



GEMEINDE BIRSFELDEN

Leben in Birsfelden: Esther Meier
Tel. direct line: 061 317 33 18
Email: esther.meier@birsfelden.ch

To be completed by parents!

Application form for a care voucher

Please note:

- Complete and sign the form legibly and in full.
- To be sent to the following address with all enclosures at the latest by the start of care:
Commune of Birsfelden, LiB/FEB department, Hardstrasse 21, 4127 Birsfelden.
- Care vouchers cannot be used retrospectively.
The entry date of the request shall be valid.
- If the decision is positive, you will receive an order that is valid for one year. The new request must be received by the specialist unit at least one month before the expiry of this order.
- Legal bases: FEB regulation and FEB directive, please also see www.birsfelden.ch.

Please include the following documents:

- Care confirmation from the day care centre or day families or day structures
- copy of the current tax assessment (no older than 2 years)
- copy of the current employment contract incl. amendments if change to workload
- copy of wage payslip from the last 3 months (in the case of a regular income)
- copy of wage payslip from the last 12 months (in the case of an irregular income)

Enclose copies of these documents if relevant to your situation:

- Declaration certificate from the unemployment insurance fund
- Daily allowance from the unemployment insurance fund from the last 3 months (in the case of the income from work while registered unemployed please enclose employment contract and wage slips from the last 3 months)
- Any documents on further training measures including from the unemployment insurance fund
- Other documents on current further education
- Self-employed person: Confirmation of affiliation, compensation office
- Disability order (disability level and level of the benefit payment must be visible)
- Withholding tax statement and wage slips from the last three months
- Maintenance agreements (regardless of whether you receive or pay maintenance)

Personal details of parents / persons with parental authority

Please also state your partner who is not the child's parent if you live in the same household

	Person 1	Person 2
Surname
First name
Street	<input type="checkbox"/> Person 2 is not the child's father/mother
Postcode/city	
Date of birth
Email
Telephone

Personal details of children

Please state all children that live in the same household as you (including those of legal age)

First name/surname	Date of birth	Are you requesting care vouchers for this child?		Name Care institution
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Employer (in the case of several employers please state the main employer)

	Person 1	Person 2
Company
Postcode/city
Telephone

Scope of employment (of the legal guardian)

The following are considered equal to gainful employment: Education and training: studies, apprenticeship, further education, etc.), receipt of unemployment benefits, invalidity benefits. Please enclose a current **daily allowance statement or disability order**. A corresponding **education and training or study certificate** is required for persons in education and training.

Surname/first name person 1	Workload (as %)
<input type="checkbox"/> employed	%
<input type="checkbox"/> self-employed	%
<input type="checkbox"/> registered as unemployed (RAV)	%
<input type="checkbox"/> education and training/further education/studies	%
<input type="checkbox"/> Recipient IV pension	%
Total workload	%

Surname/first name person 2	Workload (as %)
<input type="checkbox"/> employed	%
<input type="checkbox"/> self-employed	%
<input type="checkbox"/> registered as unemployed (RAV)	%
<input type="checkbox"/> education and training/further education/studies	%
<input type="checkbox"/> Recipient IV pension	%
Total workload	%

Care contributions from the employer (without family or child supplements)

Do you receive contributions from the employer for childcare outside the family?

yes no if yes: please state the name of the employer

Amount per month (CHF)

Withholding tax statement

Are you taxed at source? **Person 1** yes no **Person 2** yes no

If yes: please enclose withholding tax statement from the last 12 months.

Social assistance or rent contributions

Do you receive any financial social assistance? **Person 1** yes no **Person 2** yes no

By signing the bottom of this form, you confirm that you will hand over the care vouchers to Birsfelden social services. This handover shall end with the expiry of the claim for care vouchers and / or of the legally binding setting up of social assistance support.

Do you receive rental contributions? yes no in clarification yes no in clarification

Are you or is one of your children assisted (e.g. CAPA, etc.)?

Name of assisted person in your household:

Name of assistance:

Maintenance payments

Do you make or receive maintenance payments for a child? **Pay** yes no **Receive** yes no

If yes: please enclose maintenance agreement!

Further persons in the household

Do other persons live with you in the household? yes no

If yes: please state the name and relationship with this person:

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When do you wish to request the care vouchers from?

As of immediately: From date:

Bank details

The care vouchers are in principle paid out to the legal guardians. A transfer to third parties shall only take place in exceptional cases such as in the case of the existence of financial social assistance, care by day-care parents or a justified request by the day care centre.

IBAN CH

Name/Place Bank

Account holder

Obligation to report and declaration of consent

By way of your signature, you confirm that this request has been completely truthfully and in full. You are bound to report to the commune of Birsfelden, department for living in Birsfelden, any relevant changes such changes to workload, income, scope of care or the termination of the care agreement or departure from the commune of Birsfelden, **if possible, in advance but at the latest within 10 days.**

You agree that the commune Birsfelden, department for living in Birsfelden may obtain all information and documents necessary to calculate the voucher amount from the corresponding authorities and the tax information may directly be taken from the tax system. The tax department shall be informed of all care vouchers paid out. Please note that all unjustly obtained care vouchers shall be recalled.

Place and date Signature Person 1:

Signature Person 2: