



Husband's/ Wife's Claim
reference number(s)

Date of receipt of claim

For official use only

Name

File Number

Address

Local Board Number

I.D Number

Disability Assistant Grant Number

N.I.S. Number

Reject Claim Number

FORM OF CLAIM FOR DISABILITY ASSISTANCE GRANT

Instructions

1. A person applying for a Disability Assistance Grant must complete this form and sign and submit it with his/her Birth Certificate or other evidence of age and evidence of disability to the Chairman of the Local Public Assistance Board of the district in which the applicant resides.
2. If a husband and wife are each applying for a Disability Assistance Grant at the same time each must fill out a separate form.
3. A Disability Assistance Grant is not assignable.

Qualifications

To be eligible for a Disability Assistance Grant, a person –

1. Must have attained the age of forty (40) years;
2. Must have been ordinarily resident in Trinidad and Tobago for twenty years immediately preceding the claim for Disability Assistance Grant, notwithstanding having been temporarily absent from Trinidad and Tobago for a total period not exceeding five (5) years over those twenty (20) years;
3. Have an income not exceeding the total income specified in section 11a(1) of the Public Assistance Act
4. Must be certified by a Government Medical Officer as being permanently disable from earning a livelihood as a result of visual, mental, hearing or physical impairment.

1. Full Name of Applicant (Block Letters) Male
(Surname) (Given Names) Female

2. Number of I.D. Card, Passport or Driving Permit

3. Address (give full details)

4. Telephone Number

5. Father's Name

6. Mother's Name

7. Age 8. Date of Birth

9. Place of birth (street or road, town and ward and country)

10. Birth Certificate Number (certificate attached)

11. Do you live permanently in Trinidad and Tobago? If so, for how long have you been living permanently in Trinidad and Tobago?

Date of Departure

Date of Return

Date of Departure

Date of Return

Date of Departure

Date of Return

13. Marital status: Single Married Widowed

14. Name of spouse

15. If you are widowed, state the date of your spouse's death

16. Are you living in the same house with your spouse?

17. Is/Was your spouse an Old Age Pensioner/Recipient of Disability Assistance Grant? Yes No

If so, state the Local Board Office where pension / grant is / was payable

18. List names, ages, occupations and addresses of children who are alive:

Name	Age	Occupation	Address

19. Is any sum payable by you (if separated from your spouse) to your spouse by way of maintenance?

If so, how much?

20. (a) Have you been working in Trinidad and Tobago over the last twenty years? Yes No

(b) By whom were you employed?

21. (a) If now unemployed, give the name and address of your last employer

(b) Type of work performed

(c) When did you stop working?

22. (a) Do you own any property? Yes No

If so, of what does your property consist?
(house, land etc.)

(b) Where is the property situated?

(c) What is the value of the property?
(house, land etc.)

(d) What income is derived from it?

(e) Do you live on the property? Yes No If not, do you rent the property? Yes No

(f) If you rent the property, is it wholly or partly rented and what is your income from the rental of property?

Wholly Partly Rental Income \$

23. If you do not own a property or if you own but rent your property do you pay rent for the house in which you live? Yes No If so, how much rent do you pay and to whom?

24. (a) Does your spouse own any property, if so, what does it consist of?

(b) Where is it situated?

(c) What is the value of the property?

(d) Does your spouse live on the property?

25. Have you any money in any Credit Union, Bank or Financial Institution?

26. Are you a member of any Friendly Society? Yes No
If so, state the name and address of the Friendly Society

27. Are you a Government or other Pensioner? Yes No
If so, what is the source and amount of your pension?

28. Do you receive any other benefits?

29. Are you a recipient of Public Assistance? Yes No If so, how much?

30. What is your monthly income?

31. Have you applied for Disability Assistance Grant Before?

32. Do you now receive a Disability Assistance Grant in any other district?

Warning

Any person who, for the purpose of obtaining or continuing a Disability Assistance Grant, either for himself or for any other person, or for the purpose of obtaining or continuing a grant for himself or any other person at a higher rate than that appropriate to the case, knowingly makes any false statement or false representation, and any person who knowingly obtains payment of, or continues to receive a grant which he is disqualified from receiving or which for any reason is not payable to him, is liable on summary conviction to imprisonment or a fine of one thousand dollars.

DECLARATION

I declare that all the statements in this form are true to the best of my knowledge and belief, and that I am not, so far as I know, disqualified from receiving a Disability Assistance Grant for any of the reasons stated on this form.

Applicant's signature or (mark)

Date

Witness to declaration

Address

Occupation

Date

Checklist of attachments –

1) Original Birth Certificate

2) Evidence of Disability