



CHILD HOME CARE ALLOWANCE ENQUIRY

Applicant's name: _____

Social security number: _____

Address: _____

Postal code and city: _____

CHILD HOME CARE ALLOWANCE AND CARE SUPPLEMENT

Mark the correct option and return the form to KOKO as soon as possible but no later than when applying for benefits.

OUR FAMILY **RECEIVES** CHILD HOME CARE ALLOWANCE THAT IS PAID TO:

- myself _____
- my spouse who is unemployed _____
- my spouse who works full-time/part-time _____
- my spouse who is studying _____
- my spouse, who takes care of the children at home and is not receiving unemployment benefits, sickness allowance, financial aid for students or suchlike benefit, or income from entrepreneurship or agriculture _____
- my spouse who takes care of the children at home and receives the following benefit: _____

ATTACH THE DECISION THAT STATES THE AMOUNT OF THE ALLOWANCE.

OUR FAMILY **HAS APPLIED / WILL APPLY** FOR CHILD HOME CARE ALLOWANCE FROM

Attach an explanation about the receiver, situation of the receiver, and other income according to the specification above (employed/unemployed/similar, salary earner/other benefit or income/similar).

OUR FAMILY **DOES NOT RECEIVE** CHILD HOME CARE ALLOWANCE _____

You must notify KOKO if the situation changes.

Date

Signature

Your application will be handled only after this form is returned to KOKO Fund.