



MINISTRY OF HUMAN SERVICES & SOCIAL SECURITY

OLD AGE PENSION/PUBLIC ASSISTANCE APPLICATION FORM

(FREE DISTRIBUTION ONLY)

USE BLOCK LETTERS ONLY

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APPLICANT'S DATA

First Name: _____
Middle Name: _____
Surname: _____
Other Name: _____
Current Address: _____
Contact Numbers: _____ Cell: _____

Sex: _____
Date of Birth: _____
ID Card #: _____
Passport #: _____
Region: _____
District: _____

SERVICE APPLIED FOR: [] Old Age Pension [] Public Assistance - Economical [] Public Assistance - Medical

Declaration

I declare that all the responses on this form are true and correct to the best of my knowledge and belief.

Applicant signature/mark

Date
Day/Month/Year

Receiving Officer's signature

Date
Day/Month/Year

MINISTRY OF HUMAN SERVICES & SOCIAL SECURITY OLD AGE PENSION/PUBLIC ASSISTANCE

(Must be given to the Applicant)

Full Name: _____

ID/PP #: _____

SERVICE APPLIED FOR: [] Old Age Pension [] Public Assistance - Economical [] Public Assistance - Medical

Application Date: _____
Day/Month/Year

Social Worker Name: _____

Signature: _____

Date: _____
Day/Month/Year

PUBLIC ASSISTANCE ECONOMICAL INQUIRY/REVIEW

INSTRUCTIONS

To claim Public Assistance, applicant must read pages 2&3 of this form, and provide a true response to all questions herein.

Household data

Marital Status: Married Single Divorced Widow/Widower
 Separated Common Law Visiting Relationship

Family Type: Single Parent Extended Family

Household Head: Male Female

Number of adults in household:

Adult's Full Name (Surname, First name, other names)	Date of Birth	Sex	ID / PP Number	Monthly Income	Relationship to client

Number of children in household:

Child's Full Name (Surname, First name, other names)	Date of Birth	Sex	ID Number	Monthly Income	Relationship to client

School Attendance Issues: (Please tick the appropriate option below)

Is/Are the child/dren attending School? Yes No

If No, give reason(s): _____

PUBLIC ASSISTANCE ECONOMICAL INQUIRY/REVIEW

INCOME SOURCES/EXPENSES

Employment Status: Employed Unemployed Self Employed
 Full Time Part Time

If employed, please state;

Employer's Name	Nature of work / Position	Employment Period		Monthly Income
		From (year)	To (year)	

Do you have any skill(s)? Yes No

If **yes**, state what skill(s): _____

What plans do you have to earn/improve your income? _____

Are you in receipt of any assistance? Yes No

If **yes**, what is/are the source(s) of assistance? Alimony Child Support Remittance
 Government NGO Other

Do you have information about the whereabouts of the parent(s) of the child/children? _____

Are you receiving financial/ material support from the parent(s) of the child/children? Yes No

Was the parent of the child/children taken to Court for maintenance? Yes No

Have you ever received any assistance from the Ministry? Yes No

If **yes**, please state;

Assistance Type	Assistance Source	Monthly Amount

When was the assistance received?

When (Period : from – to)	Description (details) of Assistance

PUBLIC ASSISTANCE ECONOMICAL INQUIRY/REVIEW

Residence Type: Owner Co-Owner Caretaker
 Tenant Other; state _____

Are you paying rent? Yes No

If yes, state monthly amount spent on rent (GYD)? _____

Is there any family member who has a medical condition requiring the purchase of medication? Yes No

If yes, what is the monthly amount spent on medication (GYD)? _____

Declaration

I declare that all the responses on this form are true and correct to the best of my knowledge and belief.

 Applicant signature/mark

Date
 Day/Month/Year

PENALTY FOR FALSE STATEMENT

Any Person who knowingly makes any false statement, or false representation for the purpose of obtaining or continuing a public assistance service either for one self or for any other person, shall be liable on summary conviction to a fine or imprisonment.