SEGURANÇA SOCIAL

Informal Carer

Application for the Recognition of the Informal Carer Status - continuation sheet

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 other with the carer

☐ The person receiving care is holder of:

- ◯ 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

Personal details of the person receiving care (continuation)

2

2.3. Other details concerning the relationship between the carer and the person receiving care

- ☐ I live with the person I am taking care of
- ☐ I do not live with the person receiving care, but I have a relationship of mutual support and sharing of resources with him/her
- ☐ 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

Statements of the carer

3

◯ **I declare**, on my honour, that I have physical and psychological conditions adequate to the care to be provided.
Article 9(2)(c) of Regulatory Decree no. 1/2022 of 10 January, updated version

◯ **I declare** that I meet the necessary conditions to be recognised as an informal carer.
I undertake to submit the missing documents within 90 days from the date of this application submission.
I understand that if I do not submit the missing documents within the established time limit, the application will not be approved.
Article 9(9) of Regulatory Decree no. 1/2022 of 10 January, updated version

I am also **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 wihin 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 ◯ **Applicant** ◯ **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