



This appendix and all supporting documentation should be completed and submitted with the application form online at dfa.gov.ky where you would 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 accurately Appendix 2 for all persons within your household who are under 18 years of age. 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 2b: Household

Complete Appendix 2 with details about each member of the household who is under 18 years of age. If there are multiple household members who are under 18 years of age, this section should be completed once per household member. All fields marked with an * are required.

First Name* **Middle Name**

Last Name* **Maiden Name**

Other Names

Country of Birth*

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

Date of Birth* **Sex*** Male Female

Marital Status*

Civil Partnership Divorced Married Separated Single Widowed

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

Do you have health insurance?*

- Yes No

Preferred Method of Contact* Telephone Email

Email Address

Telephone

Does this person have a disability?* Yes No **Disability Type*** Mental Physical

Has this person 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.*

Has this person ever received services from the DFA (Formerly known as NAU)?* Yes No

Part 8: Declaration

I, _____, declare that to the best of my knowledge the information given in this appendix 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.

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.