

For Internal Use Only
Reference Number:

MCCF ____/____

Date: _____



THE MALTA COMMUNITY
CHEST FUND
FOUNDATION

www.mccff.org.mt

Valletta Offices: 21 240 568

email: mccf@gov.mt

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Cheque Amount:

€ _____

Cheque Number:

APPLICATION FOR ASSISTANCE

Name and Surname: _____ ID Card Number: _____

Address: _____

SECTION A – Needs to be compiled by all the applicants

SECTION B – Needs to be compiled by applicants applying for *Household Needs and Social Assistance (Food Vouchers)*

SECTION C - Needs to be compiled by applicants applying for *Medicine, Equipment and Medical Services*

SECTION D - Needs to be compiled by applicants applying for *Financial Assistance for Treatment Abroad*

SECTION E - Needs to be compiled by applicants applying for *Psycho-therapeutic Services*

NOTE: If your request falls under more than one section (B/C/D/E) a separate application for assistance needs to be compiled for every instance.

Kindly specify the section intended for this application for assistance:

B

C

D

E

SECTION A

Kindly fill this section and proceed to the required section.

1. Details of the Person requesting assistance

Surname: _____ Name: _____

Address: _____

City: _____ Post Code: _____

Country: _____ Telephone Number: _____

Mobile Number: _____

Date of Birth: _____ I.D. Card Number: _____

Email Address: _____

2. Status

Married Separated* Divorced Widowed

Single Single Parent Child

Co-habiting Member of a Religious Order

* If separated, the relevant documentation needs to be attached, whether this is finalised or whether it is still in the process of finalisation.

3. Details of another individual compiling the application on behalf of the person requesting assistance (1)

Surname: _____ Name: _____

Address: _____

City: _____ Post Code: _____

Country: _____ Telephone Number: _____

Mobile Number: _____

Date of Birth: _____ I.D. Card Number: _____

Email Address: _____

Relation to the application: _____

4. Details of the persons who reside in the same residence as the applicant, including children.

| Name and Surname | I.D. Number | Date of Birth | Relation | Employed |
|------------------|-------------|---------------|----------|--|
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Note: If a spouse/partner resides in the same residence as the application, a copy of the P3/FS3 pertaining to the previous year should be attached.

5. Do you use, or have you used the services of a Social Worker?

Yes

No

If Yes, kindly indicate Name and Surname of said Social Worker:

Surname: _____

Name: _____

***Kindly provide the name of the agency providing, or that has provided, this service.
(Such as Sapport, Sedqa, Caritas etc.)***

6. Are you a previous MCCFF Beneficiary?

Yes

No

If Yes, kindly indicate the type of assistance given (Section B, C or D):

Year: _____

Year: _____

Year: _____

7. Have you ever applied for assistance from another organisation? If yes, kindly specify which organisation.

CRPD Housing Authority SAS Apogg Caritas YMCA

The Generous Hearts St Jeanne Antide Foundation Puttinu Cares

EU Food Aid

Others (please specify): _____

Kindly indicate the type of assistance received:

8. Your Current Situation

Employed Yes* No

* (Submit information requested in point **A** below)

Unemployed Yes* No

* (Submit information requested in point **B** below)

Pensioner Yes* No

* (Submit information requested in point **B** below)

Student Yes* No

* (Submit information requested in point **C** below)

- A.** If you are employed, kindly attach a copy of the most-recent FS3. If you are self-employed, kindly attach a copy of the most-recent Profit & Loss Statement.
- B.** If you are unemployed, or a pensioner, kindly attach a copy of the most-recent P3 from the Social Services Department.
- C.** If you are still a student, kindly attach a copy of the most-recent FS3 or P3 of your parents or guardian.

9. Bank Accounts

If you are still a student the below needs to be filled in relation to your parents'/guardian's bank account.

Please note that the details given below are verified with the respective banks.

Do you have bank accounts? Yes* No

Total Funds: € _____*

Do you have Financial Investments? Yes* No

Total Funds: € _____*

***If Yes, kindly provide relevant documents (recent bank statements)**

Are you a property owner? Yes* No

Are you paying rent? Yes* No

Rent Expense: € _____*

***If Yes, kindly provide receipts or a copy of the rental documentation.**

SECTION B

Household Needs and Social Assistance.

(MARK WHERE APPLICABLE)

- A - Basic Household Needs
- B – Payment of Services
- C – Food Vouchers
- D – Financial Assistance for Voluntary Organisations
- E – Other Assistance not indicated above (please specify)

Kindly mention items/services required:

When applying, kindly provide the below:

- A copy of the ID Card of the person requesting assistance
- A copy of the ID Card of the person who is assisting in the compiling of this application form.
- A copy of the most-recent FS3/P3
- Recommendation of the Social Worker (where applicable)
- Original Receipts of the items/services purchased
- Quotation of the items/services which still need to be acquired.
- Bank Statements and other investments.
- Receipts of property rentals (where applicable)
- If the applicant is separated, the relevant documentation needs to be attached, whether this is finalised or whether it is still in the process of finalisation.

SECTION C

Medicine, Equipment and Medical Services.

(MARK WHERE APPLICABLE)

A – Specialised Medicine

B – Medical Equipment (Kindly provide the CRPD Special ID Card Number): _____

C – Medical Services

D – Other Assistance not indicated above

Kindly provide further information about your request:

Doctor/Consultant Details

Surname: _____

Name: _____

Contact Number: _____

Hospital: _____

When applying, kindly provide the below:

- A copy of the ID Card of the person requesting assistance
- A copy of the ID Card of the parents, if the applicant is a child.
- A copy of the most-recent FS3/P3 (of the parents, if the applicant is a child)
- Bank Statements and other investments.
- Original receipts if the medicine/equipment/services have already been acquired.
- Prescriptions and quotations of the medicine/equipment/medical service.
- Confirmation from CRPD/FITA (where applicable)

SECTION D

Financial Assistance for Treatment Abroad

Consultant Details

Surname: _____

Name: _____

Telephone: _____

Mobile: _____

Kindly attached documentation provided by the consultant.

1. Patient Information

a) Departure Date: _____

Return Date: _____

b) Kindly specify the state aid being given:

| | | |
|-------------------|------------------------------|-----------------------------|
| Air tickets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hospital Expenses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accommodation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Transport | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Food | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Relatives | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Expenses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Information relating to the expenses being incurred by persons accompanying the patient overseas

a) Departure Date: _____

Return Date: _____

b) Kindly specify the state aid being given for the person accompanying the patient overseas:

| | | |
|---------------|------------------------------|-----------------------------|
| Air tickets | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accommodation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|----------------|------------------------------|-----------------------------|
| Transport | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Food | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Expenses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

c) Expenditure Incurred € _____

i) Air Expenses € _____

ii) Other Expenses € _____

When applying, kindly provide the below:

- A copy of the ID Card of the person requesting assistance
- A copy of the ID Card of the accompanying person.
- A copy of the ID Card of the person who is assisting in the compiling of this application form (where applicable)
- Referral letter from Mater Dei Hospital – Treatment Abroad Section (showing that the patient is being sent for treatment abroad through State Aid)
- Original receipts of all the expenses incurred by the patient, and accompanying adult (including airfare, accommodation, transport, food and other expenses)
- A copy of the most-recent FS3/P3 of the person receiving treatment
- Bank Statements and other investments.
- Medical reports from local and foreign hospitals.

Declaration

I, hereby grant permission for the Malta Community Chest Fund Foundation to verify my declaration. I authorise the Malta Community Chest Fund Foundation to acquire confidential information from all the banks, from the VAT and Inland Revenue Department, from the Social Services Department, or any other department that can assist in the verification of the details given within this application form.

I hereby also accept to make myself available for home visits and necessary inspections.

Signature of Applicant

Date of Application

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This application for assistance was received on _____, and was discussed on the _____.

The working committee recommends / does not recommend this request. The committee approves financial assistance amounting to € _____.

Signatures of the Working Committee Members:

The Office of the Malta Community Chest Fund Foundation in Valletta is open for the general public on Mondays and Wednesday between 09:00am and 12:00pm.

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