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| **Žiadosť o príspevok dieťaťu na úhradu zvýšených výdavkov** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Údaje v žiadosti vypĺňajte paličkovým písmom a zodpovedajúci údaj označte podľa tohto vzoru | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **A.** | | ***Údaje o dieťati – oprávnená osoba*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Meno | | | | | | | | | | | |  | | Priezvisko | | | | | | | | |  | | | Štátna príslušnosť | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Dátum narodenia | | | | | | | | | |  | | | | | | | | Rodné číslo | |  | |  | | |  | | |  | | |  | |  | | **/** | | |  | | |  | |  | |  | |  | | |
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|  | Zverené náhradnému rodičovi od | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  |
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| **B.** | | ***Údaje o náhradnom rodičovi*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Meno | | | | | | | | | | | |  | Priezvisko | | | | | | | | | |  | | | Štátna príslušnosť | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Dátum narodenia | | | | | | | |  | | | | | | |  | Rodné číslo | | | | |  | | |  | | |  | | |  | |  | |  | | | **/** | | |  | |  | |  | |  | |  | |
|  | **Adresa trvalého pobytu v SR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ulica | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | číslo | | | | | | | | | |  | | | | | | | | | |  |
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|  | PSČ | | |  | |  |  |  | |  | | Obec | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Forma náhradnej starostlivosti** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | |  | Náhradná osobná starostlivosť | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | |  | Pestúnska starostlivosť | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | |  | Poručníctvo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Dočasné zverenie nariadením neodkladného opatrenia, ak súd koná o zverení dieťaťa do náhradnej starostlivosti | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

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| **C.** | | | ***Druh zvýšeného výdavku 1)*** | | | |
|  | | | |  | | |
|  | a) výdavok súvisiaci so zdravotným stavom alebo špeciálnymi potrebami dieťaťa  b) výdavok súvisiaci s umeleckou činnosťou  c) výdavok súvisiaci so športovou činnosťou | | | |  | |
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Číselné odkazy sú uvedené na strane 2

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| **D.** | | | ***Spôsob výplaty*** | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Na účet v banke v SR | | | Číslo účtu | | |  | |  | |  | |  |  |  | |  |  |  |  | Kód banky |  |  |  | |  |  | |
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|  |  | | IBAN | | | |  | | | | | | | | | | | | | | | | | | | |  | |
|  | V prípade neuvedenia účtu sa príspevok vyplatí v hotovosti na adresu trvalého pobytu  v  SR/prechodného pobytu v SR\*.  \*nehodiace sa prečiarknuť | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **E.** | | ***Vyhlásenie žiadateľa*** | | | | | | | | | |
| Vyhlasujem, že všetky údaje uvedené v tejto žiadosti sú pravdivé a som si vedomý/á právnych následkov v prípadeuvedenia nepravdivých údajov. Uvedomujem si, že neprávom prijatú sumu príspevku dieťaťu na úhradu zvýšených výdavkov som povinný(á) vrátiť.  Som si vedomá/ý právnych následkov uvedenia nepravdivých údajov v tejto žiadosti, resp. nesplnenia oznamovacej povinnosti.  **Informácia pre žiadateľa**  Úrad práce, sociálnych vecí a rodiny - IČO 30794536 - spracúva Vaše osobné údaje (vrátane osobných údajov spoločne posudzovaných osôb) v zmysle zákona č. 627/2005 Z. z. o príspevkoch na podporu náhradnej starostlivosti o dieťa 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**](mailto:ochranaosobnychudajov@upsvr.gov.sk)**.** | | | | | | | | | | | |
|  | V |  | | dňa |  | | Podpis náhradného rodiča | |  | |  |
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| **F.** | | ***Správnosť údajov porovnal s originálom*** | | | | | | | | | |
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|  | Dátum porovnania | |  | | |  | | | | |  |
|  | | | | | | | | | | | |
|  | Meno a priezvisko | |  | | | | | Podpis zamestnanca | |  |  |
|  | | | | | | | | | | | |
|  | **Za účelom porovnania údajov uvedených v žiadosti žiadateľ predloží**   * občiansky preukaz (identifikačnú kartu).   **Žiadateľ doloží k žiadosti doklady**   * doklad o úhrade s uvedenou sumou, dátumom vydania dokladu, s účelom , t.j. pomenovanie druhu výdavku | | | | | | | | | |  |

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| Číselné odkazy k vyplňovaniu žiadosti | |
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| 1. a) napr. výdavky na lieky, zdravotnícke pomôcky, špeciálne edukačné pomôcky   b) napr. výdavky na umelecké potreby alebo umelecký materiál, umeleckú prípravu, účasť na umeleckých vystúpeniach  c) napr. výdavky na športové potreby, športové materiál, športovú prípravu, účasť na športových súťažiach | |