

LEGAL NOTICE No. 186

REPUBLIC OF TRINIDAD AND TOBAGO

THE PUBLIC ASSISTANCE ACT, CHAP. 32:03

REGULATIONS

MADE BY THE MINISTER UNDER SECTION 11B OF THE
PUBLIC ASSISTANCE ACT

THE PUBLIC ASSISTANCE (DISABILITY ASSISTANCE)
(PRESCRIBED FORMS) REGULATIONS, 1997

1. These Regulations may be cited as the Public Assistance Citation
(Disability Assistance) (Prescribed Forms) Regulations, 1997.

2. In these Regulations, “the Act” means the Public Assistance Act. Interpretation
Chap. 32:03

3. The form required to be prescribed under section 11B of the Act is the form set out in the Schedule. Prescribed
form
Schedule

SCHEDULE

(Regulation 3)



Husband's/Wife's Claim
reference numbers

Date of receipt of Claim

.....

.....

For Office use only

File No.

Name

Local Board No.

Address

Disability Assistance Grant No.

I.D. No.

Rejected Claim No.

N.I.S. No.

FORM OF CLAIM FOR DISABILITY ASSISTANCE GRANT

INSTRUCTIONS

1. A person applying for a Disability Assistance Grant must complete this form and sign and submit it with his/her Birth Certificate or other evidence of age and evidence of disability to the Chairman of the Local Public Assistance Board of the district in which the applicant resides.
2. If a husband and a wife are each applying for Disability Assistance Grant at the same time each must fill out a separate application form.
3. A Disability Assistance Grant is not assignable.

QUALIFICATIONS

To be eligible for a Disability Assistance Grant, a person—

- (a) must have attained the age of forty years;
- (b) must have been ordinarily resident in Trinidad and Tobago for the twenty years immediately preceding the claim for Disability Assistance Grant notwithstanding having been temporarily absent from Trinidad and Tobago for a total period not exceeding five years over those twenty years;
- (c) have an income not exceeding the total income specified in section 11A(1) of the Public Assistance Act; and
- (d) must be certified by a Government Medical Officer as being permanently disabled from earning a livelihood as a result of visual, mental, hearing, or physical impairment.

1. Full name of Applicant (Block Letters) Male
(Surname) (Given Name) Female
2. I.D. Card, passport or driving permit number
3. Address (give full details)
.....
4. Telephone number
5. Father's name
6. Mother's name
7. Age last birthday
8. Date of birth
9. Place of birth (street/road, town/city, ward and country)
10. Birth Certificate number (certificate attached)
11. Do you live permanently in Trinidad and Tobago? If so, for how
long have you been living permanently in Trinidad and Tobago?
12. Dates of last departure from, and return to, Trinidad and Tobago within the
last twenty years:
- | <i>Date of Departure</i> | <i>Date of Return</i> |
|--------------------------|-----------------------|
| | |
| | |
| | |
13. Marital status: single married widowed
14. Name of spouse
15. If you are widowed, state the date of your spouse's death
16. Are you living in the same house with your spouse?
17. Is/was your spouse and Old Age Pensioner/Recipient of Disability
Assistance? If so, state Local Board Office where
pension(er)/grant is/was payable

18. List names, ages, occupations and addresses of your children who are alive:

<i>Name</i>	<i>Age</i>	<i>Occupation</i>	<i>Address</i>
.....
.....
.....
.....
.....

19. Is any sum payable by you (If separated from your spouse) to your spouse by way of maintenance? If so, how much?

20. (a) Have you been working in Trinidad and Tobago over the last twenty years?

.....

(b) By whom were you employed?.....

.....

.....

21. (a) If now unemployed, give the name and address of your last employer

.....

(b) Type of work performed

(c) When did you stop working?

22. (a) Do you own any property? If so, of what does your property consist? (house, land, etc.)

(b) Where is the property situated?

(c) What is the value of the property? \$

(d) Do you live on the property? If not, do you rent the property?

(e) If you rent the property, is it wholly or partly rented and what is your income from the rental of property?

wholly/partly rental income \$

23. If you do not own a property or if you own but rent your property, do you pay rent for the house in which you live? If so, how much rent do you pay and to whom?

24. (a) Does your spouse own any property? If so, of what does the property consist? (house, land, etc.)
- (b) Where is the property situated?
- (c) What is the value of the property?
- (d) Does your spouse live on the property?
25. Have you any money in any Credit Union, Bank or Financial Institution?
26. Are you a member of a Friendly Society? If so, state the name and address of the Friendly Society
27. Do you receive a pension from Government or from any other source? If so, what is the source and amount of your pension?
28. Do you receive any other benefits?
29. Are you a recipient of Public Assistance?If so, what is the amount?
30. What is your monthly income?
31. Have you applied for a Disability Assistance Grant before?
32. Do you now receive a Disability Assistance Grant in any other district?

WARNING

Any person who, for the purpose of obtaining or continuing a Disability Assistance Grant either for himself or for any other person or for the purpose of obtaining or continuing a grant for himself or any other person at a higher rate than that appropriate to the case, knowingly makes any false statement or false representation, or who knowingly obtains payment of or continues to receive a grant in respect of which he is disqualified from receiving or which for any reason is not payable to him, is liable on summary conviction to a fine of one thousand dollars.

DECLARATION

I declare that all the statements on this form are true to the best of my knowledge and belief and that I am not, to the best of my knowledge, disqualified from receiving a Disability Assistance Grant for any of the reasons stated on this form.

Applicant's signature or mark

Date

Witness to declaration

(a) Address

(b) Occupation

(c) Date

Checklist of attachments

Original Birth Certificate

Evidence of Disability

Made this 29th day of July, 1997.

M. RAMSARAN
Minister of Social Development