SOCIAL ASSISTANCE FOR PERSONS WHO EXPERIENCE LOSS OF INCOME IN RESPECT OF COVID-19

GUIDELINES

To qualify for this assistance, you must have experienced a Loss of Income on or after **April 30th, 2021 in accordance with Public Health Restrictions announced on May 3rd, 2021 (Legal Notice No. 131).** Only persons who were employed in the following sectors can apply:

- Bar Industry
- Restaurant
- Persons who sell or offer for sale food or drink as a street vendor ;
- Retail Establishments (In accordance with Public Health Ordinances)
- Gaming Industry
- Entertainment Industry
- Tourism Industry

To ensure that the application is processed speedily, you **must** enclose copies of the following documents when submitting your application:

1. Copy of National Identification Card - (**NOT** Driver's Permit or Passport);
2. Letter from employer;
3. For self-employed persons, applications must be supported by one recommendation from a verifiable source. Copy of the recommender ID (Any picture ID) must be submitted . See **GUIDELINES FOR THE RECOMMENDER** ;

Your application will be rejected if the supporting documents are not submitted or if the application form is incomplete. To apply visit the Ministry website at **www.social.gov.tt** and follow the link. **You can also download the application form, complete and submit it to the nearest Social Welfare Office in your area . Forms are available at the Social Welfare District Offices.**

GUIDELINES FOR THE RECOMMENDER

- The Recommender must have known you personally for at least three (3) years and know you well enough to be confident that the statements you have made in the application are true;
- The Recommender must not be an immediate relative of the applicant; and
- The Recommender must be a citizen/permanent residence of Trinidad and Tobago and be included in one of the following categories:
  - Minister of Religion registered under law to perform marriages;
  - Managing Di rector, Director and Man ager of Banks and Companies;
  - Professionals (University Graduates). (State qualifications.);
  - Member of Parliament or Mayors;
  - Notary Public/Justice of the Peace /Commissioner of Affidavits;
  - Senior Public Servants (Range 30 and above);
  - Police Officer (Corporal and above rank). (Include Regimental Number);
  - Prison Officer II and above rank. (Include Regimental Number);
  - Fire Sub - Officer and above rank. (Include Regimental Number);
  - Member of Defence Force (Corporal/Leading Seaman and above rank - Include Regimental Number)
  - School Principal, Vice-Principal, Lecturer, Graduate Teacher (Teacher I and above rank).

SOCIAL ASSISTANCE FOR PERSONS WHO EXPERIENCE
LOSS OF INCOME IN RESPECT OF COVID-19

APPLICATION FORM
SECTION 1 - GENERAL INFORMATION

TO BE COMPLETED BY ALL APPLICANTS

i. APPLICANT	
Name (As appearing on ID Card)	
Gender	**Male** ☐ **Female** ☐
Home Address	
Contact No.	
Email Address	
National ID#	
National Insurance#	
Proof of Citizenship/ Permanent Residence	
ii. EMPLOYMENT DETAILS	
Effective Date of Loss of Income	
Job Title	
Sector (See Guidelines)	
iii. BANK ACCOUNT DETAILS	
Bank Name and Branch	
Account Number	
iv. EMPLOYER'S DETAIL	
Name of Employer	
Contact No.	
Email Address	
Business Address	

SECTION 2 RECOMMENDER INFORMATION (To be completed by RECOMMENDER ONLY)	
Name (Block Letters)	
Gender	**Male** ☐ **Female** ☐
Job Title	
Contact No.	
Email Address	
Home Address	
Recommender's Certification	**I certify that I know Mr./ Ms.** _____ **for** _____ **years.** **I certify that the information provided in this application is true and correct.** **(stamp)**

SECTION 3 - DECLARATION OF TRUTH
(MUST be completed and signed by the Applicant)

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF THE SOCIAL SERVICES.

I _____ **(full name),** swear that with effect _____ I experienced a loss of income and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. I recognise that the information submitted in this application is for the purpose of social services support by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorise such agency to contact any certifying agencies for the purpose of verifying the information supplied and determining my eligibility. I agree to provide written notice to the recipient agency of any material change in the information contained in the original application within 30 calendar days of such change.

I acknowledge and agree that any misrepresentations in this application will be grounds for denial or immediate revocation of benefits. I declare, under penalty of perjury, that the information provided in this application and supporting documents is true and correct.

Signature: _____ Date: _____