

## Application for the Recognition of the Informal Carer Status

☐ 1<sup>st</sup> Application ☐ Change of Application



- ▶ For the **provisional recognition** of the informal carer status, you must submit this application duly completed and accompanied by the documents listed in table 4.
- ▶ For the **definitive recognition** of the informal carer status, you must also submit form CI 12 - Attachment - Statements of the Person Receiving Care and the respective supporting documents.

### 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 lives (in the same household and with whom he/she has established a relationship of mutual support and sharing of resources)

| Full name | Social Security Identification Number <sup>1</sup> | Family relationship/ Other <sup>2</sup> | Reason for the absence <sup>3</sup> | Date of the absence <sup>3</sup> | Foreign country <sup>3</sup> |
|-----------|----------------------------------------------------|-----------------------------------------|-------------------------------------|----------------------------------|------------------------------|
| Carer     |                                                    |                                         |                                     | - -                              |                              |
|           |                                                    |                                         |                                     | - -                              |                              |
|           |                                                    |                                         |                                     | - -                              |                              |
|           |                                                    |                                         |                                     | - -                              |                              |
|           |                                                    |                                         |                                     | - -                              |                              |
|           |                                                    |                                         |                                     | - -                              |                              |

<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, or person without a family relationship with the carer.

<sup>3</sup> To be completed if the identified person is absent from the national territory due to sickness, work, studies or vocational training.

#### 1.4. Further information concerning your current 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 other with the carer

☐ The person receiving care is holder of:

- ☐ 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

### 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

 These statements are required (mandatory) for the assessment of your application.

☐ **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.  
*Article 9(9) of Regulatory Decree no. 1/2022 of 10 January, updated version*

**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.

**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.

## Information

### What does provisional recognition mean?

The provisional recognition of the informal carer status takes place when the application is submitted with the documents listed in table 4.1. and table 4.2. The applicant must also sign the statements in table 3 and undertake to submit the documents indicated in form CI 12 - Attachment - Statements of the Person Receiving Care, within 90 days from the date of this application submission.

### Documents to submit

#### 4.1. Carer and person receiving care

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

#### 4.2. Person receiving care

- ▶ **If the person is holder of the 1<sup>st</sup> Degree Long-Term Care Supplement**
  - ▷ Form CI 17 - Medical Statement, completed by the family doctor or medical assistant, defining the period during which the person receiving care is temporarily bedridden or in need of permanent care.
- ▶ **If the person is a minor (and his/her parents do not live together as a couple)**
  - ▷ Proof the parental responsibilities.
- ▶ 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.
- ▶ 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 and information on the respective amount; **or**
  - ▷ Proof of the benefit payment to the person concerned and information on the respective amount.

### Forms

The forms are available on the Social Security Online Service (*Segurança Social Direta*) at [www.seg-social.pt](http://www.seg-social.pt) and in the Social Security Customer Information Services.

**i** 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.

**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](http://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**