



REPUBLIC OF TRINIDAD AND TOBAGO

PAY STATION .....

District .....

No. ....

Date of receipt of application

.....

### APPLICATION FOR PUBLIC ASSISTANCE

I, the undersigned, hereby make an application for public assistance and declare that the particulars I have supplied are true and complete.

Signed .....

Address .....

Date .....

#### 1. Household

(a) Name (Surname first)	(b) Sex	(c) Status and relationship to Applicant	(d) Age	(e) Date of Birth	(f) Occupation or in case of a child school and standard	(g) Income when working	(h) Present income per mth
Applicant							
Wife, husband or parent							
Other members of household							
2. Children not living in household							

#### 3. Other relatives who assist household

Name	Relationship	Address	Extent of Assistance

#### 4. Any other income – give details

#### OUTGOINGS:

(a) House Rent \$ ..... (c) House and Land Taxes \$ .....  
(b) Land Rent \$ ..... (d) Water and Sewerage Rates \$ .....

TOTAL INCOME

TOTAL INCOME  
NET INCOME

5. Property owned by household and income therefrom

Name	Description	Remarks

6. (a) Description of Dwelling:

Type of House .....

State of Repair .....

Cleanliness and ventilation .....

Sleeping accommodation .....

Other remarks .....

(b) State of health of household .....

7. School Report

Date of report						
Child						
Age						
School						
Class						

8. (a) Dates of Interviews ..... Visits .....

(b) Verification of applicant's statements:

Certificates seen .....

Receipts .....

Reports .....

Interviews/letters/other collateral .....

(c) History and Remarks

(i) Previous History:

(ii) Present Circumstances:

(iii) Recommendation:

Date: .....

Investigating Officer

Vetting Officer's initials and date: .....

## MEDICAL OFFICER'S REPORT

Name .....

I.D. Card No. ....

Address .....

Occupation .....

Illness or Injury .....

Whether thereby disabled from earning .....

Percentage of disability .....

Probable duration of disability .....

Whether curable treatment prescribed .....

Date .....

Signature of Medical Officer

*Note to Medical Officer*

The object of the report is to help the Local Board in determining what assistance may be given to the applicant, and should state disability, probable duration of disability, whether it is curable, any treatment prescribed, what arrangements can be made for treatment.

## DECISIONS OF LOCAL BOARD

Date	Amount	From	To	Statistics M (B.G.) F	Chairman's Signature

