



FAS ID

**This form can be used by recipients of financial assistance to renew their services in the following circumstances:**

1. The household has only older persons and/or adults who are unable to work due to having a permanent disability.
2. There are no household members who are able to work.
3. Your household's circumstances have not changed since your last assessment for financial assistance.
4. No other services are being requested.

This form must be submitted with proof of identification for members of the household if the one on file has expired.

If your household does not meet the circumstances above, you must re-apply for financial assistance and proceed through a new assessment.

## Name of Recipient




## Date of Birth of Recipient

## Recipient Contact Number

## Recipient Email Address

## Physical Address of Recipient






## Select your District

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

**Add details for other members in the household:**

**If you have more household members than space allows on this page, please complete this page multiple times so information is provided for all members of your household.**

<b>Household Member Name</b>	
<b>Date of Birth</b>	dd/mm/yyyy
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Preferred Method of Contact</b>	<input type="checkbox"/> Phone Number <input type="checkbox"/> Email Address

<b>Household Member Name</b>	
<b>Date of Birth</b>	dd/mm/yyyy
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Preferred Method of Contact</b>	<input type="checkbox"/> Phone Number <input type="checkbox"/> Email Address

<b>Household Member Name</b>	
<b>Date of Birth</b>	dd/mm/yyyy
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Preferred Method of Contact</b>	<input type="checkbox"/> Phone Number <input type="checkbox"/> Email Address

<b>Household Member Name</b>	
<b>Date of Birth</b>	dd/mm/yyyy
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Preferred Method of Contact</b>	<input type="checkbox"/> Phone Number <input type="checkbox"/> Email Address

Has someone joined or left your household within the last three years?  Yes  No

Is anyone in your household under the age of 65 and able to work?  Yes  No

Is everyone in your household Caymanian?  Yes  No

Has someone in your household been physically on island for less than 8 out of the last 12 months?  Yes  No

Does your household's combined income exceed \$3,000.00?  Yes  No

If yes, what is your household's combined income?

Does your household's combined financial savings exceed CI\$15,000.00?  Yes  No

Have you or anyone in your household transferred ownership of bank accounts, property or other investments within the last three years?  Yes  No

I, \_\_\_\_\_, confirm that the information provided above is accurate and truthful to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If this form is being completed by the authorized representative for the applicant/recipient, the below needs to be completed.**

I, \_\_\_\_\_ (representative), confirm that the information provided above is accurate and truthful to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for completing this form. This form can be submitted online by visiting [dfa.gov.ky](https://dfa.gov.ky) or via email to [dfainfo@gov.ky](mailto:dfainfo@gov.ky).