



Husband's/Wife's Claim  
reference number(s)

.....

For official use only

Date of receipt of claim

.....

File No. ....

Name .....

Local Board No. ....

Address .....

Disability Assistance Grant No. ....

.....

Reject Claim No. ....

I.D. No. ....

N.I.S. No. ....

## FORM OF CLAIM FOR DISABILITY ASSISTANCE GRANT

### Instructions

1. A person applying for a Disability Assistance Grant must complete this form and sign and submit it with his/her Birth Certificate or other evidence of age and evidence of disability to the Chairman of the Local Public Assistance Board of the district in which the applicant resides.
2. If a husband and wife are each applying for a Disability Assistance Grant at the same time each must fill out a separate form.
3. A Disability Assistance Grant is not assignable,

### Qualifications

To be eligible for a Disability Assistance Grant, a person –

1. Must have attained the age of forty (40) years;
2. Must have been ordinarily resident in Trinidad and Tobago for twenty years immediately preceding the claim for Disability Assistance Grant, notwithstanding having been temporarily absent from Trinidad and Tobago for a total period not exceeding five (5) years over those twenty (20) years;
3. Have an income not exceeding the total income specified in section 11a(1) of the Public Assistance Act; and
4. Must be certified by a Government Medical Officer as being permanently disable from earning a livelihood as a result of visual, mental, hearing or physical impairment.

Female

- | Name | Age | Occupation | Address |
|------|-----|------------|---------|
|      |     |            |         |

19. Is any sum payable by you (if separated from your spouse) to your spouse by way of maintenance?  
..... If so, how much? .....

20. (a) Have you been working in Trinidad and Tobago over the last twenty years? .....
- (b) By whom were you employed? .....
21. (a) If now unemployed, give the name and address of your last employer .....
- .....
- (b) Type of work performed .....
- (c) When did you stop working? .....
22. (a) Do you own any property? ..... If so, of what does your property consist? (house, land etc.).....
- (b) Where is the property situated? .....
- (c) What is the value of the property? (house, land etc.) .....
- (d) What income is derived from it? .....
- (e) Do you live on the property? ..... If not, do you rent the property? .....
- (f) If you rent the property, is it wholly or partly rented and what is your income from the rental of property? wholly/party ..... rental income \$.....
23. If you do not own a property or if you own but rent your property do you pay rent for the house in which you live? ..... If so, how much rent do you pay and to whom? .....
- .....
24. (a) Does your spouse own any property, if so, what does it consist of? .....
- .....
- (b) Where is it situated? .....
- (c) What is the value of the property? .....
- (d) Does your spouse live on the property? .....
25. Have you any money in any Credit Union, Bank or Financial Institution? .....
26. Are you a member of any Friendly Society? ..... If so, state the name and address of the Friendly Society .....
27. Are you a Government or other Pensioner? ..... If so, what is the source and amount of your pension? .....
28. Do you receive any other benefits? .....
29. Are you a recipient of Public Assistance? ..... If so, how much?.....
30. What is your monthly income? .....
31. Have you applied for Disability Assistance Grant Before? .....
32. Do you now receive a Disability Assistance Grant in any other district? .....

## Warning

Any person who, for the purpose of obtaining or continuing a Disability Assistance Grant, either for himself or for any other person, or for the purpose of obtaining or continuing a grant for himself or any other person at a higher rate than that appropriate to the case, knowingly makes any false statement or false representation, and any person who knowingly obtains payment of, or continues to receive a grant which he is disqualified from receiving or which for any reason is not payable to him, is liable on summary conviction to imprisonment or a fine of one thousand dollars.

## DECLARATION

I declare that all the statements in this form are true to the best of my knowledge and belief, and that I am not, so far as I know, disqualified from receiving a Disability Assistance Grant for any of the reasons stated on this form.

Applicant's signature or (mark) .....

Date.....

Witness to declaration .....

Address .....

.....

Occupation .....

Date .....

*Checklist of attachments –*

- 1) *Original Birth Certificate*
- 2) *Evidence of Disability*