Application for a repeated allowance for a child placed in substitute care

Complete the details in the application in block letters and mark the corresponding information as follows

A. Data on the child	– eligible person						
Name	Surname		Nationality				
Date of birth		Personal ID					
School							
Receives an orphan's pension Has specified maintenance from parents/other obligated persons							
Has i	income from gainful activity 3)						
B. Data on the surro							
Name	Surname		Nationality				
D							
Date of birth		Personal ID	/				
Permanent address in Street	ı Slovakia		numb or				
Postal			number				
	City						
	the surrogate parent to the	entrusted child					
Grandparent							
Other relative							
Non-relative							
Form of substitute car	re						
Substitute persona	al care						
Foster care							
Guardianship							
	L.						
Temporary custody							
Order of preliminar	ry injunction						

Numerical references are given on page 2

C. Method of paym	nent ⁴⁾								
To bank account in Slovakia	Account number						Bank code		
	IBAI	N N							
in Slovakia/tempora	specified, the contribution i ry residence in Slovakia*.	is/will be pa	aid in cash	to the a	ıddress	s of pern	nanent reside	nce	
*cross out as appropriate									
D. Declaration of th	ue applicant								
I declare that all data prov	rided in this application are true	e.							
No. 627/2005 Coll. on all parents, as well as other f	e repeated allowance for the lowances to support substitute facts listed in the "Instructions or the child entrusted to substitute to substitute the child entrusted the children is substituted to substitute the children is substituted the children is substituted to substitute the children is substituted the children is substituted to substitute the children is substituted the chi	te care for a for the citiz	a child of zen", which	any chan ch is attac	nge in co	decisive f the appli	facts, e.g. the ication, and wh	divorce ich affe	e of surrogate ect the right to
I am aware of the legal co	nsequences of providing false	data in this	application	ı, or failur	e to co	mply with	n the reporting o	obligation	on.
I declare that I live in a cor	mmon household with a natura	al person to	whom I wa	s entrust	ed with	substitut	te care ³).		
assessed persons) pursu provides the above perso	icant ocial Affairs and Family - ID uant to Act No. 627/2005 Co onal data to public authorities. email address: ochranaosob	oll. on Conti . In case of	ributions to any doubt	Support s, probler	t Subst	itute Chi	ild Care, as ar	nended	d, and further
	dated		Sig	nature o	f the e	ntitled			
E. Data correctnes.	s checked against the ori	iginal cop	v bv						
Date of check		<u> </u>	<u>;</u>						
Name and surname		<u> </u>	Si	anature o	ıf tha ar	mnlovee			

Numerical references

- 1) It only applies to children after the end of compulsory schooling
- 2) Cross out as appropriate
- 3) It applies only to adult children
- 4) To a bank account or to an account in a branch of a foreign bank with its registered office in the Slovak Republic
- 5) In the case of a minor child, the signature of a surrogate parent, in the case of an adult dependent child, signature of the child.

For the purpose of comparing the data provided in the application, the applicant shall submit:

identity card (identification card).

The applicant shall attach the following documents and confirmations to the application

- > confirmation from a high school or university about the continuous preparation of a child for a profession through full-time study while **studying abroad** applies in the case of a child **who has finished compulsory schooling.**
- decision on the equivalence of study (decided by the Ministry of Education, Science, Research and Sports of the Slovak Republic, the Centre for Academic Recognition) applies in the case of studying abroad,
- confirmation from the elementary school about the completion of compulsory schooling, if the child continues to complete it even after reaching 16 years of age (e.g. a student with a disability), for each school year until its end,
- > confirmation of the amount of the orphan's pension, survivor's accident pension or other similar benefit paid from abroad, if the child receives such a benefit,
- > confirmation of the amount of income from dependent activity or self-employment, if it is an adult dependent child,
- > confirmation of the amount of survivor's pension, orphan's pension or similar benefit paid from abroad.

The applicant shall provide the following data from the last court decision decided to entrust the child to care replacing parental care:	ion by which the court
ECLI code (indicated in the court decision):	<u>OR</u>
File number of the court decision:, Date of the court decision	
Name of the court:	
The applicant shall provide the following data from the last legally valid of the court determined maintenance for the child:	ourt decision by which
ECLI code (indicated in the court decision):	<u>OR</u>
File number of the court decision:, Date of the court decision	
Name of the court:	

Based on the above, the applicant shall not submit a copy of the court decision.