

Review of decision application

If you need help with this form please call the Permanent Caregiver Support Service on **0800 367 7277** or the Ministry for Vulnerable Children, Oranga Tamariki on **0508 326 459.**

Review of decision

If the Permanent Caregiver Support Service (PCSS) has made a decision that you disagree with, you can ask the Ministry for Vulnerable Children, Oranga Tamariki to review this decision.

The only decisions that can be reviewed are decisions made by PCSS under section 388A(2) of the Children, Young Persons, and Their Families Act 1989.

When to apply

You have three months to apply for a review from the date you received the decision in writing. If the service or assistance has started the decision cannot be reviewed.

What happens?

Email or post your application with any supporting documents to the Ministry for Vulnerable Children, Oranga Tamariki at the address below.

A panel at the Ministry's National Office will review the original decision. They may ask you or the PCSS for more information.

The panel will either agree with or change the initial decision.

The Ministry will write to you and the PCSS with the decision. If you agree with the review decision PCSS will make any changes that have been decided.

If you disagree with the decision you can apply to the Family Court to appeal the decision. The Family Court's decision is final.

Please ensure you provide as much information as possible in this application form.

Send or email this form and documents to:

The Review Coordinator
Permanent Caregiver Support
Ministry for Vulnerable Children, Oranga Tamariki
P O Box 546
Wellington 6011

Permanent_Care_Reviews@mvcotgovt.nz

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Your details 1	Caregiver name(s): First and middle names	Surname
if you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.	Residential address: Flat/House number Street Name Suburb	Town/City
Mailing address can include a postal box (PO Box), rural delivery details, or C/O address.	Is your mailing address difference No Yes Tell	ent from where you live? us your mailing address
Please only give us contact details you would like us to use.	How else can we contact you? Phone Email	Mobile Phone
Child's details 5	Child's name(s): First and middle names Child's date of birth? Day Month Year	Surname
Third party authorisation INFORMATION FOR 07: You need to provide written proof of this authority.	Have you authorised a third pa	Yes Please provide details below

	What is the name and co to act on your behalf?	
	Person's first name	Person's surname
	Organisation's name	
	Organisation's postal address	
	Phone	Mobile Phone
	Email	
Information on the decision you want reviewed 9	back page or attach a sep	nen answering the following questions, please use the parate piece of paper. est for support this decision relates to.
Please provide us with as much information as possible. You can add additional pages to your		
application for review.		
How TO ANSWER Q10: This will normally be the date on the letter you received from the PCSS.	When were you notified of Day Month Year	of the decision?
11	Please tell us why you dis	sagree with the decison.
Signature		
Signature Caregiver's name (p	orint) Caregiver	's signature Date
	orint) Caregiver	's signature Date

