Please do not staple together

Deutsche AIDS-Stiftung

Application for support

Applicant		Please leave blank
Surname		
Forename		
Street, No.		**Accompanying counselling centre**
Postcode, Place		Name or stamp
Federal state		
Landline/Mobile		
Email		Processed by
Date of birth		Phone
Country of birth		Email
Gender m/f/d		Please conduct all correspondence via the counselling centre ☐
HIV / Aids		

Additional persons living in the household:

	Partner	**Child 1**
Surname		
Forename		
Date of birth		
Country of birth		
Gender m/f/d		
HIV / Aids		

	Child 2	**Child 3**	**Child 4**
Surname			
Forename			
Date of birth			
Country of birth			
Gender m/f/d			
HIV / Aids			

Information on health	**Applicant**	**Partner**	**Children 1 - 3**		
Presumed path of infection *					
Year of initial HIV diagnosis					
Disability level					
Disability codes: (G | aG | H | Bl | Gl | RF | B)					
Nursing care level					
Assisted living (yes/no)					
Reduction in their earning capacity (none|partial|full)					

* Paths of infection: man/man **1** | drug use **2** | blood products **3**
mother-child **4** | man-woman **5** | unknown **6**

Object of application

For what do you need the support?

Applied amount in €

Bank details (applicant, counselling centre or third party)

Account holder

Name of bank

IBAN: **DE** ☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐

Intended purpose

Monthly income and expenses

Please enter all recurring income and expenses of all persons living in your household on a monthly basis.

Net INCOME in €	**Applicant**	**Partner**	**Children**
Wages/salary			
Sickness benefit			
Pension			
Unemployment benefit (ALG) I			
Unemployment benefit (ALG) II			
Asylum seekers benefits			
Social assistance			
Child allowance			
Housing allowance			
Child/spouse support			
Nursing care allowance			
Other			

EXPENSES in €	**Household**	**Additional**
Overall rent (excl. electricity)		*In the three bottom lines, please specify on what the individual amounts are spent.*
Electricity		
Car		
Public transport (monthly ticket)		
TV and radio licence fees (GEZ)		
Health insurance		
Insurances		
Expenses for children		
Instalments		
Other		

Guidelines on granting

- The purpose of the foundation is met primarily by granting support in cases of hardship (Section 2 (2) of the Charter) as well improving the support and care of people living with HIV or AIDS in Germany (Section 2 (2) Sentence 2 of the Charter).
- There is no legal claim to receive support from the foundation (Section 2 (5) of the Charter).
- Grants are awarded subordinate to statutory benefits. Any claims towards statutory cost carriers (e.g. job centre, social welfare office, health insurance) must be asserted at the relevant body before submitting an application for support to the foundation.
- In general, any costs incurred before the foundation passes a decision will not be subsidised or covered.
- Similar applications at other institutions must be disclosed.
- The application is approved in writing and includes information on the amount and specific purpose of the grant. It can be made subject to restrictions.
- Proof of the appropriate use of the grant must be provided in due time.
  In the event of an inappropriate use or an only partial use of the grant, the relevant amount must be returned back to the following bank account of the foundation:

  IBAN: **DE 90 3702 0500 0008 2696 05**
- New applications of an applicant will only be processed if previous applications have been correctly accounted for.

Important note

Please submit the following documents - do not staple or otherwise connect the individual sheets:

- Documented proof of your monthly income and expenses; if you receive social benefits (unemployment benefit I or II, social assistance, basic social security or asylum seekers benefits), always enclosed the complete approval certificate including calculation sheets;
- Statement of reasons for application;
- Detailed statement of cost and where applicable cost estimate;
- Description of the burdening social and health situation;
- In case of first-time applications: original HIV certificate (no copy) with the signature and stamp of your doctor.

Please note that we will not return any original documents submitted.

Data protection

Information on the processing of your personal data are available at this website:
aids.st/dsgvo

Consent/Agreement

1. ☐ In accordance with Article 6 (1)a and Article 9 (2)a GDPR, I/we hereby consent to the processing of my/our personal data (including special data as defined by Article 9 GDPR) by the Deutsche AIDS-Stiftung. The consent covers all details included in the application form and in the accompanying documents, mandatory for the processing and decision of the application as well as for other internal purposes. **The application cannot be processed without the above declaration of consent.**

2. ☐ I/we hereby agree to above specified **Guidelines on granting. Without your agreement, the application cannot be processed.**

3. ☐ I/we hereby release the above accompanying counselling centre and the Deutsche AIDS-Stiftung from their professional secrecy in this application process.

Place, Date

Signatures of the applicant/s and all adult members of the household

Confirmation of the accompanying counselling centre

We hereby confirm the above information on the HIV infection and the monthly income and expenses.

Place, Date	Signature	Stamp

Please send your documents to the following address

Deutsche AIDS-Stiftung
Mittelvergabe
Münsterstraße 18
53111 Bonn

Deutsche AIDS-Stiftung

Email: mittelvergabe@aids-stiftung.de
Tel.: 0228 / 60 46 9-21/-23/-24/-26