

Antrag auf Gewährung eines Zuschusses aus der Bundesstiftung "Mutter und Kind" für Schwangere in einer Notlage

Stempel der Beratungsstelle:

An den
**Kommunalverband für Jugend
und Soziales Baden-Württemberg**
Stiftung "Familie in Not"
Postfach 10 60 22
70049 Stuttgart

Elektronische Antragstellung

Persönliche Angaben der Antragstellerin:

Name: _____

Vorname: _____

Geburtsdatum: _____

Sehr geehrte Damen und Herren,

für die o.g. Antragstellerin wurde ein Antrag

G ☐

U ☐

A ☐

auf elektronischem Wege an den KVJS übermittelt.

Wir bestätigen, die Identität der oben genannten Person durch Einsicht in ein gültiges amtliches Ausweisdokument (i.d.R. Personalausweis) festgestellt zu haben und dass der gewöhnliche Aufenthalt in Baden-Württemberg liegt.

Ort, Datum

Unterschrift des/r Beraters/in:

Declaration by the applicant

About the foundation aid

I hereby declare that

- I have not applied for or received benefits from the Federal Foundation "Mother and Child" for the current pregnancy from any other pregnancy advice center,
- my assets do not exceed the minimum amount according to § 90 Para. 2 No. 9 SGB XII (€ 10,000 plus € 10,000 for spouse or partner plus € 500 for each person who is predominantly supported),
- my details in the application are correct and complete,
- I will submit proof of birth (birth certificate, extract from the register of births) to the KVJS within 12 weeks of the birth.
- I will keep receipts for the use of funds for one year and present them on request.

I have been informed that

- the grant can be reclaimed if the above-mentioned assurances are breached,
- there is no legal entitlement to the foundation benefits,
- the foundation funds are tax-free.

The grant should be transferred to:

- ☐ the counseling center's account
- ☐ my own account (applicant or partner)

The account details were provided on the electronic application form.

Data protection

I hereby give my consent for the data contained in this application, the supplementary explanations and any other attachments to be passed on to the processing office of the "Familie in Not" foundation at the Kommunalverband für Jugend und Soziales Baden-Württemberg. I also authorize the advice center to provide the foundation with further information on this application, insofar as this is necessary for the decision on the application. The data may only be used by the Foundation within the framework of the applicable provisions of data protection law.

With my signature, I confirm the completeness and accuracy of the information I have provided.

I have received an information letter from the KVJS in accordance with Art. 13 DSGVO.

Place, date

Signature of the applicant

The KVJS may only send unencrypted e-mails containing protected data if the data subject has expressly consented to the unencrypted transmission of data (Art. 6 (1) DSGVO).

I agree that the KVJS may send me letters regarding foundation aid (approvals, rejections, enquiries) by unencrypted e-mail to the e-mail address I have provided in my application (in copy pregnancy advice center).

Place, date

Signature of the applicant