Department of
Financial Assistance
Cayman Islands Government

Application for Financial Assistance

This application and all supporting documentation should be completed and submitted online at **dfa.gov.ky** where you will be able to see updates regarding the status of your application. You can also check whether you meet the eligibility criteria for Financial Assistance on our website.

Complete all parts of this application and the application form checklist accurately. If any information is missing or not completed accurately the application will be considered incomplete. Applications will only be processed when a complete application with all supporting documentation for all members of the household have been received by the Department of Financial Assistance.

Part 1: Applicant

This section of the application form must be completed with information about the applicant, or as specified, the entire household. If you are completing this form as the applicant's representative, please complete this section with the applicant's details and complete the Authorisation of Representative Form. All fields marked with a * are required.

All Caymanian adults in the household are considered applicants for assessment purposes. Adult Caymanian household members listed in the application will be treated as applicants once they have signed the Release of Information (ROI).
Where the only Caymanian household members are children, the parent(s) or legal guardian(s) of the Caymanian child(ren) will be treated as the applicant(s) for assessment purposes and must sign the Release of Information form.

Type of application: ☐ New Application ☐ Reassessment Application

Who is completing this application?* ☐ Applicant ☐ Representative ☐ Other

First Name* _____ **Middle Name** _____

Last Name* _____ **Maiden Name** _____

Other Names _____

Country of Birth*

☐ Cayman Islands ☐ Jamaica ☐ United States ☐ United Kingdom **Other** _____

Date of Birth* dd/mm/yyyy **Sex*** ☐ Male ☐ Female

Marital Status* ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Civil Partnership

*See Immigration and Employment Status Options (Page 7)

Immigration Status* _____ **Immigration Link*** **(If applicable)** _____ **Employment Status*** _____

Name of Employer and/or School _____

Do you have health insurance?* ☐ Yes ☐ No

Do you have a disability?* ☐ Yes ☐ No **Disability Type*** ☐ Mental ☐ Physical

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Preferred Method of Contact* ☐ Telephone ☐ Email

Email Address _____ **Telephone** _____

Property Status ☐ Owned - No Mortgage ☐ Rented ☐ Owned - Mortgage(In Good Standing)
☐ Owned - Mortgage(Under Foreclosure) ☐ Living with Family/Friend ☐ Homeless
☐ Resident at a Facility

Physical Address* House# Street Name

Apt# Bldg Name Neighbourhood

Select your District

☐ Bodden Town ☐ West Bay ☐ East End ☐ George Town ☐ North Side
☐ Cayman Brac ☐ Little Cayman

Receive Mail by General Delivery ☐ Yes ☐ No

Mailing Address P.O. Box Postal Code Post Office

Have you been physically present in the Cayman Islands for a combined total of at least 8 months over the past 12 months?* ☐ Yes ☐ No

If not, please provide the rationale for not being on island for at least 8 of the last 12 months.*

Are you currently serving a prison sentence? ☐ Yes ☐ No

If yes, what is your expected/anticipated release date? dd/mm/yyyy

Applicant's Bank Details

Bank Name _____

Name of Account Holder(s) _____

Account Number _____

Account Type ☐ **Savings** ☐ **Checking**

Bank Account Currency ☐ **C.I.** ☐ **U.S.**

Bank Transit Number
RBC and Scotia Only

What service/services are being requested? (Choose all that are applicable)*

Note: The DFA facilitates the assessment for indigent medical insurance and is not the approving body.

- ☐ Accommodation
- ☐ After-School Care
- ☐ Burial Assistance - Funeral
- ☐ Burial Assistance - Vault
- ☐ Children's Camp
- ☐ Clothing
- ☐ Dental
- ☐ Food
- ☐ Health Insurance
- ☐ Internet
- ☐ Long-Term Financial Assistance
- ☐ Medical Supplies & Equipment
- ☐ Medical Travel
- ☐ Optical
- ☐ Phone
- ☐ Pines Placement
- ☐ Pre-School Assistance
- ☐ Propane Gas
- ☐ Rental Deposit
- ☐ School Bag and Supplies
- ☐ School Shoes
- ☐ School Uniforms
- ☐ Transportation
- ☐ Utilities - Electricity
- ☐ Utilities - Water

Reason(s) for applying? (Choose all that are applicable)*

- ☐ Disability
- ☐ Emergency Circumstances
- ☐ Unemployment
- ☐ Older Person
- ☐ Inadequate Income

Emergency Circumstances

If you have selected Emergency Circumstances, please complete the next two questions. Emergency circumstances should only be selected where you are without any other means of financial support. By selecting one of the emergency circumstances below, you declare that you don't have any other means of financial support.

Please note that when an application is submitted for a non Caymanian, Workforce Opportunities & Residency Cayman (WORC) will be formally notified of the individual's circumstances. The applicant must demonstrate that they have updated WORC in writing regarding their change in circumstances.

For work permit holders, DFA will contact the employer, who is legally responsible for the worker's maintenance, to verify the information provided. The employer must provide a written statement confirming that they are unable to offer financial support, as required under the Immigration (Transition) Act. Any other relevant agencies will also be informed, as appropriate.

Please indicate which type of emergency you are experiencing.

☐ Disaster ☐ In Need of Urgent Aid ☐ Significant Risk of Harm ☐ Domestic Violence

Please provide details on the emergency circumstances indicated above, including name and contact details for someone who can verify/validate emergency circumstances.

Do you have supporting evidence or proof of the emergency circumstance?* ☐ Yes ☐ No

Part 2a: Household

Household: As per the Act, household is defined as:

a) a person who lives alone at an address; or

b) two or more persons, whether or not related, who live together at the same address and who – benefit from one another's combined income; and share living accommodations.

Further to this definition, a household may also be of one person if:

1. there is an older person or older couple living at the address of their adult child and the others in the household are not seeking financial assistance;
2. there is a person with a disability who is living with other people and the others in the household are not seeking financial assistance; or
3. there is an adult in the household who is living with their parents and their parents are not seeking financial assistance.

Are there any other people living at this address that you do not consider to be a part of your household based on the definition?* ☐ Yes ☐ No

How many persons?

What is the rationale for them not being a part of the household?

Part 2b: Household Members

Household Member: A household member is any individual who meets the definition of being part of the household, as outlined above. Individuals who live at the same address but do not meet this definition are not considered household members. In cases where it is not specifically stated, applicants or recipients are also considered household members.

Further to this definition, if a household member resides in their own property or is the sole lessee of a leased accommodation and applies for services, all other individuals residing at the same address, including children or grandchildren, are considered household members. This applies regardless of whether those additional household members are also seeking assistance.

Complete this section of the application form with details about each member of the household.

First Name **Middle Name**

Last Name **Maiden Name**

Other Name(s)

Country of Birth

☐ Cayman Islands ☐ Jamaica ☐ United States ☐ United Kingdom **Other**

Date of Birth dd/mm/yyyy **Sex** ☐ Male ☐ Female

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Civil Partnership

Relationship to the Applicant

*See Immigration and Employment Status Options (Page 7)

Immigration Status* **Immigration Link*** (If applicable) **Employment Status***

Name of Employer and/or School

Does this household member have health insurance? ☐ Yes ☐ No

Does this household member have a disability? ☐ Yes ☐ No

Disability Type

☐ Mental ☐ Physical

First Name | **Middle Name**

Last Name | **Maiden Name**

Other Name(s)

Country of Birth

☐ Cayman Islands ☐ Jamaica ☐ United States ☐ United Kingdom **Other**

Date of Birth dd/mm/yyyy **Sex** ☐ Male ☐ Female

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Civil Partnership

Relationship to the Applicant

*See Immigration and Employment Status Options (Page 7)

Immigration Status* | **Immigration Link*** (If applicable) | **Employment Status***

Name of Employer and/or School

Does this household member have health insurance? ☐ Yes ☐ No

Does this household member have a disability? ☐ Yes ☐ No

Disability Type

☐ Mental ☐ Physical

First Name | **Middle Name**

Last Name | **Maiden Name**

Other Name(s)

Country of Birth

☐ Cayman Islands ☐ Jamaica ☐ United States ☐ United Kingdom **Other**

Date of Birth dd/mm/yyyy **Sex** ☐ Male ☐ Female

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Civil Partnership

Relationship to the Applicant

*See Immigration and Employment Status Options (Page 7)

Immigration Status* | **Immigration Link*** (If applicable) | **Employment Status***

Name of Employer and/or School

Does this household member have health insurance? ☐ Yes ☐ No

Does this household member have a disability? ☐ Yes ☐ No

Disability Type

☐ Mental ☐ Physical

First Name | **Middle Name**

Last Name | **Maiden Name**

Other Name(s)

Country of Birth

☐ Cayman Islands ☐ Jamaica ☐ United States ☐ United Kingdom **Other**

Date of Birth dd/mm/yyyy **Sex** ☐ Male ☐ Female

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Civil Partnership

Relationship to the Applicant

*See Immigration and Employment Status Options (Page 7)

Immigration Status* | **Immigration Link*** (If applicable) | **Employment Status***

Name of Employer and/or School

Does this household member have health insurance? ☐ Yes ☐ No

Disability Type

Does this household member have a disability? ☐ Yes ☐ No ☐ Mental ☐ Physical

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First Name | **Middle Name**

Last Name | **Maiden Name**

Other Name(s)

Country of Birth

☐ Cayman Islands ☐ Jamaica ☐ United States ☐ United Kingdom **Other**

Date of Birth dd/mm/yyyy **Sex** ☐ Male ☐ Female

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Civil Partnership

Relationship to the Applicant

*See Immigration and Employment Status Options (Page 7)

Immigration Status* | **Immigration Link*** (If applicable) | **Employment Status***

Name of Employer and/or School

Does this household member have health insurance? ☐ Yes ☐ No

Disability Type

Does this household member have a disability? ☐ Yes ☐ No ☐ Mental ☐ Physical

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Immigration and Employment Status Options

Immigration Status*

Caymanian

Cayman Status

Permanent Residency

Resident Employment Rights Certificate (RERC) - Parent of a Caymanian Child (RAS)

Resident Employment Rights Certificate (RERC) - Spouse of a Caymanian (RAS)

Resident Employment Rights Certificate (RERC) - Spouse of a Permanent Resident Holder (RRD)

Resident Employment Rights Certificate (RERC) - as a Dependent (RRD)

Dependent of Caymanian

Dependent of Work Permit Holder

Work Permit Holder

Visitor

Unknown

Dependent of Refugee

Refugee

Asylum Seeker

Exempted Cuban

Dependent of Exempted Cuban

Immigration Link (if applicable)*

Spouse or Civil Partner of a Caymanian

Guardian of a Dependent who is Caymanian

N/A

Employment Status*

Unemployed

Employed Full-Time

Employed Part-Time

Full-Time Education

Part-Time Education

Self-Employed Full-Time

Self-Employed Part-Time

Retired

Part 3: Income

Please provide details about all adult household member's sources of income in this section of the application form. Enter the CI amount for each source of income.

Income Source	Name of Payer	Amount CI$	Frequency
Child Support / Maintenance			☐ Monthly ☐ Yearly
Donations			☐ Monthly ☐ Yearly
Employer			☐ Monthly ☐ Yearly
Life Insurance / Other Annuities			☐ Monthly ☐ Yearly
Pension			☐ Monthly ☐ Yearly
Rental Income			☐ Monthly ☐ Yearly
Seafarer's Ex-Gratia Benefit			☐ Monthly ☐ Yearly
Social Security			☐ Monthly ☐ Yearly
Veteran's Ex-Gratia Benefit			☐ Monthly ☐ Yearly
Other Income			☐ Monthly ☐ Yearly
Other Income			☐ Monthly ☐ Yearly
Other Income			☐ Monthly ☐ Yearly
Total CI$		0.00	

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Part 4: Expenses

Please provide details about all adult household member's expenses in this section of the application form. Enter the CI monthly amount if the expenses are paid monthly.

Expense Type	Name of Payee	Amount CI$	Frequency
After School Care			☐ Monthly ☐ Yearly
Bank Loan - Personal			☐ Monthly ☐ Yearly
Bank Loan - Property			☐ Monthly ☐ Yearly
Bank Loan - Vehicle			☐ Monthly ☐ Yearly
Cable TV			☐ Monthly ☐ Yearly
Car Registration & Licensing			☐ Monthly ☐ Yearly
Child Support / Maintenance			☐ Monthly ☐ Yearly
Court Fines			☐ Monthly ☐ Yearly
Credit Card Payment			☐ Monthly ☐ Yearly
Employment (Helper/Caregiver)			☐ Monthly ☐ Yearly
Groceries			☐ Monthly ☐ Yearly
Insurance - Car			☐ Monthly ☐ Yearly
Insurance - Health			☐ Monthly ☐ Yearly
Insurance - Home			☐ Monthly ☐ Yearly
Insurance - Life			☐ Monthly ☐ Yearly
Internet			☐ Monthly ☐ Yearly
Internet (Top Up)			☐ Monthly ☐ Yearly

Expense Type	Name of Payee	Amount CI$	Frequency
Laundry			☐ Monthly ☐ Yearly
Lunches			☐ Monthly ☐ Yearly
Medications			☐ Monthly ☐ Yearly
Mortgage			☐ Monthly ☐ Yearly
Pension			☐ Monthly ☐ Yearly
Propane			☐ Monthly ☐ Yearly
Rent			☐ Monthly ☐ Yearly
School Fees			☐ Monthly ☐ Yearly
Telephone (Postpaid/Landline)			☐ Monthly ☐ Yearly
Telephone (Top Up)			☐ Monthly ☐ Yearly
Transportation			☐ Monthly ☐ Yearly
Utilities - Electricity			☐ Monthly ☐ Yearly
Utilities - Water			☐ Monthly ☐ Yearly
Vehicle Maintenance			☐ Monthly ☐ Yearly
Other Expense			☐ Monthly ☐ Yearly
Other Expense			☐ Monthly ☐ Yearly
Total CI$		0.00	

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Part 5: Savings

Please provide details about all adult household member's savings in this section of the application form. Enter the CI monthly amount for the relevant savings type.

Savings Type	Amount CI$
Bank Savings	
Credit Union (Savings & Shares)	
Life Insurance Savings	
Fixed Deposit	
Certificate of Deposit	
Stocks & Bonds	
Other Savings	
Total CI$	0.00

Part 6: Assets

Please provide details about all adult household member's assets in this section of the application form. Enter the CI amount for the relevant asset.

Asset Type	Amount CI$
House	
Land	
Other Property	
Vehicle	
Other Assets & Investments	
Total CI$	0.00

Part 7: Liabilities

Please provide details about all adult household member's liabilities in this section of the application form. Enter the CI amount for the relevant liability.

Liabilities Type	Arrears Amount CI$	Payee
Credit Card Balance (s)		
Mortgage Balance (s)		
Vehicle Loan Balance (s)		
Other Loan Balance (s)		
Other Liabilities		
Other Liabilities		
Other Liabilities		
Total CI$	0.00	

Part 8: Declaration

I, _____, declare that to the best of my knowledge the information given in this application is correct. I will inform the Department of Financial Assistance in writing of any change in circumstances which may affect the accuracy of the information given while the application is being considered.

A person who, on examination under the authority of the Financial Assistance Act, 2022, knowingly gives false evidence, makes a false declaration or provides false or misleading information where required to do so under this Act, commits an offence and is liable on summary conviction to a fine of three thousand dollars or to imprisonment for a term of six months, or to both.

For applicants and household members who were receiving Long Term Financial Assistance on 9 October 2024: I understand that only the type and amount of assistance I was receiving on that date is protected under section 36(2) of the Financial Assistance Act, 2022.
By submitting this application, I agree to be reassessed under the Act and acknowledge that section 36(2) will no longer apply. I understand this may result in changes to the type or amount of assistance I receive.

You may access copies of the Financial Assistance Act, 2022, along with the Financial Assistance Regulations, 2023, the Financial Assistance (Amendment) Regulations, 2024 and the Financial Assistance (Amendment) Regulations, 2025 via our website at: DFA Policies and Legislations. Alternatively, you may visit the Department to request a hard copy for your records.

_____ _____

Applicant/Representative Signature* Date*

Thank you for completing this document. This document can be submitted online by visiting **dfa.gov.ky** or via email to **dfaapplications@gov.ky**.