**Application for Medical Expenses Assistance for Migrant Infants and Toddlers**

**1. Basic Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant | □ Migrant Child's Guardian | | | | | | | |
| □ Support Organization (organization that can communicate with the beneficiary and his/her guardian and manage the case) | | | | | | | |
| Guardian's Information | Relation | Name | | Nationality/ Visa status | Birthdate  (yy.mm.dd) | Contact No. | | Date of Entry to Korea |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |
| Organization's Information | Name of Organization | | Officer In-charge / Position | | Contact No. | | E-mail Address | |
|  | |  | |  | |  | |

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| --- | --- | --- | --- | --- | --- | --- |
| Child  (0~7 years old) | Name | Gender | Nationality/  Visa status | Birthdate  (yy.mm.dd) | Place of Birth | Date of Entry to Korea |
|  | □ M □ F |  | ( years old) |  |  |
| Address |  | | | | |

|  |  |  |
| --- | --- | --- |
| Economic Status | Average Monthly Income | □ Earned income ( won)  □ Sponsored benefits ( won) |
| Housing Status | □ Own house □ Jeonse □ Wolse  □ Public housing □ Others ( )  □ Deposit ( won) □ Monthly rent ( won) |
| Others | ※ Fill in with additional information (such as housing and economic situation) if needed. |

**2. Health Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medical Facility | Name of Medical Facility |  | Department |  |
| Address |  | Contact No. |  |
| Treatment Period | yy mm dd ~ mm dd | | |
| Total  Medical Expenses | won | | |
| Amount Paid | won | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Application Details | | Diagnosis |  | | | | | |
| Items Needed  ※Check all that apply | □ Inpatient Surgery □ Medical Examination Expenses  □ Outpatient Treatment □ Rehabilitation □ Others ( ) | | | | | |
| Amount Needed | won  ※ Maximun 3 million won | | | | | |
| Support from other organizations | Organization | Type of Support | | Date | | Amount |
|  |  | |  | |  |
| Reason for Application and/or Recommendation | | 1. Medical situation (current health status of the child, treatment progress, disability and inconvenience, future treatment plan, etc.)  2. Family and economic situation (child care and family situation, economic situation, etc.)  3. Need for support | | | | | | |
| Applying for Medical Expenses Assistance for Migrant Infants and Toddlers as above.  2024 mm dd | | | | | | | | |
| Applicant(□Father □Mother) : | | | | | | | (Signature) | |
| Organization : | | | | | | | (Seal) | |
| **Attached Documents** | **Common** | | | | **Additional documents for organization** | | | |
| **☐ Child and Parents' IDs (photocopy of passport or alien registration card)** | | | | **☐ Statement of Facts (Attachment 1)** | | | |
| **☐ Child's birth certificate** | | | |
| **☐ Medical certificate or medical facility's referral** | | | |
| **☐ Organization's Business Registration Certificate/ID Number Certificate** | | | |
| **☐ 1 original receipt from medical facility** | | | |
| **☐ Personal Information Consent (Attachment 2)** | | | |

**※ Attachment 1. Statement of Facts**

**Statement of Facts**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child  (0~7 years old) | Name | Gender | Nationality/  Visa status | Birthdate  (yy.mm.dd) | Place of Birth | Date of Entry to Korea |
|  | □ M □ F |  | ( years old) |  |  |
| Address |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Guardian | Relation | Name | Nationaliy/  Visa status | Birthdate  (yy.mm.dd) | Contact No. | Date of Entry to Korea |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Child's **□** father **□** mother confirms economic situation as below.

1. Earned income (more than 3 months prior to the date of application)

Example)

1) Jan. 2024 Part-time job at construction site(OO won per day, OO hours per day) - 2,000,000 won

2. Others

Example)

1) Money borrowed from friends to pay for child's hospital bills - 5 million won > being repaid little by little

2) Sponsorship - None

3) Fixed expenses - 350,000 won per month for monthly rent, 200,000 won per month for baby formula, 500,000 won for child care for older children, remittances to home countries, etc.

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| 2024 mm dd  Name of Organization :  Officer In-charge : (Signature) |

**※ Attachment 2. Personal Information Consent**

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| **Collection • Use of Personal Information Consent** |
| ▪ Collection and Processing of Personal Information  Solidarity with Migrants places great importance on the protection of your personal information and complies with the 『Personal Information Protection Act』. We inform you of the purpose and method of using the personal information you provide and what measures are being taken to protect your personal information.  ▪ Collection of Personal Information  In compliance with the Personal Information Protection Act, only personal information necessary for the provision of medical expenses assistance is collected.    ▪ Items of personal information to be processed  [Collected Items] : case mentioned above  ▪ Purpose of processing personal information  Personal information is collected for the following purposes. All information provided by the user will not be used for any purpose other than the following description, and prior consent will be sought if the purpose of use is changed.  [Purpose of Collection]: provision of medical expenses assistance, securing contact information and providing information for project execution  ▪ Period of retention and use of personal information: 5 years  onsent to Provision of Personal Information  **I consent. □ I do not consent. □**  Applicant's Name (Signature)  Guardian's Name(Signature) |