

APPLICATION FOR ASSISTANCE

appendix to the Terms and Conditions for Providing Assistance by the 'Omnibus' Association

Application number <i>to be completed by the Association</i>
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..... 202... r.
city, date

PART I. TO BE COMPLETED BY THE APPLICANT

DATA OF THE APPLICANT:

Name of legal guardians requesting the assistance:	
Date of birth:	
Permanent address:	
Address for correspondence:	
ID card series and number:	
PESEL:	
Telephone number and e-mail address	

THE AMOUNT AND INTENDED PURPOSE OF THE FUNDS:

Full name (who is concerned?)	
Date of birth:	
PESEL:	
Name and description of the medical condition:
Amount of requested assistance:	
Purpose of financing (the purpose for which the funds will be utilised): - rehabilitation stay, - co-financing of individual rehabilitation, - co-financing of medical equipment (rehabilitation equipment, orthopaedic equipment, prostheses, furnishings), - co-financing of the costs of medical consultations and treatment outside the usual place of residence, including travel and accommodation costs, - co-financing for the purchase of food supplements, medicinal drugs and other medical supplies, - co-financing for extra sports and art activities, - co-financing for other activities in accordance with the association's constitution.
Number of persons living in a common family household:	
Sources of income in the household:

Net monthly income per family member (average of 3 months preceding the month on which the application was filed): PLN net per 1 person

My child remains under care of a Non-Governmental Organisation (Association, Foundation): **YES/NO** (*delete as appropriate*).

Which one?

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The child has received assistance from the Non-Governmental Organisation during the past 6 months: **YES/NO** (*delete as appropriate*).

Please **state the names of the NGOs** from which you have obtained assistance within the past 6 months, **purpose of the financial aid** and the **amount**:

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Method of transferring the co-financing (please mark the appropriate box):

contribution to the sub-account established at the 'Omnibus' Association

account no.

transfer title

co-financing of an invoice/part of invoice costs to (*delete as appropriate*):

account holder

account no.

payment of funds to the account of a specific centre/rehabilitation centre/medical shop based on an original invoice issued to the 'Omnibus' Association with an additional remark, i.e., the name and surname of the child being the beneficiary of the co-financing, including a specification of what the co-financing relates to: stay/rehabilitation/medical equipment.

1. I declare that I have read and that I accept the conditions contained in the Terms and Conditions for Providing Assistance by the 'Omnibus' Association.
2. I declare that I am aware of the responsibility for providing false information.
3. I grant my consent for the collection and processing of personal data in accordance with the principles set out in the Act of 29.08.1997 on Personal Data Protection (Journal of Laws of 2002, No. 101, item 926 as amended).
4. I grant my consent for the collection, processing and publication of my personal data (personal image, name and surname, place of residence, contents of the application and description of the condition: the entirety, selected fragments or a concise summary) by the 'Omnibus' Association in order to undertake any activities aimed at raising funds to provide assistance, as well as for informational or promotional purposes regarding the activities of the 'Omnibus' Association in published materials.

APPENDICES TO THE APPLICATION:

1.
2.
3.
4.

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(Date and legible signature of person requesting assistance)

PART II. TO BE COMPLETED BY THE ASSOCIATION:

The application was assessed: positively/negatively (*delete as appropriate*)

The type and duration of providing assistance:

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Amount:

Opinion (or comments, if any, regarding the implementation of the assistance):

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(date, signature and stamp of the Association)