|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | Application for parental benefits |  |  |  |  |  |  |  |
|  |  |  |  |  | Fill in the application in capital letters and mark the corresponding details according to this model [x]  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **A** | ***Details of the applicant*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Surname |  |  |  |  |  |  |  |  |  |  |  |  | Name |  |  |  |  |  |  |  |  |  |  |  | Marital status 1) |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of birth |  | Birth number (Identification number) |  | Citizenship |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | [ ]  Address of permanent residence in Slovakia 2) |  | [ ]  Address of temporary residence in Slovakia 2) |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  | Tel. number |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Temporary residence permitted **from** |  | **to** |  |  |  |  |  |  |  |  |  |  |
|  | Address of permanent residence (place of residence) in an EU Member State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  | Tel. number |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | State |  | E-mail |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **B** | ***Social status of the applicant*** 3) *(please also indicate the country concerned, including Slovakia, in the box)* |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. | [ ]  | employee  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2. | [ ]  | self-employed person 4) |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 3. | [ ]  | pensioner |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 4. | [ ]  | beneficiary of unemployment benefits | **from** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 5. | [ ]  | unemployed | **from** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 6. | [ ]  | Other Please specify |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C** | ***Details of the other entitled person*** *(of the other parent or parent’s spouse)* |  |  |  |  |  |  |
|  | Surname |  |  |  |  |  |  |  |  |  |  |  |  | Name |  |  |  |  |  |  |  |  |  |  |  | Marital status 1) |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of birth |  | Birth number (Identification number) |  | Citizenship |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | [ ]  Address of permanent residence in Slovakia 2) |  | [ ]  Address of temporary residence in Slovakia 2) |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  | Tel. number |  |  |
|  | Address of permanent residence (place of residence) in an EU Member State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  | Tel. number |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | State |  | E-mail |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| The numerical references can be found on page 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **D** | ***Social status of the other parent*** 3) *(please also indicate the country concerned, including Slovakia, in the box)* |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. | [ ]  | employee  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2. | [ ]  | self-employed person 4) |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 3. | [ ]  | pensioner |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 4. | [ ]  | beneficiary of unemployment benefits | **from** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 5. | [ ]  | unemployed | **from** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 6. | [ ]  | Other please specify |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **E** | ***Applicant’s relationship to the child/children born simultaneously*** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [ ]  | parent |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [ ]  | person to whom the child is entrusted for foster care by a court decision |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [ ]  | spouse of a parent who is not the biological parent of the child and who lives with the child’s parent in a household 1) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **F** | ***Details of the child for whom the applicant is claiming entitlement and parental benefits*** 5) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Surname |  |  |  |  |  |  |  |  |  |  |  | Name |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Date of birth |  | Birth number (Identification number) |  | Citizenship |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | [ ]  Address of permanent residence in Slovakia 2) |  | [ ]  Address of temporary residence in Slovakia 2) |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  |  |  |  |
|  | Address of permanent residence (place of residence) in an EU Member State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | State |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |
|  | **The child was entrusted into the applicant’s foster care by a final court decision** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | of |  | No |  |  | valid on |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | The child is in paediatric care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Surname |  |  |  |  |  |  |  |  |  |  |  | Name |  |  |  |  |  |  |  |  |  |  | State |  |
|  |  |  |  |  |  |  |
|  | Name and address of the medical facility |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **The child suffers long-term ill health on the basis of an opinion from** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  |  |
| **G** | ***Method of payment*** |
|  |
|  | Into a bank account in Slovakia | Account number |  |  |  |  |  |  |  |  |  |  | Bank code |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | IBAN |  |  |
|  | In the absence of an account, the allowance is/will be paid in cash to the address of permanent residencein Slovakia/temporary residence in Slovakia\*.\*delete as appropriate |  |
|  |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **H** | ***Statement by the applicant*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | I declare that we are not residing [ ]  / residing [ ]  with a dependent child/children in a State which is not a Member State of the European Union, a party to the Agreement on the European Economic Area or the Swiss Confederation and I am compulsorily insured for public health in the Slovak Republic during my stay in that State.I declare that another child born before the child for whom I am claiming parental benefits [ ]  was /[ ]  was not entrusted to foster care on the basis of a court decision.I declare that all the details in this application are true and I will notify the payer of the parental benefits in writing at the latest within 8 days of any change affecting entitlement to, the amount of and payment of parental benefits (in particular, gainful employment of one of the parents in an EU Member State).I am aware that I am obliged to repay any amount of child benefits that is received incorrectly.In accordance with Section 11 of Act No 571/2009 on parental benefits and amending certain acts, as amended, I shall allow the parental benefits payer to visit my home and to provide information and explanations relating to the conditions for the duration of the entitlement in order to verify the facts set out in this application which determine entitlement to parental benefits, their amount and their payment.**Information for the applicant**The Office for Labour, Social Affairs and the Family — organisation Reg. No 30794536 — processes your personal data (including the personal data of jointly assessed persons) within the meaning of Act No 571/2003 on child benefits and amending certain acts, as amended, and further provides those personal data to public authorities. In the event of any ambiguity, problems or questions related to the protection of personal data, please contact the following e-mail address: ochranaosobnychudajov@upsvr.gov.sk. |  |
|  | Done at |  | on |  |  |  |  |  | Applicant’s signature |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CH** | ***The accuracy of the data was compared by a staff member***  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [ ]  |  with the original |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [ ]  | from an accessible public administration information system |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | please specify from which |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Surname |  | Name |  |  |  |  |  |  |  |
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|  | Date of comparison |  |  |  |  |  |  | Staff member’s signature |  |  |  |  |  |  |  |  |  |  |  |
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|  | 1. **Numerical references for completing the application for parental allowance**
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|  | 1. for example: married, single, divorced, widow/widower.

 If entitlement to parental benefits is claimed by the spouse of the child’s parent who is not a biological parent of the child and who lives with the child’s parent in a household, this fact is proven by a marriage certificate.1. please indicate the relevant type of residence in Slovakia according to the model, while temporary residence only applies to non-nationals
2. in Tables B and D, indicate the social status(es) that apply to you or the second entitled person; in line 4 in Tables B and D enter the date (in the form day, month and year) from which you have received unemployment benefits and from which state, including Slovakia; in line 5 in Tables B and D enter the date (in the form day, month, year) from which you are unemployed
3. e.g. business in the area of agricultural production, forestry and water management, trade, business carried out on the basis of a non-trade licence (under the Commercial Solicitors Act, Tax Advisers Act or Notaries Act), a partner in public commercial company, company director, person providing personal assistance to a severely disabled citizen, expert, interpreter ... .
4. Details of children born simultaneously as the second, third, fourth, etc. in line should be entered in the separate section F (e.g. F2 – second simultaneously born child, F3 – third simultaneously born child). Fill in the address of other children born simultaneously only if it is different from that of the first child.
 |  |
|  | 1. **For the purposes of comparison of the details contained in this application for parental benefits, the applicant shall submit**
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|  | * the applicant’s identity card (ID card)
* a travel document and permit for permanent or temporary residence in the territory of the Slovak Republic of the applicant – non-national
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|  | 1. **The applicant shall provide these supporting documents and certificates with the application**
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|  | * a birth certificate of the child/children (original and photocopy) only if the child was born outside Slovakia and is not issued with a birth number by a special registrar; the applicant shall provide an official translation of the child’s birth document (this is not the case if the child was born in the Czech Republic)
* a final court decision granting parental rights and obligations in relation to personal care of a child if the entitled person is a minor mother (original and photocopy);
* a final court decision on entrustment of the child into foster care (original and photocopy);
* proof of entitlement to maternity benefits for the child for whom the applicant is claiming entitlement to receive parental benefits is required only in the case of entitlement to maternity benefits which arose and was paid abroad or if the maternity benefits was paid in Slovakia by the armed forces (Ministry of Interior or Ministry of Defence of Slovakia). Proof of entitlement to maternity benefits is not required where it arose and was paid in Slovakia by the social security authority (the office will request the confirmation from the social security authority by electronic means).

***Note****:**Proof of receipt of maternity benefits or similar benefits from abroad should be presented with an official* *translation.* |  |
|  | * a marriage certificate if entitlement to parental allowance is claimed by the spouse of the child’s parent who is not the child’s biological parent and who lives with the child’s parent in a household (original and photocopy);
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* a confirmation of the health insurer regarding compulsory public health insurance in Slovakia if the applicant and dependent child

reside in a country which is not an EU Member State, party to the Agreement on the European Economic Area

or the Swiss Confederation (Part H).

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| **F...** | ***Details of the child born simultaneously***  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Surname |  |  |  |  |  |  |  |  |  |  |  | Name |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Date of birth |  | Birth number (Identification number) |  | Citizenship |  |
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|  | [ ]  Address of permanent residence in Slovakia 2) |  | [ ]  Address of temporary residence in Slovakia 2) |  |  |  |  |  |  |
|  | Street |  | No |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Postal code |  | Municipality |  |  |  |  |
|  | Address of permanent residence (place of residence) in an EU Member State |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Street |  | No |  |  |
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|  | Postal code |  | Municipality |  |  |  |  |
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|  | **The child has been entrusted to foster care by decision of the competent authority** |  |
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|  | of |  | No |  |  | valid on |  |  |
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|  | The child is in paediatric care |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Surname |  |  |  |  |  |  |  |  |  |  |  | Name |  |  |  |  |  |  |  |  |  |  | State |  |
|  |  |  |  |  |  |  |
|  | Name and address of the medical facility |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **The child suffers long-term ill health on the basis of an opinion from** |  |  |  |  |  |  |  |
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