



Please read the information in [table 3](#) before completing the form.

## Personal details of the Carer

Full name

Social Security Identification Number

Birth date

year

month

day

## Personal details of the Person Receiving Care

### 2.1. Identification

 **Person Receiving Care no. 1**

Full name

Social Security Identification Number

Birth date

year

month

day

### 2.2. Consent to the recognition of the Informal Carer status

Please state who is giving the consent:

- ☐ Person Receiving Care    ☐ Representative    ☐ Mother/Father of the minor
- ☐ Accompanying person within the scope of the Legal Scheme for Accompanied Adults
- ☐ Person who is or will be providing assistance to the person concerned and whose intention is to bring an action to be appointed as an accompanying person within the scope of the Legal Scheme for Accompanied Adults
- ☐ Person who has brought an action to be appointed as an accompanying person within the scope of the Legal Scheme for Accompanied Adults

If you did not choose the "Person Receiving Care" option, please identify the person giving the consent:

▶ Name

▶ Social Security Identification Number

**I hereby declare** that I want the person identified in [table 1](#) to be recognised as an Informal Carer.

Date

year

month

day

Signature

Signature of the person giving the consent or of another person on his/her behalf (signature of another person when the person who is receiving care and gave the consent cannot or does not know how to sign) according to a valid identification document.

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## Personal details of the Person Receiving Care (continuation)

### 2.1. Identification

 **Person Receiving Care no. 2**

Full name

Social Security Identification Number

Birth date

 -  -   
year month day

### 2.2. Consent to the recognition of the Informal Carer status

Please state who is giving consent:

- ☐ Person Receiving Care    ☐ Representative    ☐ Mother/Father of the minor
- ☐ Accompanying person within the scope of the Legal Scheme for Accompanied Adults
- ☐ Person who is or will be providing assistance to the person concerned and whose intention is to bring an action to be appointed as an accompanying person within the scope of the Legal Scheme for Accompanied Adults
- ☐ Person who has brought an action to be appointed as an accompanying person within the scope of the Legal Scheme for Accompanied Adults

If you did not choose the "Person Receiving Care" option, please identify the person giving the consent:

- ▶ Name
- ▶ Social Security Identification Number

**I hereby declare** that I want the person identified in [table 1](#) to be recognised as an Informal Carer.

Date

 -  -   
year month day

Signature

Signature of the person giving the consent or of another person on his/her behalf (signature of another person when the person who is receiving care and gave the consent cannot or does not know how to sign) according to a valid identification document.

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## Information

### What does it mean to give consent?

Consent is the manifestation of unequivocal will of the Person Receiving Care, who wants the applicant identified in form [CI 1 - Application for Recognition of the Informal Carer Status](#) to be recognised as his/her informal Carer.


### Documents to submit

#### 3.1. Person giving the consent

- ▶ Valid ID document (Citizen Card, Identity Card or Passport) of the applicant or of another person on his/her behalf when the Person Receiving Care cannot or does not know how to sign.

Please submit one of the following documents, according to the situation indicated in [table 2](#):

#### 3.2. Person Receiving Care

- ▶ **If the Person Receiving Care is holder of the Long-Term Care Supplement or the Allowance for care provided by a third party**
- ▷ Medical statement attesting that he/she is in the full use of his/her intellectual faculties.
-  This document may be submitted up to 180 days after receipt of the notification recognising the Informal Carer status.

**Information** (continuation)▶ **Representative**

- ▶ Proof of the Court's judgment appointing the Guardian;
- ▶ Power of attorney, if the Person Receiving Care is temporarily unable to express his/her consent; **or**
- ▶ Agreement on the exercise of parental responsibilities, if the Person Receiving Care is a minor and lives only with one of the parents.

▶ **Accompanying person within the scope of the Legal Scheme of Accompanied Adults:**

- ▶ Proof of the Court's judgment appointing the accompanying person.

▶ **Person who has brought an action to be appointed as an accompanying person within the scope of the Legal Scheme for Accompanied Adults:**

- ▶ Proof of the request made to the Public Prosecutor's Office or the Court to bring such an action.



This document may be submitted up to 180 days after receipt of the notification recognising the Informal Carer status.

**Data protection**

The collected data will be processed by the competent Social Security Services (*Instituto da Segurança Social, I.P.*) 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](http://www.seg-social.pt)

**To be completed by the Social Security services**

I confirm that the signature of the ☐ **Person Receiving Care** ☐ **Person that signed on his/her behalf** is in accordance with the following identification document:

☐ Citizen Card

☐ Identity Card

☐ Passport

☐ Other

Number

Valid until

 -  -   
year month day

**Signature and stamp**