

**GOVERNMENT OF ANGUILLA
MEANS TEST
PUBLIC ASSISTANCE FORM (CHILDREN)
CONFIDENTIAL**

1. Details of Applicant

Full Name of Child.....

Male..... Female.....

Date of Birth Age.....

Names of Parents/Guardians.....
.....

Address..... Home Telephone.....

Work Telephone.....

Child's Place of Birth.....

Nationality.....

Is the child a citizen or believer of Anguilla ?

Yes..... No..... If No, give details below:

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2. Schooling

(a). Which school does the child attend?.....

(b). Which form is he/she in?.....

©. Does he/she have any special educational needs? Yes..... No.....

If Yes, please give details below:

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3. Illness and Disability

(a). Does the child have any long-term health problems? Please write Yes or No.....

If YES, please give details below:

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(b). Does the child currently receive any medical exemption from the Department of Social Development?

Please write YES or NO

If YES, please give details below:

Nature of illness/disability

**Amount of medical exemption received
(e.g.100%, 50%, etc.)**

Nature of illness/disability	Amount of medical exemption received (e.g.100%, 50%, etc.)

(c). Does the child's parent / guardian have any special expenses arising out of the long-term illness or disability?

Please write YES or NO

If YES, please give details below:

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(d). How much does this cost each month?

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4. Household Information

(a). How many people are there living in the household?

Please complete their details below:

Full Name	M / F	Age	How is this person related to the applicant?

(b). Does the parent/guardian have any other dependents that are not living in the household?

Please write YES or NO If YES, please give details below:

Full Name of dependent person	Age	Address	What does he/she depend on you for?

5. Income and Financial Circumstances

(a). Why does this child need financial assistance? Please give all of the reasons below:

(b). What is the employment status of the child's parents / guardians?

Please tick as appropriate

Employed () Self-employed () Retired () Unemployed ()

Unable to work (e.g. illness) () Taking care of dependants ()

(c). If the child's parent/ guardian is employed or self-employed, please complete details below:

Name of Employer	Amount of earnings	Frequency e.g. weekly,monthly	Date of last payment

If the child's parent/ guardian is unemployed, please answer the following question.

(d). How has the child's household been supported during the past year?

(e). Does anyone in the child's household receive any income from pensions?

Please write YES or NO If YES, please give details below:

(f).Where does the pension come from? What type of pension is it? How often is it paid? Amount

(g). Does anyone in the child’s household receive any money from relatives or other persons on Island or overseas?

Please write YES or NO If YES, please give details below:

Who is the money from?	How much is it ? (\$EC)	How often is it received?	What was the date of the last payment?

(h). Does the child or anyone else in your household receive any income from any other source?

Please write YES or NO If YES, please give details below:

Name of person	What Amount?	How Often?	Date of last payment?

(i). Does the child or his/her parent/guardian have any savings?

Please write YES or NO If YES, please tick below to indicate the amount of savings your household has altogether:

Less than \$2000 EC

Between \$2000 and \$5000 EC

More than \$5000 EC

(j). Where are these savings held? Amount (EC \$)

(k). Does the child's parent/ guardian own any land or property on Anguilla or elsewhere?

Please write YES or NO If YES, please give details below:

Is it land or or property? Where is it? How much is the land or property worth? Does anyone get any rent from it?

(l). Does the child's parent or guardian have any other assets?

Please write YES or NO If YES, please give details below:

Amount /Value

Details

7. Housing.

(a). What is the status of the house that the child is living in ?

Please tick below:

Rented from private Landlord

Owned subject to a mortgage

Owned outright by the household

Family property not owned by household

Other

(b). How much does the rent or mortgage cost each month?

Amount.....

8. Other outgoings

(a). Does the child's parent or guardian have any other regular payments that you think should be taken into account?

Please write YES or NO If YES, please give details below:

(b). What type of payments do they have? How much do these cost each month?

By completing this form, you have complied with the requirements set by the Poor Law Board to undertake a means test in order to qualify for financial assistance. Before you sign the declaration below, make sure you have answered all of the questions on the form as fully as possible.

DECLARATION

I have answered the questions above to the best of my ability and I understand that, if I have given any false information, I may jeopardize my claim for government assistance.

Should I or any other member of my household decide to apply for any other help from government, the details I have given in reply to the above questions may be considered as part of that application.

I undertake to inform the Department of Social Development immediately of any changes in my circumstances, or in the circumstances of other members of my household, which may affect my claim for assistance.

Signed
(Applicant)

Date.....

Or

Signed
(on behalf of the Applicant)

Date

Signed.....
(Witness)

Date.....

Full name of Witness.....

Received by Social Welfare Officer

Date.....

For Office use only.

Received by Social Welfare Officer

Date.....

Officer's

Recommendation:.....

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Board's Decision: Approved **Disapproved**

Comments:.....

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Date of Decision:

Chairperson's Signature.....