

Declaration of Head *Agenzija Appoġġ* as regards to child about whom claim is being made.

I confirm that:

Name of child

As from: _____
Date (DD/MM/YYYY)

is living with the foster carers

Name & Surname of foster carer

Name & Surname of foster carer

I confirm that these foster carers have been approved as stipulated in the Foster Care Act.

Name of Fostering Social Worker

Signature of the Head for *Agenzija Appoġġ*

Date

Rubber stamp of *Agenzija Appoġġ*:

Declaration by Foster Carer/s

- I/we declare that all information given is to my knowledge true, complete and correct. I/we understand that if the information given is false, I/we will be penalised as stipulated in the Criminal Code (Cap. 9.) and can also lose the right for benefit, or part of it, as stipulated by the Social Security Act (Cap. 318.)
- I/we understand that as stipulated in Article 133 of the Social Security Act (Cap. 318.), the Director General (Social Security) may make necessary investigations and may ask persons and / or entities to provide information so that the benefit will be calculated and determined
- I/we bind myself/ourselves to inform immediately of any change in circumstance to the Director General (Social Security). If the Director General (Social Security) is not informed of such change in circumstance, entitlement for the benefit or part of may be forfeited
- I/we understand that if for some reason or another, it is found that I/we was/were not entitled for this benefit, I/we will have to refund all payments received

Name & Surname of Foster Carer

Name & Surname of Foster Carer

ID Card number

ID Card number

Signature

Signature

Date