

## 1 Personal details of the Carer

Full name

Social Security Identification Number

## 2 Personal details of the Person Receiving Care

### 2.1. Identification

Full name

Social Security Identification Number

Birth date

 -  - 

year month day

### 2.2. Other details

Family relationship or another type of relationship between the Person Receiving Care and the Informal Carer

Please state the situation that applies to the Person Receiving Care:

- He/she is holder of one of the following benefits:
- 1<sup>st</sup> degree Long-Term Care Supplement and is bedridden or in need of permanent care
  - 2<sup>nd</sup> degree Long-Term Care Supplement
  - Allowance for care provided by a third party

If he/she is holder of one of the previous benefits, please indicate the monthly amount  €  
and the paying authority name

- He/she has applied for one of the following benefits, but is awaiting a decision:
- Long-Term Care Supplement
  - Allowance for care provided by a third party

If he/she has applied for one of the previous benefits, please indicate the paying authority name

- He/she is accommodated in a public or private residential structure, of a social or health care response (e.g.: Residential Structure for the Elderly, Residential Home, Unit of the National Network of Integrated Long-term Care)
- He/she is attending an educational establishment, a special education establishment or a social response of non-residential nature

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

### 2.3. Identification of the persons with whom the Person Receiving Care lives, if he/she is a minor (To be completed only if the minor does not live with the Carer)

Full name	Social Security Identification Number <sup>1</sup>	Taxpayer Number	Family relationship <sup>2</sup> / Other <sup>3</sup>
Person Receiving Care (minor) _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<sup>1</sup> If the person concerned does not have a Social Security Identification Number, please complete form [RV 1017 - Identification of natural persons covered by the citizenship social protection system](#).

<sup>2</sup> E.g.: Spouse or *de facto* partner, son/daughter, grandson/granddaughter, great-grandson/great-granddaughter, brother/sister, father/mother, uncle/aunt, grandfather/grandmother, great-grandfather/great-granddaughter, great-uncle/great-aunt, cousin, son-in-law/daughter-in-law, brother-in-law/sister-in-law, stepson/stepdaughter.

<sup>3</sup> Person without a family relationship with the Person Receiving Care.

### 2.4. Other details concerning the relationship between the Carer and the Person Receiving Care

Please indicate what is your relationship with the person you are taking care of:

- I live with the person I am taking care of
- I provide permanent care to the person concerned
- I do not receive any remuneration for the care I provide to the person concerned
- I have shared custody of the person I am taking care of

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## 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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## Statements

I am aware that 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

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

## 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(s) of the  Applicant(s)  Person(s) that signed on behalf of the applicant(s) is(are) in accordance with the following identification document:

#### Carer

Citizen Card                       Identity Card                       Passport                       Other

Number

Valid until  -  -   
year                      month    day

Signature

#### Person giving the consent

Citizen Card                       Identity Card                       Passport                       Other

Number

Validade  -  -   
year                      month    day

Signature