# Žiadosť o poskytnutie peňažného príspevku na opatrovanie

(Údaje v žiadosti vyplňujete paličkovým písmom a zodpovedajúci údaj označte podľa tohto vzoru)

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| **A.** | | ***Údaje o žiadateľovi (fyzická osoba):*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Priezvisko** | | | | | | | | | | | | | |  | **Meno**  Titul | | | | | | | | | | | | | | | | | | | | | | | | |  | | Rodinný stav | | | | | | | | | | | | |  | |
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|  | Deň, mesiac, rok narodenia | | | | | | | | | | **Rodné číslo** Číslo OP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Štátna príslušnosť | | | | | | | | | | | | |  | |
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|  | **Adresa trvalého pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | **Adresa prechodného pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Ulica | | |  | | | | | | | | | | | | |  | | Číslo | | | | | | |  | | | | | | | | | | |  | Telefón | | | | |  | | | | | | | | | | | | |  | |
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|  | **Adresa miesta, kde sa obvykle zdržiava** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | Ulica | | |  | | | | | | | | | | | | |  | | Číslo | | | | | | |  | | | | | | | | | | |  | Telefón | | | |  | | | | | | | | | | | | | |  | |
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| **B.** | | ***Sociálne postavenie žiadateľa*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | Zamestnanec | | | | | | | | | | | | | | | |  | Samostatne zárobkovo činná osoba | | | | | | | | | | | | | | | | |  |
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|  |  | Uchádzač o zamestnanie | | | | | | | | | | | | | | | |  | Dobrovoľne nezamestnaný | | | | | | | | | | | | | | | | |  |
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|  |  | Poberateľ rodičovského príspevku | | | | | | | | | | | | | | | |  | Iné | | | | | | | | | | | | | | | | |  |
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|  |  | Študent (forma štúdia) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
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|  |  | Poberateľ dôchodku (druh dôchodku) | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
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| **C.** | | | | ***Údaje o fyzickej osobe, resp. fyzických osobách, ktoré majú byť opatrované a ich súhlas s opatrovaním*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. | | **Priezvisko** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Meno** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Rodinný stav | | | | | | | | | | | |  |
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|  | | Deň, mesiac, rok narodenia | | | | | | | | | | | | | | | | | | | | | | | | | | | **Rodné číslo** Číslo OP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Štátna príslušnosť | | | | | | | | | | | |  |
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|  | | **Adresa trvalého pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Ulica | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Číslo | | | | | | | | | | |  | | | | | | | |  | Telefón | | | |  | | | | | | | | | | | |  |
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|  | | PSČ | | | | | |  | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | | Obec | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | **Adresa prechodného pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Ulica | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Číslo | | | | | | | | | | |  | | | | | | | |  | Telefón | | | |  | | | | | | | | | | | |  |
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|  | | U cudzinca typ povolenia k pobytu | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| ***súhlasím, aby fyzická osoba*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Priezvisko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Meno | | | | | | | | | | | | | | | | | | | | |  | | Dátum narodenia | | | | | | | | | | | |
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|  | | | Rodné číslo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Adresa trvalého pobytu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | | | |  | | |  | | |  | | |  | | | **/** | | | |  | | | | |  | | |  | |  | | |  | | | |  | | | | | Ulica | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | Číslo | | | | |  | | |
|  | PSČ | | | | | |  | | |  | |  | |  | | |  | | |  | | |  | | | |  | Obec | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ktorý/á je mojím/mojou.................................................... alebo inou fyzickou osobou, mi poskytoval/a opatrovanie za účelom zabezpečenia pomoci pri úkonoch sebaobsluhy, pri úkonoch starostlivosti o domácnosť a pri realizovaní sociálnych a vzdelávacích aktivít. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Podpis fyzickej osoby, ktorá má byť opatrovaná, alebo jej zákonného zástupcu: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |

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| 2. | | **Priezvisko** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Meno** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Rodinný stav | | | | | | | | | | | |  |
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|  | | Deň, mesiac, rok narodenia | | | | | | | | | | | | | | | | | | | | | | | | | | | **Rodné číslo** Číslo OP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Štátna príslušnosť | | | | | | | | | | | |  |
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|  | | **Adresa trvalého pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | **Adresa prechodného pobytu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | U cudzinca typ povolenia k pobytu | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| ***súhlasím, aby fyzická osoba*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Priezvisko | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Meno | | | | | | | | | | | | | | | | | | | | |  | | Dátum narodenia | | | | | | | | | | | |
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|  | | | Rodné číslo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Adresa trvalého pobytu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | | | |  | | |  | | |  | | |  | | | **/** | | | |  | | | | |  | | |  | |  | | |  | | | |  | | | | | Ulica | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | Číslo | | | | |  | | |
|  | PSČ | | | | | |  | | |  | |  | |  | | |  | | |  | | |  | | | |  | Obec | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ktorý/á je mojím/mojou......................................................alebo inou fyzickou osobou, mi poskytoval/a opatrovanie za účelom zabezpečenia pomoci pri úkonoch sebaobsluhy, pri úkonoch starostlivosti o domácnosť a pri realizovaní sociálnych a vzdelávacích aktivít. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Podpis fyzickej osoby, ktorá má byť opatrovaná, alebo jej zákonného zástupcu: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |

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| **D.** | | ***Poskytované druhy sociálnych služieb fyzickej osobe, resp. fyzickým osobám, ktoré majú byť opatrované*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| V súčasnosti sa fyzickej osobe, ktorá má byť opatrovaná poskytujú nasledovné druhy sociálnych služieb: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
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| **E.** | | ***Príjmové pomery žiadateľa*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Príjem zo závislej činnosti | | | | | | | | | | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Príjem zo samostatnej zárobkovej činnosti | | | | | | | | | | | | | | | | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Príjem z podnikania | | | | | | | | | | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Príjmy z nájmu a prenájmu | | | | | | | | | | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Dávky nemocenského poistenia | | | | | | | | | | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Dávka dôchodkového poistenia | | | | | | | | | | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Peňažný príspevok na opatrovanie | | | | | | | | | | | | | | | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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***Poznámka:*** *O príjmových pomeroch je potrebné predložiť doklady pri podávaní žiadosti.*

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| **F.** | ***Odôvodnenie žiadosti*** | | | | |
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| **G.** | | ***Poučenie žiadateľa*** | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Lekárska posudková činnosť sa vykonáva bez prítomnosti posudzovanej fyzickej osoby. Ak fyzická osoba, ktorá má byť opatrovaná chce byť prítomná na posúdení jej zdravotného stavu, je potrebné o posúdenie požiadať písomne alebo podaním žiadosti elektronickými prostriedkami podpísanej zaručeným elektronickým podpisom. | | | | | | | | | | | | | | | | | | | | | | |  |
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| **H.** | | ***Informácia pre žiadateľa*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Úrad práce, sociálnych vecí a rodiny – IČO: 30794536 spracúva Vaše osobné údaje (vrátane osobných údajov o fyzickej osobe, ktorá ma byť opatrovaná) v zmysle zákona č. 447/2008 Z. z. o peňažných príspevkoch na kompenzáciu ťažkého zdravotného postihnutia a o zmene a doplnení niektorých zákonov v znení neskorších predpisov a uvedené osobné údaje ďalej poskytuje orgánom verejnej moci.  V prípade akýchkoľvek nejasností, problémov, otázok, ktoré súvisia s ochranou osobných údajov sa môžete obrátiť na mailovú adresu: ochranaosobnychudajov@upsvr.gov.sk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **I.** | | | | | ***Spôsob výplaty*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | Na účet v banke v SR | | | | | | | | | | | | | | | | | | | | | | | | | Číslo účtu/kód banky | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | | V prípade neuvedenia účtu sa príspevok vyplatí/bude vyplácať v hotovosti na adresu trvalého  pobytu v SR/prechodného pobytu v SR\*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  |  | |
|  | | \*nehodiace sa prečiarknuť | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  |  | |
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| **J.** | | ***Vyhlásenie žiadateľa*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | Vyhlasujem, že všetky údaje uvedené v žiadosti sú pravdivé a som si vedomý (á) právnych následkov v prípade uvedenia nepravdivých údajov. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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