

Application for a special repeated allowance to a surrogate parent

Complete the details in the application in block letters and mark the corresponding information as follows ☒

A. Data on the surrogate parent – eligible person

Name	<input type="text"/>	Surname	<input type="text"/>	Nationality	<input type="text"/>
	Date of birth	<input type="text"/>	Personal ID	<input type="text"/>	<input type="text"/>
Permanent address in Slovakia					
Street	<input type="text"/>			number	<input type="text"/>
Postal code	<input type="text"/>	City	<input type="text"/>		

B. Data on the child(ren) for whom the surrogate parent is claiming a special repeated allowance

	1	2	3	4
Name				
Surname				
Date of birth				
Personal ID				
Nationality				
Family relationship of the surrogate parent to the entrusted child				
Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Form of substitute care				
Substitute personal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardianship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Order of preliminary injunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placement of the child in substitute care				
Date of the child placement	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

