



# Ministry of Health & Human Services

## Division of Human Services

P.O. Box 4074 Koror, Republic of Palau 96940

Phone: (680) 488-2575/2165 \*Fax: (680) 488-2736

E-mail: [administration@palauhealth.org](mailto:administration@palauhealth.org) Website: [www.palauhealth.org](http://www.palauhealth.org)

## APPLYING FOR CHILD RAISING SUBSIDY REPUBLIC OF PALAU

### *Information You Need to Know*

To be eligible for a Child Raising Subsidy, an applicant must be the primary caretaker of a child and have had full-time custody of the child in Palau for at least six (6) of the previous twelve (12) months at the time the applicant submits an application for a child raising subsidy.

For a child born within six (6) months of the application date, an applicant is eligible as long as he or she has full-time custody at the time the application is submitted.

The Ministry of Health and Human Services will make a decision regarding your application within 30 days. The Minister must notify the applicant as to whether or not the application is approved. If application is not approved, the notification must be in writing and must include the Minister's reason for denial.

***To find out if you are eligible to receive child raising subsidy, you must complete and return the attached application with all eligibility required documents from this check list.***

### ***CHECK LIST- REQUIRED DOCUMENTS***

#### **Applicant Identity (Primary caretaker)**

- ❖ Valid Photo ID of applicant applying for Child Raising Subsidy (Passport, Driver License, ID card)
- ❖ Birth Certificate
- ❖ Social Security (Palau) or document showing lawful residence in Palau

#### **Child Citizenship (person under 18 years of age who is citizen and resident of Palau and recognized under Title 13 of the Palau National Code)**

- ❖ Child birth certificate
- ❖ Child valid photo ID (passport or ID card)
- ❖ Social Security Number (Palau)



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### Republic of Palau Child Raising Subsidy

#### APPLICATION FORM

**OFFICE USE ONLY**

Case No:

Eligibility documents must be submitted with your application before it can be processed.

Section 1. Applicant Information			Date:
Your Name: Last	First	Middle Initial	Maiden or Other
Palau Social Security Number <i>(if applicable)</i> :	Date of Birth:	Gender (please check): <input type="checkbox"/> Female <input type="checkbox"/> Male	Relationship to the child(ren):
Marital Status (please check one that apply): <input type="checkbox"/> Single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed	Telephone:	Work Phone:	Mobile:
Home Mailing Address (Hamlet)	P.O. Box:	State:	Zip:
Are you 18 yrs. old and primary caretaker of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	<b>Optional:</b> Bank Name: Account No.:	
If you would like to receive electronic correspondence/notices, please select your preferred method. How would you like for us to contact you? <input type="checkbox"/> Telephone <input type="checkbox"/> Mobile Texting <input type="checkbox"/> Postal mail <input type="checkbox"/> Email			

Section 2. List any other family members living with you. (Do not include eligible child name listed in section 3)						
First Name	Last Name	Middle Initial	Gender: F - Female M - Male	Age	Date of Birth M/D/Y	Relationship
1.						
2.						
3.						
4.						
5.						

Section 3. List Children eligible for Child Raising Subsidy							
First Name	Last Name	Middle Initial	Gender: F-Female M-Male	Age	Date of Birth M/D/Y	Relationship	Office Use Only (Eligibility) Yes or No
1.							
2.							
3.							
4.							
5.							
6.							
7.							

**Declaration:** I hereby declare that the information given above and on the enclosed documents is true and nothing has been concealed therein and attest that I will use the child care subsidy for the sole purpose of helping with the expenses of raising a child in Palau.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date