the client and carer have signed this form  you have declared any income you receive from ACC to appropriate organisations, such as Inland Revenue and Work and Income.  **Helping us to make sure that you or your carer get the right payments**  Please help us keep the ACC scheme fair for everyone by making sure you and your carer(s) always give us accurate information about your care, such as whether care has been provided or a carer’s identity. If we find that the information supplied is false, we will take the matter seriously. Please remember that we carry out regular checks on Home and Community Support Services payments. |

When we collect, use and store information, we comply with the Privacy Act 1993 and the Health Information Privacy Code 1994. For further details see ACC’s privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.