



## Application for double child benefit intensive care

---

You can apply for double child benefit for children requiring intensive care. You can hand in this form at the Prevention Clinic, Charles A. Woodley Road 2e, next to the Pharmacy. Please call 318 2891 to make an appointment.

**You are entitled to double child benefit for children with intensive care due to an illness or disorder, if:**

- you receive child benefit for the child you are applying for who belongs to your household;
- the child is or becomes 3 years and older (up to 17 years) in this period;
- there is established intensive care due to illness or disorder.

### Your details

---

Surname:

First names (in full):

Date of birth:

Gender:

Female  Male

Street and number:

Island:

Phone number:

E-mail address:

ID Card number:

## Details Child

---

Surname child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

First name Child: \_\_\_\_\_

## Signature

---

- I have completed all the questions truthfully.
- I hereby give permission to the RCN unit SZW to share the personal data requested for this purpose with the Prevention Clinic for the assessment of my child's care needs.
- I hereby give permission to the Prevention Clinic or a staff member of OLE to process data on my child's condition for the purpose of assessing the child's care needs. This may include data recorded by a staff member of OLE, data requested from other social workers, care providers or institutions, or data provided by a staff member of OLE to the indication committee (this medical committee assesses your child's care needs).
- The aforementioned data will be used to implement the double child benefit determining whether there is an intensive care need, as mentioned in article 5a of the Wet kinderbijslagvoorziening BES. From this, a medical advice will be issued, which will be used by the RCN- unit SZW to determine whether you are eligible for the double child benefit for parents of children with intensive care needs.
- I hereby give permission to the Prevention Clinic or a staff member of OLE to share the advice resulting from the above with the RCN- unit SZW as the decision-making body. In addition to personal data, the exchange concerns the communication 'positive' or 'negative' advice, recovery perspective and a signature of the advisor.

My consent applies only to the processing of the aforementioned data for the purpose of assessing the care needs of the child for whom I have made this application. I may withdraw my consent at any time. In some cases, withdrawing my consent will affect the assessment of my application. I could be informed about this by the RCN-unit SZW.

Your signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

I.D. Card number:

Issue date:

Signature controller: