

APPLICATION FOR A SUPPORTED HOLIDAY

Applicants living in different households fill in their own applications. Those living in the same household fill in only one application. The lead applicant must be an adult. We do not process incomplete applications. We will only notify the applicant in a positive manner decision. Fields marked with an asterisk are mandatory.

1. PERSONAL DATA ON THE APPLICANT

Last name*	First name*	Social security number* (ddmmyy-xxxx)	Telephone*
Local address*		Postcode*	Post office*
Email			Number of underage children*
Family relations* <input type="checkbox"/> Married/Cohabited <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried <input type="checkbox"/> Single supporter/Joint custody			
Custody of underage children* <input type="checkbox"/> No <input type="checkbox"/> Single parent <input type="checkbox"/> Joint custody		Occupational status* <input type="checkbox"/> Wage earner <input type="checkbox"/> Entrepreneur <input type="checkbox"/> Old-age pensioner <input type="checkbox"/> On disability pension <input type="checkbox"/> Family free <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other, please specify _____	

2. I AM APPLYING FOR A HOLIDAY

☐ Alone ☐ With my spouse ☐ With my children ☐ With my spouse and children

☐ An personal assistant will accompany on holiday. **Assistant's contact information:** _____

☐ I apply with a friend/a friend's family. **Application submitted under name:** _____

☐ Stayed with a friend in the same room. ☐ I go on holiday even if a friend can't. ☐ I won't go on holiday if a friend can't.

3. INFORMATION ON THE SPOUSE

To be filled if the spouse is applying for holiday support.

Social security number* (ddmmyy-xxxx)	Last name*	First name*
Occupational status* <input type="checkbox"/> Wage earner <input type="checkbox"/> Entrepreneur <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Family free <input type="checkbox"/> Old-age pensioner <input type="checkbox"/> On disability pension <input type="checkbox"/> Other, please specify _____		

4. CHILDREN COMING ON THE HOLIDAY

Names and social security number of the children coming on holiday in full (including surname if different from the applicant). Social security number in the format pppkvv-xxxx or pppkvvAxxxx.

Name*	Social security number*	Name*	Social security number*
1.		3.	
2.		4.	

5. DESIRED RESORT AND TIME*

Fill in 1–3 options.

Holiday destination	Holiday days	Cooperative association
1.		
2.		
3.		

6. INFORMATION ON INCOME

Information on income must always be filled in. The holiday organisation has the right to check information on income with tax authorities. Information on the spouse must also be filled in, even if the spouse is not applying for holiday. Wage, pension, employment allowance etc. must be reported as a monthly net income in euros. Housing benefit, child benefit, maintenance allowance and income support are not counted as income.

Applicant's income*:

All net income/month _____

- ☐ Earned income ☐ Capital income ☐ Pension income ☐ Employment allowance
☐ Family care allowance ☐ Sickness, maternity or similar allowance

☐ Other, please specify: _____

Applicant's debt:

Housing and student loans, total _____

Other loans, total _____

Loan servicing costs/month
(installment + interest) _____

Spouse's income*:

All net income/month _____

- ☐ Earned income ☐ Capital income ☐ Pension income ☐ Employment allowance
☐ Family care allowance ☐ Sickness, maternity or similar allowance

☐ Other, please specify: _____

Spouse's debt:

Housing and student loans, total _____

Other loans, total _____

Loan servicing costs/month
(installment + interest) _____

7. OBJECTIVES OF THE HOLIDAY*

What things do you expect from a supported holiday? Evaluate how important it would be for the following things to happen on holiday.

1 = not important at all, 2 = little important, 3 = quite important, 4 = important, 5 = very important, X = not the purpose of the holiday

	1	2	3	4	5	X
Rest and recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity and activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. LIFE SITUATION*

Evaluate the current situation of your own or your family seeking a vacation from the following perspectives.

1 = very bad, 2 = bad, 3 = neither good nor bad, 4 = good, 5 = excellent

	1	2	3	4	5
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyday life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The meaning of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An experience of equality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. GROUNDS FOR THE NEED FOR HOLIDAY SUPPORT*

Carefully fill in the information about your current situation.
Without justification, the holiday cannot be granted.

A. Economic grounds (indebtedness, loans, foreclosure, etc.)

B. Social grounds (unemployment, shift work, family problems, loneliness, single parenthood, etc.)

C. Health-related grounds (What physical and mental illnesses or injuries do people currently living in the household have?)

D. Additional information (Indicate here the special diets and aids and the need for a possible disabled room.)

10. DATE AND SIGNATURE OF APPLICANT*

I certify that the information I have provided here is correct. We save the name and address your information to our customer register.

By signing, I agree that the information in the application that is necessary for the practical arrangements of the holiday (need for assistance, movement, etc.) may be provided to the resort and any co-operation organization. I certify that I have the consent of all persons named in the application to the processing of sensitive data for the purpose of granting holiday support and in compliance with data protection legislation. In the application, sensitive information includes, in particular, information on the health and need for assistance of children applying for and participating in holiday support. The customer selection is based on STM's annual state subsidy decision and the conditions set in it. If the applicant wishes, he or she can access information about himself or herself in the holiday organisation's transaction system.

☐ I agree that the information I provide in the application may be used anonymously for research purposes.

Place and date _____

Signature _____