

Declaration by Head Aġenzija Appoġġ as regards to child about whom claim is being made.

I confirm that:

Name of childAs from:

Date (DD/MM/YYYY)

is living with the foster carer/s

Name and Surname of foster carer

Name and Surname of foster carerI confirm that these foster carers have been approved
as stipulated in the Foster Care Act.

Name of Fostering Social Worker

Signature of the Head for Aġenzija Appoġġ

Rubber stamp of Aġenzija Appoġġ:

Date

Declaration by Foster Carer/s

- I/we declare that all information given is to my knowledge true, complete and correct. I/we understand that if the information given is false, I/we 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/we 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/we bind myself/ourselves 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/we understand that if for some reason or another, it is found that I/we was/were not entitled for this benefit, I/we will have to refund all payments received.

Name and Surname of Foster Carer

Name and Surname of Foster Carer

Identity Card number

Identity Card number

Signature

Signature

Date