

Attachment - Statements of the Person Receiving Care

1 Personal details of the carer

Full name

Social Security Identification Number

Birth date

 - -
year month day

2 Personal details of the person receiving care

Full name

Social Security Identification Number

Birth date

 - -
year month day

3 Statement of consent of the person receiving care



This statement must be signed by the person receiving care if he/she is in full use of his/her intellectual faculties. If the person receiving care is not in full use of these faculties, the consent shall be given by a family member (identified below) who is taking legal action to obtain consent, or by a legal representative.

I hereby declare that I want the person identified in [table 1](#) to be recognised as my informal carer.

Please state who is giving the consent:

- Person receiving care Representative Mother/Father Spouse (husband/wife) or *de facto* partner
 Accompanying person Other family relationship/affinity with the person receiving care

▶ Name

▶ Social Security Identification Number

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 giving the consent cannot or does not know how to sign) according to a valid identification document.

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Statement of relationship of mutual help and sharing of resources

i This statement must be signed by the person receiving care who, although he/she does not live with carer, they both have a relationship of mutual help and sharing of resources. In this case, the person receiving care must be in full use of his/her intellectual faculties. If the person receiving care is not in full use of these faculties, the consent shall be given by a family member (identified below) who is taking legal action to obtain consent, or by a legal representative.

I hereby declare that I maintain a relationship of mutual help and sharing of resources with the person identified in [table 1](#), characterised by the contribution to common expenses and collaboration in daily life.

Please state who is giving consent:

- Person receiving care
- Representative
- Mother/Father
- Spouse (husband/wife) or *de facto* partner
- Accompanying person
- Other family relationship/affinity with the person receiving care

▶ Name

▶ Social Security Identification Number

Date
 - -
 year month day

Signature

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

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Statement of cohabitation

i This statement must be signed by the person receiving care who lives with the carer but does not have a family relationship of mutual help and sharing of resources. In this case, the person receiving care must be in full use of his/her intellectual faculties. If the person receiving care is not in full use of these faculties, the consent shall be given by a family member (identified below) who is taking legal action to obtain consent, or by a legal representative.

I hereby declare that I live in the same house with the person identified in [table 1](#), with whom I maintain a relationship of mutual help and sharing of resources.

Please state who is giving the consent:

- Person receiving care
- Representative
- Mother/Father
- Spouse (husband/wife) or *de facto* partner
- Accompanying person
- Other family relationship/affinity with the person receiving care

▶ Name

▶ Social Security Identification Number

Date
 - -
 year month day

Signature

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

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Information



Documents to submit

6.1. Person receiving care

- ▶ Valid ID document (Citizen Card, Identity Card, Passport or Residence Permit).
- ▶ Medical statement attesting that the person receiving care is in the full use of his/her intellectual faculties.

6.2. Person giving consent and/or signing the statement of cohabitation or the statement of relationship of mutual help and sharing of resources

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

Please submit one of the following documents, depending on the situation applicable to the person receiving care:

▶ Family member

- ▷ Proof of request submitted to the Court for a legal action to obtain consent.

▶ Accompanying person or Legal Representative

- ▷ Proof of request submitted to the Court or Court's Judgment within the scope of the Legal Scheme for Accompanied Adults, mentioning the need to obtain consent or the respective decision, for recognition of the Informal Carer Status.
- ▷ Proof of the Court's judgment appointing the Guardian.
- ▷ Power of attorney for health care.
- ▷ Proof of the exercise of parental responsibilities, if the person receiving care is a minor (and when the parents do not live together as a couple).



Legal action to obtain consent

The legal action to obtain consent requires the hiring of a lawyer. If you do not have the financial means to cover the respective expenses, you can request legal aid from Social Security:

- ▶ Through the Social Security Online Service (Segurança Social Direta) at www.seg-social.pt.
- ▶ At the Social Security Customer Information Services, by submitting the Legal Protection Application Form - PJ 1.

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 Online Service (*Segurança Social Direta*) at www.seg-social.pt.

To be completed by the Social Security services

I confirm that the signature of the **Person receiving care** **Declarant** is in accordance with the following identification document:

Citizen Card Identity Card Passport Other

Number

Valid until

 - -
year month day

Signature and stamp