



Application for Adoption/Host Family Care Allowance



1st Application

Change of circumstances

- ▶ Please read the information in [table 9](#) before completing the form.
- ▶ If you do not meet the qualifying conditions for the Adoption/Host Family Care Allowance, the information in this application may be used for the [Adoption/Host Family Care Social Allowance](#).

Identification of the applicant(s) [allowance beneficiary(beneficiaries)]

1.1. 1st applicant

Full name

Social Security Identification Number

Taxpayer Number

Birth date

year month day

Mobile phone/Phone no.

Email

1.2. 2nd applicant (person that will take the Initial Parental Allowance period granted exclusively to the father)

Full name

Social Security Identification Number

Taxpayer Number

Birth date

year month day

Mobile phone/Phone no.

Email

Information for the Adoption/Host Family Care Allowance granting

▶ In the case of **adoption**, please indicate:

▶ the date of the child entrustment judicial or administrative decision - -
year month day

▶ Is/Are the adoptee(s) the son(s)/daughter(s) of the spouse or person with whom the applicant lives in a *de facto* relationship? Yes No

▶ In the case of **host family care**, please indicate:

▶ the date of the host family care contract/decision - -
year month day

▶ In the case of **adoption or host family care**, please indicate:

Is the 1st applicant candidate employed? Yes No Is the 2nd applicant candidate employed? Yes No

2.1. Multiple adoptions/several children received by the host family (if applicable)

Were there multiple adoptions/several children received? Yes No If you ticked **yes**, please indicate:

▶ How many children were adopted/received

▶ Do you intend to take the 30 additional days for each adopted/received child other than the first one? Yes No

▶ Does the 2nd applicant intend to take the 2 additional days to the mandatory 28-day period (corresponding to the Initial Parental Allowance granted exclusively to the father) for each adopted/received child other than the first one? Yes No

▶ Does the 2nd applicant intend to take the 2 additional days to the optional 7-day period (corresponding to the Initial Parental Allowance granted exclusively to the father) for each adopted/received child other than the first one? Yes No

2.2. Leave/Allowance period (please tick one of the following options):

The applicants **share** the leave or allowance period. (go to [table 3](#))

The applicants **do not share** the leave or allowance period. (go to [table 4](#))

The 1st applicant or the 2nd applicant takes the leave or allowance period if the other is unable to do so. (go to [table 5](#))

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Leave shared by both applicants

3.1. Adoption/Host Family Care Allowance during the transition period

Do you intend to take up to 30 days of leave during the transition and monitoring period?

1st applicant 2nd applicant

Yes Please indicate the period: from -- to -- =
year month day year month day no. of days

No

3.2. Period of leave/absence from work (please tick one of the following options)

- 120 days
- 150 days
- 150 days (120 + 30 additional days per sharing)
- 180 days (150 + 30 additional days per sharing)
- 180 days (150 + 30) in which the 2nd applicant takes a period of 60 consecutive days or 2 periods of 30 days, in addition to the period granted exclusively to the father
- Another period of days

3.2. Please indicate the periods of absence from work (consecutive days) corresponding to the allowance and option selected, including the additional periods due to multiple adoptions/several children received by the host family, if applicable:

3.2.1. 1st applicant

from -- to -- = from -- to -- =
year month day year month day year month day no. of days

from -- to -- = from -- to -- =
year month day year month day year month day no. of days

▶ After the 120-day period, do you intend to accumulate the leave with part-time work?¹ Yes No
If you ticked **yes**, please indicate the periods:

from -- to -- = from -- to -- =
year month day year month day year month day no. of days

from -- to -- = from -- to -- =
year month day year month day year month day no. of days

from -- to -- = from -- to -- =
year month day year month day year month day no. of days

3.2.2. 2nd applicant

For the **mandatory 28-day period** of the Initial Parental Allowance granted exclusively to the father

from -- to -- = from -- to -- =
year month day year month day year month day no. of days

from -- to -- = from -- to -- =
year month day year month day year month day no. of days

For the **optional 7-day period** of the Initial Parental Allowance granted exclusively to the father

from -- to -- = from -- to -- =
year month day year month day year month day no. of days

from -- to -- = from -- to -- =
year month day year month day year month day no. of days

from -- to -- = from -- to -- =
year month day year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

¹ Not applicable to the Adoption/Host Family Care Social Allowance.

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Leave shared by both applicants (continuation)

For the period concerning the Adoption/Host Family Care Allowance shared by both applicants

from []-[]-[] to []-[]-[] = [] from []-[]-[] to []-[]-[] = []
year month day year month day no. of days year month day year month day no. of days

from []-[]-[] to []-[]-[] = [] from []-[]-[] to []-[]-[] = []
year month day year month day no. of days year month day year month day no. of days

▶ After the 120-day period, do you intend to accumulate the leave with part-time work?¹ Yes No
If you ticked **yes**, please indicate the periods:

from []-[]-[] to []-[]-[] = [] from []-[]-[] to []-[]-[] = []
year month day year month day no. of days year month day year month day no. of days

from []-[]-[] to []-[]-[] = [] from []-[]-[] to []-[]-[] = []
year month day year month day no. of days year month day year month day no. of days

from []-[]-[] to []-[]-[] = [] from []-[]-[] to []-[]-[] = []
year month day year month day no. of days year month day year month day no. of days

¹ Not applicable to the Adoption/Host Family Care Social Allowance.

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Leave not shared by both applicants

4.1. Adoption/Host Family Care Allowance during the transition period

Do you intend to take up to 30 days of leave during the transition and monitoring period?

1st applicant 2nd applicant

Yes Please indicate the period: from []-[]-[] to []-[]-[] = []
year month day year month day no. of days

No

4.2. 1st applicant

Period of leave/absence from work (please tick one of the following options):

For the entire duration of the allowance period 120 days 150 days

Another period []
no. of days

Please indicate the period(s) of absence from work including the additional period due to multiple adoptions/several children received, if applicable:

from []-[]-[] to []-[]-[] = []¹
year month day year month day no. of days

▶ After the 120-day period, do you intend to accumulate the leave with part-time work?² Yes No
If you ticked **yes**, please indicate the periods:

from []-[]-[] to []-[]-[] = [] from []-[]-[] to []-[]-[] = []
year month day year month day no. of days year month day year month day no. of days

from []-[]-[] to []-[]-[] = [] from []-[]-[] to []-[]-[] = []
year month day year month day no. of days year month day year month day no. of days

from []-[]-[] to []-[]-[] = [] from []-[]-[] to []-[]-[] = []
year month day year month day no. of days year month day year month day no. of days

4.3. 2nd applicant

Period of leave/absence from work (please indicate one or both options and the periods of absence from work, including the additional periods due to multiple adoptions/several children received by the host family, if applicable)

For the period of the Initial Parental Allowance granted exclusively to the father

Mandatory 28-day period Optional 7-day period

¹ Please Indicate the number of consecutive days. See example on [the continuation sheet attached to this application form under completion instructions - RP 5050/1.](#)

² Not applicable to the Adoption/Host Family Care Social Allowance.

Leave not shared by both applicants (continua-

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Mandatory 28-day period

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

Optional 7-day period

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

For the leave period: from -- to -- =
year month day year month day no. of days

► After the 120-day period, do you intend to accumulate the leave with part-time work?¹ Yes No
 If you ticked **yes**, please indicate the periods:

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

¹ Not applicable to the Adoption/Host Family Care Social Allowance.

Adoption/Host Family Care Allowance granted to one applicant if the other is unable to take the leave

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The request is due to:

Physical or mental incapacity

Death. Date of death --
year month day

Please indicate the period of absence from work: from -- to -- = ¹
year month day year month day no. of days

¹ Please Indicate the number of consecutive days. See example on [the continuation sheet attached to this application form under completion instructions - RP 5050/1](#).

Other details

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If you are or have been covered by another mandatory social protection scheme (national or foreign) in the last six months prior to the date of the absence from work, please indicate the name of the social protection institution and the respective insurance period.

► 1st applicant

Name of the institution

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

► 2nd applicant

Name of the institution

from -- to -- =
year month day year month day no. of days

from -- to -- =
year month day year month day no. of days

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Details concerning the other adopter/person responsible for taking care of the foster child

(To be completed if the other adopter/person responsible for taking care of the foster child is not identified in table 1)

Full name

Social Security Identification Number

Birth date

year month day

Does he/she carry out a professional activity?

Yes No

If you ticked **yes**, please indicate name of the respective social protection scheme

E.g.: Social Security, Welfare Fund (*Caixa de Previdência*), Civil Servants Pension Fund (*Caixa Geral de Aposentações*) or Foreign Body

Do you intend to take or have you already taken the leave? Yes No

If you ticked **yes**, please indicate the period(s) of absence from work¹:

from - - to - - = no. of days

year month day year month day

from - - to - - = no. of days

year month day year month day

from - - to - - = no. of days

year month day year month day

from - - to - - = no. of days

year month day year month day

¹ Please Indicate the number of consecutive days. See example on [the continuation sheet attached to this application form under completion instructions - RP 5050/1.](#)

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Statements

I am aware that:

- ▶ I must inform the Social Security service of any event that gives rise to the termination of the benefit granting within 5 working days from the date of its verification;
- ▶ false statements are punished according to the law.

I declare that the information I have provided is complete and true.

Date

year month day

Signature of the 1st applicant

Signature of the applicant or of another person on his/her behalf (signature of another person when the applicant cannot or does not know how to sign) according to a valid identification document.

Date

year month day

Signature of the 2nd applicant

Signature of the applicant or of another person on his/her behalf (signature of another person when the applicant cannot or does not know how to sign) according to a valid identification document.

Information

This form is aimed to be completed by one or two allowance beneficiaries.

Please see [the continuation sheet attached to this application form - RP 5050/1](#), for information on the allowance granting/completion instructions.

Documents to submit

- ▶ For all situations:
 - ▷ [Identification Form - RV 1017](#), if the allowance beneficiary does not have a Social Security Identification Number.
- ▶ For the Adoption Allowance:
 - ▷ Certificate of administrative or judicial entrustment of the minor adoptee if the adoption process did not take place in the social security services.
- ▶ For the Adoption Allowance granted to Host Families:
 - ▷ Host Family Care Statement issued by the Framework Institution responsible for the host family care, in accordance with Decree-Law no. 139/2019 of 16 September, or copy of the extract of the agreement or court decision.
- ▶ For the Adoption/Host Family Care Allowance granted to one applicant if the other is unable to take the leave:
 - ▷ Medical certificate attesting the physical or mental incapacity of the other person or Death Certificate, as applicable.
- ▶ For all situations, if you choose to take the leave during the transition period:
 - ▷ Certification of the transition and monitoring period issued by the host institution.

Where to submit the documents and time limits for the submission

The application must be submitted within six months from the date of the event that determines the protection:

- ▶ in person, at the Social Security Customer Information Services, or sent by post;
- ▶ through the Social Security Online Service (*Segurança Social Direta*) at www.seg-social.pt, completing the online application.

Bank account

The payment of all your current or future benefits/allowances or pensions will be made by bank transfer to the IBAN (International Bank Account Number) registered in the Social Security Information System.

If you have not registered your IBAN yet or if you want to update it, you can do so:

- ▶ via the Internet, through the Social Security Online Service (*Segurança Social Direta*) at www.seg-social.pt
- ▶ at the Social Security Customer Information Services, by submitting the [Application form MG14 - IBAN Registration or Change \(Registo ou Alteração de IBAN\)](#) – which is available at www.seg-social.pt

If the registered IBAN is incorrect or if you do not have your IBAN details in the Social Security information system, the payment of all your current or future benefits/allowances or pensions will be made according to the payment method that is registered in the system.

Data protection

The collected personal data will be processed by the competent Social Security services (*Instituto da Segurança Social, I.P., Instituto da Segurança Social dos Açores, I.P.R.A and Instituto de Segurança Social da Madeira, IP-RAM*) and will be kept for the period necessary to fulfil their intended purpose.

These Social Security services are committed to protecting your personal data and to fulfilling their obligations within the scope of data protection.

For further information on data protection, please consult the Social Security website at www.seg-social.pt

To be completed by the Social Security services

I confirm that the signature of the **applicant(s)** **person(s) that signed on the applicant(s) behalf** is/are in accordance with the following identification document:

1st applicant

Citizen Card Identity Card Passport Other

Number

Valid until

- -
year month day

Signature and stamp

2nd applicant

Citizen Card Identity Card Passport Other

Number

Valid until

- -
year month day

Signature and stamp