



If you need help with this form please call the Permanent Caregiver Support Service on **0800 367 7277** or Oranga Tamariki—Ministry for Children 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 Oranga Tamariki to review this decision.

The only decisions that can be reviewed are decisions made by PCSS under section 388A(2) of the Oranga Tamariki 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 Oranga Tamariki at the address below.

A panel 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:

Johnson Taoho
Permanent Caregiver Support
Oranga Tamariki—Ministry for Children
Private Bag 3119
Waikato Mail Centre
Hamilton 3240
Permanent_Care_Reviews@ot.govt.nz



Your details

1

Caregiver name(s):

First and middle names

Surname

HOW TO ANSWER Q2:

If you live in a rural area, flat/house number could include your RAPID number, fire number, emergency services number.

2

Residential address:

Flat/House number Street Name

Suburb

Town/City

HOW TO ANSWER Q3:

Mailing address can include a postal box (PO Box), rural delivery details, or C/O address.

3

Is your mailing address different from where you live?

No

Yes



Tell us your mailing address

HOW TO ANSWER Q4:

Please only give us contact details you would like us to use.

4

How else can we contact you?

Phone

Mobile Phone

Email

Child's details

5

Child's name(s):

First and middle names

Surname

6

Child's date of birth?

Day

Month

Year

Third party authorisation

7

Have you authorised a third party to act on your behalf?

No

Go to question 9

Yes



Please provide details below

INFORMATION FOR Q7:

You need to provide written proof of this authority.

8

What is the name and contact details of the third party you have authorised 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

HOW TO ANSWER Q9:

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.

If you run out of space when answering the following questions, please use the back page or attach a separate piece of paper.

9

Please tell us what request for support this decision relates to.

10

When were you notified of the decision?

Day Month Year

11

Please tell us why you disagree with the decision.

Signature

Caregiver's name (print)

Caregiver's signature

Date

Day Month Year

Lined writing area for notes or responses.