



Department of Social Services

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ArSoZa Registration #: _____ Maz #: _____

Crib #: _____

Medical Assistance Application Form (Please fill the **entire** form)

Information of applicant:

Last Name: _____

Given Names: _____

Date of birth: _____/_____/_____ Place of birth: _____
Day Month Year

Sex: () Male () Female Nationality: _____

Marital Status: () Single () Married () Widow(er)
() Divorced () Living together () Separated

Address: _____

Email address: _____

Telephone: Home: _____ Cell: _____ or _____

Work: _____ Family member: _____

ID card#: _____ Valid until _____

Residence Permit#: _____ Valid until _____

Date of registration at the Census-Office: _____/_____/_____
Day Month Year

Former Country of residence: _____

Information of spouse/partner:

Last Name: _____

Given Names: _____

Date of birth: ____/____/____ Place of birth: _____
Day Month Year

Date of marriage: ____/____/____ Place of marriage: _____
Day Month Year

Sex: () Male () Female Nationality: _____

ID card#: _____ Valid until _____

Residence Permit#: _____ Valid until _____

Date of registration at the Census-Office: ____/____/____
Day Month Year

Is partner unemployed at the moment?

() Yes - Since: ____/____/____
Day Month Year

() No – Working for (name of company): _____

Phone#: _____ Since: ____/____/____
Day Month Year

Information on Children:

Do you have minor children living with you or of whom you are the legal guardian?

() No () Yes - (answer the following questions)

	Name	Place of birth & ID Number	School attending	Nationality
1				
2				
3				
4				

Information on employment:

Are you unemployed at the moment? (Only those ages 18-59)

() Yes - (answer the following questions) **Since:** / /
Day Month Year

State reason for unemployment: _____

When did you last apply for a job: / /
Day Month Year

Which type of position are you interested in:

1st preference: _____ 2nd preference: _____

Do you have a driver's license? () Yes - Type: _____ () No

Are you available to work: (choose all that apply to you)

- fulltime
- part-time
- in the evenings
- on weekends
- shift
- available to travel

() No - (answer the following questions)

I'm Working for (name of company): _____

Phone#: _____ **Since:** / /
Day Month Year

I'm doing odd jobs:

Which type? _____ How often? _____

Please detail your activities and responsibilities of your most recent job:

	Company	Position	Contact person	End date
1				
2				
3				
4				
5				

() No, I'm retired. **Since:** / /
Day Month Year

I'm doing odd jobs:

Which type? _____ How often? _____

Information on housing:

Are you the owner of the house you now live in?

Yes - (answer the following questions)

What is the estimated value of your home? _____

Are you paying mortgage? Yes – _____ per month. No

No, I'm living with family members - (answer the following questions)

What is the relationship? _____

What contribution do the others make toward the house expenditures? _____

No, I'm paying house/land rent - (answer the following questions)

Land Lord name: _____

Land Lord ID number: _____ Phone Number: _____

Address of your landlord: _____

Information on assets:

Do you have house(s) or apartment(s) on rent?

No Yes - (answer the following questions)

I have _____ house(s) or _____ apartment(s) or _____ room(s) for rent?

What amount derived from rent? \$._____ Nafl._____

Do you have any savings? No Yes – (answer the following questions)

Which bank? _____ **Current balance:** _____

Which bank? _____ **Current balance:** _____

Do you own a car? No Yes – (answer the following questions)

What model? _____ **Which Year?** _____

Value? _____ **Insurance company?** _____

Information on education:

Schools attended: Please detail schools attended beginning with the most recent:

	Name of School	Diploma/Degree	Start date	End date
1				
2				
3				
4				
5				

Languages (indicate G= good, L= little, N= no)

	Languages	Speak	Understand	Read	Write
1					
2					
3					
4					
5					

Information on medical status:

What is the name of your family doctor? _____

Do you have any medical problems? () No () Yes - (answer the following questions)

State problems: _____

Do you use medication? () No () Yes - (answer the following questions)

What kind? _____

I'm a patient/member of the following institution(s): Choose all that apply to you.

- () None
- () Mental Health Foundation
- () Turning Point
- () Key of Liberty
- () Safehaven
- () Sister Basilia (Live in patient)
- () Sister Basilia (day care participant)
- () Brasa mi
- () Capriles Clinic
- () Prison

Information on income:

What source of income do you or spouse/partner have? (Please specify currency)

State amount and currency per month:

	Applicant:	Spouse:
<input type="checkbox"/> None	_____	_____
<input type="checkbox"/> Pension	_____	_____
<input type="checkbox"/> Financial aid	_____	_____
<input type="checkbox"/> Child support	_____	_____
<input type="checkbox"/> Income from property on rent	_____	_____
<input type="checkbox"/> Salary (your gross income)	_____	_____
<input type="checkbox"/> Odd jobs	_____	_____
<input type="checkbox"/> Income from other source:		
_____	_____	_____
_____	_____	_____
Total:	_____	_____

Information on expenditures:

What are your expenditures?

State amount and currency per month:

<input type="checkbox"/> House/Land rent	_____
<input type="checkbox"/> Food	_____
<input type="checkbox"/> Utilities (GEBE)	_____
<input type="checkbox"/> Cooking gas	_____
<input type="checkbox"/> House phone	_____
<input type="checkbox"/> Cable	_____
<input type="checkbox"/> Internet	_____
<input type="checkbox"/> Mortgage	_____
<input type="checkbox"/> Insurances: (please mention what kind)	
_____	_____
_____	_____
<input type="checkbox"/> Loans: (please mention which type)	
_____	_____
_____	_____
Total:	_____

Please take note of the following:

The undersigned declares, that the above mentioned questions have been truthfully answered.
(The willful furnishing of incorrect information is punishable by law and can result in annulment of application and retrieving of money received with interest)

Signature of applicant

Date

If applicant is unable to sign: (State the reason the applicant is unable to sign)

Signature of representative

Date

What is your relationship to the applicant: _____

Signature of Caseworker

Date