



GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO  
MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES

**DISABILITY ASSISTANCE GRANT**  
Children (Under 18 Years)

- 1. Are you or anyone else in receipt of Public Assistance on behalf of this child? YES  NO
- 2. Do you or anyone else receive any other benefits on behalf of this child? YES  NO
- 2a. If yes how much? .....\$.....
- 3. Have you applied for a Disability Assistance Grant on behalf of the child before? YES  NO
- 4. Do you receive a Disability Assistance Grant on behalf of this child in any other district? YES  NO
- 5. Is the child a holder of a Trinidad and Tobago Passport? YES  NO
- 5a. If yes, please state passport number and dates of departure from, and return to, Trinidad and Tobago within the last three years:

<i>Passport Number</i>	<i>Date of Departure</i>	<i>Date of Return</i>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**WARNING**

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

**DECLARATION**

I declare that all the statements on this form are true to the best of my knowledge and belief and that I am not, to the best of my knowledge, disqualified from receiving a Disability Assistance Grant on behalf of a child with a disability for any of the reasons stated on this form.

Signature ..... Date .....

**SECTION 3: DECISION OF LOCAL BOARD**

***For Official Use Only:***

Investigating Officer's Report: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Decision:***

Approved  Effective Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Rejected  Reason: \_\_\_\_\_

Chairman's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Official Use Only:**

Date of Receipt of Application ..... Full Name of Applicant .....

Local Board ..... Address .....

Local Board Number ..... I.D. Card No. ....

File No. ....

**INSTRUCTIONS**

- 1. A person applying for a Disability Assistance Grant on behalf of a child must complete this Form. The completed Form must then be submitted together with the Medical Report completed by an authorised Medical Officer along with the child's computerised Birth Certificate and evidence of legal guardianship (if applicable), to the Chairman of the Local Public Assistance Board of the district in which the applicant and child reside.
- 2. If an applicant is applying for Disability Assistance Grant on behalf of two or more children who reside in the same household, a separate form must be completed for each child.

**QUALIFICATIONS**

To be eligible for the Disability Assistance Grant:

- a) A parent/legal guardian must be a citizen/resident of Trinidad and Tobago as defined in the Immigration Act;
- b) A parent/legal guardian must be 18 years or older;
- c) A child must not have attained the age of eighteen (18) years;
- d) A child must be a citizen / legal resident of Trinidad and Tobago as defined in the Immigration Act;
- e) A child must be residing permanently in Trinidad and Tobago; and
- f) The grant is payable where the assessment of a child is either severe or complete and where the disability is permanent in nature. Such certification shall come from a Paediatrician or other medical practitioner (Public Health) authorized by the Chief Medical Officer for this purpose or from a Paediatric Specialist (Private Practitioner) registered with the Medical Board of Trinidad and Tobago.

**DECLARATION OF APPLICANT**

**Required Information**

<b>Applicant</b>	Last Name	First Name	Middle Name	Date of Birth (YY/MM/DD)	Age	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	I.D. Card No. (where applicable)	Residential Address (Street, Town, Country)		Mailing Address (if different from Residential Address) (Street, Town, Country)		
	Pin Number					
	Relationship to Beneficiary <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Country of Birth	Status <input type="checkbox"/> Citizen <input type="checkbox"/> Legal Resident Resident No. _____	Contact No. (Cell)	Contact No. (Home)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law
<b>Beneficiary (child under 18)</b>	Last Name	First Name	Middle Name	Date of Birth (YY/MM/DD)	Age	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	I.D. Card No. (where applicable)	Residential Address (Street, Town, Country)		Mailing Address (if different from Residential Address) (Street, Town, Country)		
	Pin Number					
	Relationship to Beneficiary <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Country of Birth	Status <input type="checkbox"/> Citizen <input type="checkbox"/> Legal Resident Resident No. _____	Contact No. (Cell)	Contact No. (Home)	Marital Status

**Other Information if Available**

<b>Mother (If different from applicant)</b>	Last Name	First Name	Middle Name	Date of Birth (YY/MM/DD)	Age	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	I.D. Card No. (where applicable)	Residential Address (Street, Town, Country)		Mailing Address (if different from Residential Address) (Street, Town, Country)		
	Pin Number					
	Relationship to Beneficiary <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Country of Birth	Status <input type="checkbox"/> Citizen <input type="checkbox"/> Legal Resident Resident No. _____	Contact No. (Cell)	Contact No. (Home)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law
<b>Father (If different from applicant)</b>	Last Name	First Name	Middle Name	Date of Birth (YY/MM/DD)	Age	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	I.D. Card No. (where applicable)	Residential Address (Street, Town, Country)		Mailing Address (if different from Residential Address) (Street, Town, Country)		
	Pin Number					
	Relationship to Beneficiary <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Country of Birth	Status <input type="checkbox"/> Citizen <input type="checkbox"/> Legal Resident Resident No. _____	Contact No. (Cell)	Contact No. (Home)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law