

Attachment

for a child under 15 years of age in the household



Please tick the appropriate box.



Please do not submit original documents, but copies.



Our explanatory videos will help you fill out the form. Information about our digital offers, the SGB II information sheet and other attachments to the application can be found at www.jobcenter.digital.



Further information on the respective number can be found in the instructions for completing the form at www.arbeitsagentur.de/hinweise-sgb2.

The following data is subject to social secrecy (see "Information sheet SGB II"). Your information is collected on the basis of §§ 60 - 65 of the First Book of the Social Code (SGB I) and §§ 67a, b, c of the Tenth Book of the Social Code (SGB X) for the benefits under the Second Book of the Social Code (SGB II). You can obtain information on data protection from the job center responsible for you and also on the Internet at www.arbeitsagentur.de/datenerhebung.

1. Personal data of the applicant

family name	First name
birth date	Gender
Number of the community of need (if available)	Customer number (if available)

2. The information in this Annex refers to the following child under 15

Years in the community of need

family name	First name
Birth name (if different)	birth date
Place of birth	Country of birth
Gender	nationality
<p><i>Please enter the date of entry into Germany if the child does not have German nationality.</i></p> Date of entry	
Pension insurance number <input type="text" value="1"/>	<input type="checkbox"/> Pension insurance number is not yet available and has been requested.

3. Personal information

I am related to the child.
 My partner is related to the child.
 Relationship:

The child regularly lives alternately in my household and in the household of the other parent.



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Editing notes
To be filled out by the job center only

Entry stamp

Department

team

Child's customer number

The child has identified himself by

- Birth certificate
- Children's passport
- other identification document (for Example: child's ID card, electronic residence permit):

Date of Expiry

Child's AZR number

Child's personal identification number (in Romanian and Bulgarian nationals)

Data in STEP checked on

Hand signal, date

Benefits have already been applied for or received from another job center for the child within the last three years.

Yes No

Name of the other job center

ÿ If yes, please provide appropriate evidence (e.g. notices).

The child is **entitled** under the **Asylum Seekers Benefits Act. 9**



Yes No

ÿ If yes, please provide appropriate evidence (e.g. residence permit, residence permit, toleration, notice from the Federal Office for Migration and Refugees (BAMF)).

The child is a student.

Yes No

The child started school or is expected to start school on ÿ Please provide current proof _____ of the school enrollment date.

Benefits for personal school needs for the current school year have already been requested from or provided by another agency for the child.

Yes No

ÿ If yes, please provide current evidence.

The child is currently or will soon be in an **inpatient facility** (e.g. a hospital).

Yes No

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Duration of accommodation from - to

Type of inpatient facility

ÿ If yes, please provide a valid certificate of stay and duration.

4. Claims against third parties

One of the child's parents lives outside the community of need.

ÿ Please fill out the **form UH3** out of.

The child has suffered health damage caused by a third party (for example, traffic, play or sports accident, medical malpractice or physical altercation).

ÿ Please fill out the **form UF** out of.

A declaration of commitment was made to the immigration authorities or the foreign mission on behalf of the child.

Yes No

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ÿ Please provide the declaration of commitment or appropriate documents.

5. Examination of additional requirements

ÿ This information is voluntary and only required if you wish to apply for additional needs.

The child requires expensive nutrition for medical reasons . **14**

ÿ Please fill out the **form MEB** out of.



The child is **pregnant. 12**



ÿ Please provide proof of your expected date of delivery.

ÿ Please fill out the **form UH2** out of.

The child has an **unavoidable special need** due to a special life circumstance.

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ÿ Please fill out **Annex BB** out of.

The child is **a student and** there are costs for **school books/workbooks** .

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ÿ Please provide appropriate evidence.

6. Health and nursing care insurance 26 Please fill (27)

out the **Annex SV** if the child is privately insured or voluntarily insured under statutory health and long-term care insurance.

Please only fill out the following section if **the child is already 14 years old**. Please provide current proof of the child's insurance from the health insurance company (for example, the child's valid electronic health card). This proof will not be included in the file.

The child is or was last covered by **statutory health and nursing care insurance**

family insured.

compulsorily insured (for example by receiving a survivor's pension).

In the future, the child will be compulsorily insured with

the previous health insurance company.

another health insurance company.

name of the health insurance

Health insurance number (if known)

I confirm that the information is correct.

Place, date

Signature of applicant (in the case of minors:
signature of legal representative)

Processing notes (to be filled out by the job center only)

Changes were made to the following sections in the presence of the customer:

Hand signal, date:

Customer's signature

Other comments from the Jobcenter: