

For use by MCCF

Reference No:

MCCF _____ / _____

Date: _____



THE
MALTA
COMMUNITY
CHEST FUND

www.mccf.org.mt

Valletta Contact Office – Tel: 21240568

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For use by MCCF

Cheque to the amount

of: € _____

Cheque No:

REQUEST FOR ASSISTANCE

Name and Surname: _____ ID Card No.: _____

Address: _____

- SECTION A** - To be completed by all applicants
- SECTION B** - To be completed by the applicant requesting ***HOUSEHOLD NEEDS AND SOCIAL WELFARE [FOOD VOUCHERS]***
- SECTION C** - To be completed by the applicant requesting ***MEDICINE, MEDICAL EQUIPMENT and MEDICAL SERVICES***
- SECTION D** - To be completed by the applicant requesting ***FINANCIAL AID IN CASE OF TREATMENT ABROAD***
- SECTION E** - To be completed by the applicant requesting ***PSYCHO-THERAPY SERVICES AND SOCIAL ASSISTANCE [THERAPIST SERVICES]***

NOTE: If you are applying for more than one of the sections B, C, D, and E, fill in an application for each request.

Which section are you completing in this application?

B

C

D

E

Complete Section A and move to the section you are completing.

SECTION A

1. Details of person making request

Surname _____ Name _____

Address _____

Town/Village _____ Postal Code _____

Country _____

Telephone No _____ Mobile _____

Date of Birth _____ I.D. No _____

E-Mail _____

2. Civil Status

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated * | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Widow/er | <input type="checkbox"/> Single | <input type="checkbox"/> Single Parent |
| <input type="checkbox"/> Child | <input type="checkbox"/> Living with another person | <input type="checkbox"/> Religious order |

* In case of separated persons, all related documents must be included, whether finalized or being processed.

3. Details of any other person completing the application on behalf who is seeking help in 1.

Surname _____ Name _____

Address _____

Town/Village _____ Postal Code _____

Country _____

Telephone No _____ Mobile _____

Date of Birth _____ I.D. No _____

E-Mail _____

How are you related to applicant in 1? _____

4. Details of all persons living in the same household as the person making request, including children.

Name and Surname	I.D. No.	Date of birth	Relation	Employment
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Note: In case of a partner / husband / wife living / living in the same household of the applicant, a copy of the P3/FS3 of the previous year is to be attached.

5. Do you, or did you ever make use of the services of a social worker?

Yes

No

Surname _____ Name _____

Give the name of the Agency that provided the social worker.
[example: Sapport, Sedqa, Caritas]

6. Did you ever receive assistance from the MCCF before?

Yes

No

If yes, state what type of assistance and when this assistance was given [Section B, C, D or E].

_____ Year _____

_____ Year _____

_____ Year _____

7. Have you applied for assistance from any other association? If YES, tick the appropriate box.

KNPD

Housing Authority

SAS

Sapport, Appoġġ, Sedqa

Caritas

YMCA

The Generous Hearts

St. Jeanne Antide Foundation

Puttinu Cares

European Aid for the Most Deprived

Other

Indicate the type of assistance provided _____

8. Current situation:

Employed Yes* No
*[Submit information requested in Section A]

Unemployed Yes* No
*[Submit information requested in Section B]

Pensioner Yes* No
*[Submit information requested in Section B]

Education Yes* No
*[Submit information requested in Section C]

A. If you are an employee or self-employed, attach a copy of the previous year's FS 3.

B. If you are unemployed, attach a copy of the previous year's P3.

C. If you are a student, attach a copy your parents FS 3 or P3 of the previous year.

9. Bank Accounts (If you are still at school, give details of those of your parent's or guardian's accounts)

Note: Declaration will be verified with banks.

Do you have any money in the bank? Yes * No

Total amount € _____*

Do you have any financial investments? Yes * No

Total amount € _____*

* If yes, attach relative documents (copy of recent Bank Statement).

Do you own property? Yes* No

Do you pay rent? Yes* No

Total rent amount € _____*

* If yes, attach relative documents (copy of receipts or rent book).

Section B

**HOUSEHOLD NEEDS AND SOCIAL WELFARE
(TICK WHERE APPLICABLE)**

- A - Household basics
- B - Payment for a service
- C - Food Vouchers
- D - Financial Assistance for Voluntary Organisations
- E – Assistance other than indicated above.

Mention the item/s or Service needed

Attach the following along with the application:

1. Copy of the ID of person requesting assistance.
2. Copy of ID of person helping to fill in this application.
3. Copy of the P3 or FS 3 of the previous year.
4. Recommendation of the Social Worker (if applicable).
5. Original receipts for item/s or services purchased.
6. Quotation for item/s or services to be purchased.
7. The most recent Bank and Investment Statements.
8. Receipts of any RENT receipts.
9. Separated persons are to submit all documents related to their separation whether finalized or still in the process of being processed.

Section C

MEDICINE, MEDICAL EQUIPMENT AND SERVICES
(TICK WHERE APPLICABLE)

- A - Specialised medicine
- B - Medical equipment [provide Special ID Card No. – KNPD]: _____
- C - Medical service
- D - Other medical assistance

Give more information on your request:

Details of doctor

Surname _____ Name _____

Telephone/Mobile no. _____ Hospital _____

Attach to the application:

1. Copy of the ID of person requesting assistance
2. Copy of the ID of the parent if applicant is son / daughter.
3. P3 or FS. 3 (of the parents in case the applicant is son / daughter).
4. Bank Statements and other investments.
5. Original receipts of medicine, apparatus, service if they already purchased.
6. Recipes and quotation medicine, apparatus, service
7. Confirmation by the National Commission Persons with Disability / FITA (where applicable)

Details of Consultant

Surname _____ Name _____

Telephone no. _____ Mobile _____

Note: Attach documents provided by consultant [Mandatory]**1. Information required about patient**

a) Departure date _____ Date of arrival _____

b) What assistance will you receive from Government?Airline tickets YES NOHospital costs abroad YES NOAccommodation YES NOTransport YES NOFood YES NORelatives YES NOOther expenses YES NO**2. Information if you are applying for Financial Aid for accompanying persons**

a) Departure date _____ Date of arrival _____

b) What assistance will you receive from Government to accompany patient abroad?

Flight tickets YES NOAccommodation YES NO

Transport	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Food	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

c) Amount of costs incurred	€	_____
i. Flights	€	_____
ii. Other costs	€	_____

Attach to your application:

1. Copy of patient ID (if applicable).
2. Copy of the ID of accompanying person.
3. Copy of ID of person filling this form (if applicable).
4. Letter from Mater Hospital - Treatment Abroad Section (Letter showing that the person will be sent for treatment by Government).
5. ORIGINAL receipts of all expenses incurred (including air, accommodation, transportation, food and other expenses) by the patient and accompanying person.
6. P3/FS3 of anyone being given assistance.
7. Financial Bank Statements and other investments.
8. Medical reports from the hospital in Malta and abroad.

Declaration

I give permission to the Malta Community Chest Fund to verify my statement. I authorize the Malta Community Chest Fund to obtain confidential information from all banks, the Department of VAT and Inland Revenue, Social Services, hospitals and any entity or department that may verify the information given in this application.

I also accept that I am subject to Home Visits and inspections as necessary.

Signature of applicant

Date of application

For use by Malta Community Chest Fund

This request:

Received on _____ was discussed at _____.

The Working Committee recommend / does not recommend this request. Upon recommendation the given financial aid is of the amount of € _____.

Signature of members from the Working Committee.

The office of the Malta Community Chest Fund, Valletta is open to the public on Mondays and Wednesdays between 9.00am and 12pm.

Tel: 2124 0568

www.mccf.org.mt