



This application and all supporting documentation should be completed and submitted 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 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.

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*

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**

Physical Address*

Select your District

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

Received Mail by General Delivery Yes No

Mailing Address

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

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.*

Have you ever received services from the Department of Financial Assistance - DFA (Formerly Needs Assessment Unit)?*

Yes No

Are you currently serving a prison sentence?

Yes No

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

dd/mm/yyyy

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

Note: The DFA facilitates the assessment for indigent medical insurance and housing repairs assistance requests, and is not the approving body

- | | | |
|------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Accommodation | <input type="checkbox"/> Housing Repairs | <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> After-School Care | <input type="checkbox"/> Internet | <input type="checkbox"/> Rental Deposit |
| <input type="checkbox"/> Burial Assistance - Funeral | <input type="checkbox"/> Long-Term Financial Assistance | <input type="checkbox"/> School Bag and Supplies |
| <input type="checkbox"/> Burial Assistance - Vault | <input type="checkbox"/> Medical Supplies & Equipment | <input type="checkbox"/> School Shoes |
| <input type="checkbox"/> Children's Camp | <input type="checkbox"/> Medical Travel | <input type="checkbox"/> School Uniforms |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Optical | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Phone | <input type="checkbox"/> Utilities - Electricity |
| <input type="checkbox"/> Food | <input type="checkbox"/> Pines Placement | <input type="checkbox"/> Utilities - Water |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Pre-School Assistance | |

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

- | | | |
|---------------------------------------|--------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Disability | <input type="checkbox"/> Emergency Circumstances | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Older Person | <input type="checkbox"/> Inadequate Income | |

Please indicate your emergency circumstance.

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 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

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

Complete this section of the application form with details about each member of the household. If there are multiple household members, this section should be completed once per household member. Complete Appendix 1 for additional adult household members and/or Appendix 2 for additional household members who are children. 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
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Immigration Link (if applicable)*

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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 3: Income

If there are multiple household members, this section should be completed once per adult household member. Please provide details about each adult household member's sources of income in this section of the application form. Enter the CI amount for each source of income that the relevant household member has. Complete Appendix 1 for additional adult household members and submit with your application. All fields marked with an * are required.

Household Member Name*

Income Source	Name of Payer	Amount CI\$	Frequency
<input type="text" value="Child Support / Maintenance"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<input type="text" value="Donations"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<input type="text" value="Employer"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<input type="text" value="Life Insurance / Other Annuities"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<input type="text" value="Pension"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<input type="text" value="Rental Income"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<input type="text" value="Seafarer's Ex-Gratia Benefit"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<input type="text" value="Social Security"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<input type="text" value="Veteran's Ex-Gratia Benefit"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<input type="text" value="Other Income"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<input type="text" value="Other Income"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
<input type="text" value="Other Income"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Total CI\$		<input type="text"/>	

Part 4: Expenses

If there are multiple household members, this section should be completed once per adult household member. Please provide details about each adult household member's expenses in this section of the application form. Enter the CI monthly amount if the expenses are paid monthly. All fields marked with an * are required.

Household Member Name*

Expense Type	Name of Payer	Amount CI\$	Frequency
After School Care	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Bank Loan - Personal	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Bank Loan - Property	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Bank Loan - Vehicle	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Cable TV	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Car Registration & Licensing	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Child Support / Maintenance	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Court Fines	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Credit Card Payment	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Employment (Helper/Caregiver)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Groceries	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Insurance - Car	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Insurance - Health	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Insurance - Home	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Insurance - Life	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Internet	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Internet (Top Up)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

Expense Type	Name of Payer	Amount CI\$	Frequency	
Laundry			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Lunches			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Medications			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Mortgage			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Pension			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Propane			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Rent			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
School Fees			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Telephone (Postpaid/Landline)			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Telephone (Top Up)			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Transportation			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Utilities - Electricity			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Utilities - Water			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Vehicle Maintenance			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Other Expense			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Other Expense			<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Total CI\$				

Part 5: Savings

If there are multiple household members, this section should be completed once per adult household member. Please provide details about each adult household member's savings in this section of the application form. Enter the CI monthly amount for the relevant savings type. Complete Appendix 1 for additional adult household members and submit with your application. All fields marked with an * are required.

Household Member Name*

Savings Type	Amount CI\$
<input type="text" value="Bank Savings"/>	<input type="text"/>
<input type="text" value="Credit Union (Savings & Shares)"/>	<input type="text"/>
<input type="text" value="Life Insurance Savings"/>	<input type="text"/>
<input type="text" value="Fixed Deposit"/>	<input type="text"/>
<input type="text" value="Certificate of Deposit"/>	<input type="text"/>
<input type="text" value="Socks & Bonds"/>	<input type="text"/>
<input type="text" value="Other Savings"/>	<input type="text"/>
Total CI\$	<input type="text"/>

Part 6: Assets

If there are multiple household members, this section should be completed once per adult household member. Please provide details about each adult household member's assets in this section of the application form. Enter the CI amount for the relevant asset. Complete Appendix 1 for additional adult household members and submit with your application. All fields marked with an * are required.

Household Member Name*

Asset Type	Amount CI\$
<input type="text" value="House"/>	<input type="text"/>
<input type="text" value="Land"/>	<input type="text"/>
<input type="text" value="Other Property"/>	<input type="text"/>
<input type="text" value="Vehicle"/>	<input type="text"/>
<input type="text" value="Other Assets & Investments"/>	<input type="text"/>
<input type="text" value="Total CI\$"/>	<input type="text"/>

Part 7: Liabilities

If there are multiple household members, this section should be completed once per adult household member. Please provide details about each adult household member's liabilities in this section of the application form. Enter the CI amount for the relevant liability. Complete Appendix 1 for additional adult household members and submit with your application. All fields marked with an * are required.

Household Member Name*

Liabilities Type	Arrears Amount CI\$	Payee
<input style="width: 215px; height: 25px;" type="text" value="Credit Card Balance (s)"/>	<input style="width: 265px; height: 25px;" type="text"/>	<input style="width: 265px; height: 25px;" type="text"/>
<input style="width: 215px; height: 25px;" type="text" value="Mortgage Balance (s)"/>	<input style="width: 265px; height: 25px;" type="text"/>	<input style="width: 265px; height: 25px;" type="text"/>
<input style="width: 215px; height: 25px;" type="text" value="Vehicle Loan Balance (s)"/>	<input style="width: 265px; height: 25px;" type="text"/>	<input style="width: 265px; height: 25px;" type="text"/>
<input style="width: 215px; height: 25px;" type="text" value="Other Loan Balance (s)"/>	<input style="width: 265px; height: 25px;" type="text"/>	<input style="width: 265px; height: 25px;" type="text"/>
<input style="width: 215px; height: 25px;" type="text" value="Other Liabilities"/>	<input style="width: 265px; height: 25px;" type="text"/>	<input style="width: 265px; height: 25px;" type="text"/>
<input style="width: 215px; height: 25px;" type="text" value="Other Liabilities"/>	<input style="width: 265px; height: 25px;" type="text"/>	<input style="width: 265px; height: 25px;" type="text"/>
<input style="width: 215px; height: 25px;" type="text" value="Other Liabilities"/>	<input style="width: 265px; height: 25px;" type="text"/>	<input style="width: 265px; height: 25px;" type="text"/>
<input style="width: 215px; height: 25px;" type="text" value="Total CI\$"/>	<input style="width: 265px; height: 25px;" type="text"/>	

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.

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.