

Declaration

I declare that I have seen the care plan prepared for the residents and confirm that it is in their best interest to be given residential service at:

(Name of Residence)

Rubber stamp: Aġenzija Appoġġ

Name and Surname
(Head for Aġenzija Appoġġ)

Identity Card Number

Signature of the Head for Aġenzija Appoġġ

Date

- I declare that all information given is to my knowledge true, complete and correct. I understand that if the information given is false, I will be penalised as stipulated in the Criminal Code (Cap. 9.) and can also lose the right for benefit, or part of it, as stipulated by the Social Security Act (Cap. 318.).
- I understand that as stipulated in Article 133 of the Social Security Act (Cap. 318.), the Director General (Social Security) may make necessary investigations and may ask persons and / or entities to provide information so that the benefit will be calculated and determined.
- I bind myself to inform immediately of any change in circumstance to the Director General (Social Security). If the Director General (Social Security) is not informed of such change in circumstance, entitlement for the benefit or part of may be forfeited.
- I understand that if for some reason or another, it is found that I was not entitled for this benefit, I will have to refund all payments received.

Name and Surname
(Head of Residential Service)

Identity Card Number

Signature of Head of Residential Service

Date