

☐ 1st Application ☐ Change of Application



- ▶ For the Informal Carer Status to be recognized, the Person Receiving Care must be holder of one of the following benefits: the Long-Term Care Supplement or the Allowance for care provided by a third party.
- ▶ If you have not applied for any of those benefits and you are in a dependency situation that requires permanent assistance from another person, you may, at this stage, submit the respective application.
- ▶ The application for the Recognition of the Informal Carer Status may be submitted through the Social Security Online Service (*Segurança Social Direta*), at www.seg-social.pt. This way, it will be processed more swiftly.

Personal details of the Carer

1.1. Identification

Full name

Social Security Identification Number

Birth date

 - -
year month day

Mobile phone/Phone number

Email

1.2. Social benefits not paid by Social Security

Please indicate whether you receive one of the following benefits:

☐ Total Invalidity Pension ☐ Dependency Benefit

1.3. Identification of the persons with whom the Carer lives¹

Full name	Social Security Identification Number ²	Family relationship ³ / Other ⁴	Reason for the absence ⁵	Date of the absence ⁵	Foreign country ⁵
Carer					
				- -	
				- -	
				- -	
				- -	
				- -	

¹ Persons living in common economy with the Carer.

² 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](#).

³ 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.

⁴ Person without a family relationship with the Carer.

⁵ To be completed if the identified person is absent from the national territory due to sickness, work, studies or vocational training.

1.4. Other details

Please state your situation:

- ☐ I am not gainfully employed
- ☐ I have no other activity that prevents me from providing permanent care to the person concerned (e.g. volunteering)
- ☐ I am available and have adequate health conditions to provide care to the person concerned

Personal details of the Person Receiving Care

(If you have more than one person in your care, please complete the continuation sheet)

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:

☐ 1st degree Long-Term Care Supplement and is bedridden or in need of permanent care

☐ 2nd 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

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 ¹	Taxpayer Number	Family relationship ² / Other ³
Person Receiving Care (minor) _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

¹ 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](#).

² 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.

³ 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

3

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.

4

Statements

I hereby declare that **I have physical and psychological conditions adequate to the care to be provided.**

I am aware that false statements are punished according to the law.

I undertake to submit any supporting documents deemed necessary.

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.

5

Information



Documents to submit

5.1. Carer and Person Receiving Care

- ▶ Valid ID document (Citizen Card, Identity Card or Passport);
- ▶ Form [RV 1017 - Identification of natural persons covered by the citizenship social protection system](#), if the person concerned is not yet registered in the Social Security system.

5.2. 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.
- ▶ If the Person Receiving Care has not applied for any of the benefits listed in [table 2](#), and is in a dependency situation, he/she may still submit one of the following applications:
 - ▷ Form [RP 5027 - Application for the Long-Term Care Supplement](#);
 - ▷ Form [RP 5036 - Application for the Allowance for care provided by a third party](#).

5.2. Person Receiving Care

- ▶ If you have selected one of the dependency benefits indicated in [table 2](#), and the person concerned is not covered by the Social Security system:
 - ▷ Proof of the application submission and, once the decision is communicated, proof of the benefit payment an information of the respective amount; **or**
 - ▷ Proof of the benefit payment to the person concerned and information on the respective amount.
- ▶ If the Person Receiving Care is a minor:
 - ▷ Agreement on the exercise of parental responsibilities.
- ▶ If the person concerned is a foreign citizen from one of the states referred to in ¹:
 - ▷ Certificate of registration of an EU citizen, issued by the municipal council of the area of residence.
- ▶ If the person concerned is a foreign citizen from a state not belonging to the group of states referred to in ¹, provided that he/she is residing on national territory for at least one year:
 - ▷ Proof of legal residence in Portugal, such as: temporary stay visa, residence visa, temporary residence permit and permanent residence permit.
- ▶ If the person concerned is residing in Portugal as a refugee:
 - ▷ Proof of refugee status.

¹ A state of the European Union, the European Economic Area or a third state that has concluded an agreement on the free movement of persons within the European Union.

Notes

If the person concerned has applied for one of the benefits listed in [table 2](#), but a decision has not yet been taken on it, this application will be examined after that decision.

5.3. Person giving the consent

- ▶ Valid ID document (Citizen Card, Identity Card or Passport).

Please submit one of the following documents, according to the situation indicated in [table 4](#):

- ▶ **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.
- ▶ **Accompanying person within the scope of the Legal Scheme for 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.



Where to submit the documents

- ▶ The request should preferably be submitted through the Social Security Online Service (*Segurança Social Direta*) at www.seg-social.pt, in order to be processed more swiftly;
- ▶ If you choose to submit the application in paper form, it may be completed electronically and submitted in person or sent by post to a Social Security Service.

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

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

<input type="radio"/> Citizen Card	<input type="radio"/> Identity Card	<input type="radio"/> Passport	<input type="radio"/> Other <input type="text"/>
Number <input type="text"/>	Valid until <input type="text"/> - <input type="text"/> - <input type="text"/>		Signature <input type="text"/>
	year month day		

Person giving the consent

<input type="radio"/> Citizen Card	<input type="radio"/> Identity Card	<input type="radio"/> Passport	<input type="radio"/> Other <input type="text"/>
Number <input type="text"/>	Validade <input type="text"/> - <input type="text"/> - <input type="text"/>		Signature <input type="text"/>
	year month day		