



Application Form

Child with Cancer

First name, last name

Date of birth

Applicant

First name, last name
mother, father, legal guardian

First name, last name
second parent (optional)

Street

Postal code, city

Email

Phone

Bank details

Representative Applicant

Hospital
or other institution

First name, last name
social services professional

Postal code, city

Email

Phone



Child's situation

Diagnosis,
medical history

Family Situation

Family and financial
circumstances
why is support needed?

| Monthly Income | | | | Currency | CHF | EUR |
|---|-----------------|-----------------|----------------------|----------|-----|-----|
| Household overall | | | | | | |
| Applicant's net income | Wages/ Salary | from self empl. | Pension / retirement | | | |
| | unemp. benefits | Sick pay | other | | | |
| Second parent's net income | Wages/ Salary | from self empl. | Pension / retirement | | | |
| | unemp. benefits | Sick pay | other | | | |
| Income of other household members <small>e.g. apprenticeship, add multiple</small> | Wages/ Salary | from self empl. | Pension / retirement | | | |
| | unemp. benefits | Sick pay | other | | | |
| Family allowances/child benefit | | | | | | |
| Alimony/maintenance payments | | | | | | |
| Supplementary benefits / additional pensions | | | | | | |
| Parental allowance | | | | | | |
| Care allowance | | | | | | |
| Housing benefit | | | | | | |
| Rental income | | | | | | |
| Capital gains <small>interest, dividends, sales</small> | | | | | | |
| Other income <small>please specify</small> | | | | | | |
| Total monthly income | | | | | | |
| Assets | | | | | | |
| Debts | | | | | | |
| Net assets <small>assets minus debt</small> | | | | | | |

Illness-related additional costs are to be entered on the next page. For variable expenses, calculate an average. Convert annual payments to a monthly amount.

Monthly Expenses

Currency CHF EUR

Household overall

Groceries

food, beverages at home and eating out

Rent or mortgage

incl. utilities such as heating, electricity, etc.

Communication

internet, TV, phone, media fees

Mobility

public transport tickets, fuel; (excluding vehicle taxes/insurance)

Childcare

daycare, after-school care (without illness related additional costs)

Maintenance payments / alimony

Instalment payments

Loans, leasing; please specify

Health

own contribution (deductible/excess) for treatment, medication

Health insurance

premiums/contributions of all family members

Additional insurances

please specify (e.g. life /
accident / vehicle insurance;
without savings contracts)

Taxes

all, including vehicles, church tax

Leisure, travel

sport, entertainment, recreation, accommodation (excluding mobility and food)

Other consumption expenses

clothing, equipment, furniture, toys etc.

Ohter expenses

please specify

Total monthly expenses

Illness-related Additional Costs

no coverage by health insurance/others

| Expected period during which the additional costs occur | from/since | until |
|--|------------|-------|
|--|------------|-------|

| | Currency | CHF | EUR |
|--|----------|-----|-----|
|--|----------|-----|-----|

| | | | |
|---|---------------|------------------|--|
| Travel for outpatient treatments, visits | per km | | |
| | 0.60 CHF (CH) | 0.42 EUR (DE/AT) | |

Meals, accommodation

for parents at the clinic

Medical aids, special nutrition

for the ill child

Sibling care, household help, care services

Loss of earnings

difference to net salary in case of part time work,
care leave, unpaid leave, sick pay or similar;
total amount (over several months)

Other additional costs

(please specify)

Total illness-related additional costs

Other support

other financial assistance applied
for and /or received; please state
organisation and total amount.

Requested support amount

Place, date

Signature of applicant or representative

The undersigned confirms that all information provided is complete and truthful. All data is subject to data protection and will not be shared with third parties. Processing of this application requires that the separate consent form (appendix) is also signed and submitted.



Additional Information

Consent Form

under Art. 9, 13, 14 GDPR

Data Processing

We collect personal data from parents, children, and adolescents in need of support for the purpose of assessing their support application. By signing, you provide your consent.

The following (partly sensitive) data categories under Art. 9 GDPR are stored in our data registers.

The data is collected directly from the individuals concerned, is not forwarded to third parties, and is stored for at least ten years to comply with legal requirements.

Personal Data

Children and parents: Name, first name, date of birth, gender, bank details, email address, family and financial background, support amount.

Health Data

Children: Diagnosis, medical description, health status.

Additional Information

Applicant, intended use of funds, remarks, board decision.

Your Rights

Right of access

You may request information about the data we store about you.

Rectification, deletion, restriction

You have the right to correct, delete, restrict processing, and to data portability. Deletion is only possible after the statutory retention period of ten years.

Right to object

You may withdraw your consent at any time; this does not affect the legality of processing carried out before withdrawal.

Right to lodge a complaint

You may file a complaint regarding data processing. Contact details of the supervisory authority in Liechtenstein can be found at: www.dss.llv.li

Place, date

Signature of applicant

Signature of second parent (optional)