

**Prot. No.**

To Director of Municipio No. _____

APPLICATION TO REQUEST ACCESS TO THE SOCIAL SERVICES INTEGRATED SYSTEM

The applicant, for him/herself or as a parent, legal tutor, court appointed tutor, trustee, or relative to the third degree of the person indicated below, to which the intervention is requested,

REQUESTS

TO BE GIVEN ACCESS TO THE SOCIAL WELFARE SYSTEM OF THE CITY OF BARI IN THE MANNER REFERRED UNDER
CURRENT LEGISLATION BY TAKING ADVANTAGE OF THE FOLLOWING INTERVENTION:

| | |
|--------------------------------|--------------------------------------|
| HOME-BASED HELP SERVICE: | please indicate type of intervention |
| RESIDENTIAL HELP SERVICE: | please indicate type of intervention |
| SEMI-RESIDENTIAL HELP SERVICE: | please indicate type of intervention |
| OTHER KIND OF SERVICES: | please indicate type of intervention |

TO THIS END,

being informed on the criminal liabilities that can be faced in case of false declarations or the production of fake documents or containing untrue information in accordance with art.76 D.P.R. 445/2000, punished by criminal law and the relevant legal framework, as well as on the consequences established in art.75 D.P.R. 445/2000 concerning the revocation of benefits that may be subsequent to the measures taken based on the untruthful declaration

DECLARE, UNDER ARTICLES 4, 5, 46, 47 OF DPR 445/2000 and s.m.i.:

SECTION A - BIOGRAPHICAL DATA OF THE INDIVIDUAL IN NEED OF INTERVENTION

(Last Name) _____ (First Name)

Born in _____ Prov. _____ Date of Birth _____

Address of Residency _____

Civic No. _____

CAP _____

Phone No.. _____ Fiscal Code |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__

★ **Marital Status:** ☐ Single ☐ Married ☐ Widow ☐ Separated ☐ Divorced ☐ Cohabitant/Live-in Girlfriend/Boyfriend

★ **Citizenship:** ☐ Italian ☐ EU ☐ Non-EU with Residence Permit **yes no**

☐ Political refugee or Stateless

★ **Job Occupation:** ☐ Employed ☐ Unemployed ☐ Looking for first job ☐ other _____

SECTION B - COMPOSITION OF THE HOUSEHOLD

| First and Last Name | Place and Date of Birth | Marital Status(1) | Parental Relationship(2) | University/School(3) |
|---------------------|-------------------------|-------------------|--------------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1 Single - Married -Widow -Separated- Divorced -Cohabitant;
2 Spouse-Son/Daughter-Partner-Sister/Brother;
3 Only for Students.

SECTION C - DISABILITY AND/OR NON SELF-SUFFICIENCY OF THE PERSON REQUIRING INTERVENTION

Recognized in accordance with the report from the local Medical Board, in the case of disability

- ☐ 100% disability rating by presenting certification confirming the necessity of continued support or the inability to walk alone;
- ☐ Condition of severe disability (recognized under law 104, art.3, co.3);
- ☐ 74 to 100% disability rating: (please specify: _____);
- overo,
- ☐ Condition of severe inability to be self-sufficient, please specify documentation that certifies this condition _____;
- ☐ Over-65 year-old with disability, when condition of physical or psychic inability to be self-sufficient is confirmed: please specify documentation that certifies this condition _____-;

SECTION D - ISEE FOR THE INDIVIDUAL IN NEED OF INTERVENTION

(please fill in to get granted access to the totality of services with the exclusion of the ones in SECTION E)

ISEE parameter (Equivalent Financial Situation Index) calculated for the following provisions of:

- ☐ General services (ISEE ordinario);
- ☐ Socio-medical special social benefits in a residential environment (on a continuous basis);
- ☐ Other Socio-medical special social benefits;
- ☐ Special social benefits for minors;
- Relating to the income of year _____;
- i.e.
- In accordance with art.9 of DPCM 159/2013,
- amounts to Euro_____ and it has been issued by the following INPS desk or authorized location (CAF) _____ located in (address)_____ .

SECTION E - REPLACEMENT STATEMENT OF AFFIDAVIT

(fill in to get access to the following services only : night shelter, social housing for adults in need, community homes)

To have an ISEE parameter of euro.....

i.e.

- ☐ A. To be in such severe socio-economic difficulties to make the fulfillment of basic needs impossible, even temporarily;
- ☐ B. To be homeless;
- ☐ C. To not have any parental or social assistance;
- ☐ D. To have the need of starting/completing a socio-occupational inclusion project.

Note: A. B. C. requirements need to be met simultaneously in order to get access to night shelters.

A. B. C. D. requirements need to be met simultaneously in order to get access to social housing for adults in need and community homes

SECTION F - HOUSING SITUATION

HOME OWNERSHIP

- ☐ property
- ☐ usufruct
- ☐ free of charge
- ☐ renting
- ☐ renting with eviction notice
- ☐ council house/housing project
- ☐ sharing

LOCATION OF THE AREA

- ☐ well-connected area
- ☐ under-served area
- ☐ remote area

ACCESSIBILITY/ARCHITECTURAL BARRIERS

- ☐ not present
- ☐ only external
- ☐ only internal
- ☐ elevator yes ☐ no ☐

HOME LIVEABILITY

- ☐ adequate home (no architectural barriers and sufficient space per home-resident, with central heating, functioning toilet facilities, sanitation and adequate common area space);
- ☐ inadequate home (low ambient-light, no heating, internal or external architectural barriers);
- ☐ severely inadequate home (unsafe accommodation, crumbling, unsanitary, insufficient space per home-resident, remote location).

SECTION G- UNDERWRITING

To be filled in in case the declaration is presented and signed by someone other than the individual requiring intervention

(Last Name) _____ (First Name) _____

Born in _____ Prov. _____ Date of Birth _____ resident in _____

Address _____ No. _____ CAP _____

Phone No. _____ Signing as (please indicate relation to applicant) _____

Enclosed is a copy of the declarant's ID card.

BARI , _____

Signature_____

INFORMATION PURSUANT TO ART.13 OF D.LGS. 30.6.2003 N.196 (PROTECTION OF PERSONAL DATA CODE).

We shall inform you that the processing of your personal data will be based on principles of comity, legality e transparency and protection of your privacy and security.

Therefore, in the application of art.13 of the previously mentioned decree, we provide you with the following information:

1) **Purposes of processing of personal data** : the processing aims to the completion of institutional functions by the City of Bari, pursuant tasks conferred by the law or other regulations;

2) **Modalities of Data Processing**: the processing will be carried out in paper and/or, computer and/or telematic forms , through operations, or a set of them, regarding the collection, registration, organization, cataloguing, consultation, elaboration, selection, production, comparison, use, interconnection, communication and dissemination of the data under art.4. D.lgs.196/2003;

3) **Data Supply**: it is required for administrative procedure, and it's an obligation for the person requesting the intervention;

4) **Data Supply Refusal**: the applicant's possible refusal of providing data and/or any extra information in the application process will result in the refusal of issue of the intervention requested, with the consequent impossibility to move the application process forward and obtain any benefits as laid down by law;

5) **Communication of data**: Data will be communicated exclusively to the contractor firm that will physically carry out the service. It thus stays unchanged what is laid down under art.59 of D. Lgs 196/2003 on the access to administrative documents containing personal data as regulated in L.241/1990, as amended, also for sensitive and legal data;

6) **Rights of the data subject**: the data subject is recognized rights under art.7 of the previously mentioned code, particularly the right of getting access to his data at any given time, to request for adjustments, updating and cancellation if incomplete, erroneous or gathered in violation of the law, as well as contesting the process for legitimate issues;

7) **Data controller and supervisor of Data Processing**: the controller of personal data treatment is the City (Comune) of Bari. The supervisor of the personal data treatment is the Director of the Municipio;

8) **Main references for sensitive and judicial data processing**: In accordance with artt.21 and 22 of d. Lgs.196/2003, the offices for Allocation of Services to the Person/Municipio conducts the sensitive and judicial data processing, essential to execute institutional activities based on the regulations laid down in the application or communication form.

The applicant previously informed on Personal Data processing under art.11 D. Lgs 196/2006, authorizes the Comune di Bari to gather and process their personal data only to respond to their requests of intervention.

Bari, _____

Signature_____

DOCUMENTS NEEDED TO ACCESS THE SERVICES:

ELDER CARE SERVICES

Elders: Family Care:

TO ELDER:

- ID card or Passport;
- DSU issued by CAF certifying accepted request of ISEE ordinario;
- Medical Health certification and self-sufficiency rating/proper documentation to confirm degree of disability.

TO FOSTER:

- ID card or Passport;
- REPLACEMENT STATEMENT OF AFFIDAVIT presented according to art. 47 of D.P.R. 445/2000 stating eligibility criteria (art. 66 Regulations) and typology of foster care;
- DSU issued by CAF certifying that the document to request of ISEE ordinario has been already provided.

Elders - Home-Care Service (SAD):

- ID Card or Passport;
- DSU issued by CAF certifying that the document to request of ISEE has been already provided (ordinario or Socio-Medical ISEE for non self-sufficient elders);
- Health certificate;
- Proper certification to confirm disability;
- Self-declaration stating the impossibility of relatives and partners to grant proper care to the applicant;
- Other documentation stating the degree of need of the applicant (art. 8 Disciplinare).

Elders - Residential Institutes placement (Nursing Home):

- ID card or Passport;
- DSU issued by CAF certifying that the document to request of ISEE ordinario has been already provided;
- Medical Health certification and self-sufficiency rating.

Elders: Multifunctional Open Centers placement:

- ID card or Passport.

ADULT HELP-SERVICES

Night Shelter placement for homeless people:

- ID card or Passport.

Day Centers for people socially disadvantaged:

- ID Card or Passport.

Social Housing for people socially and economically disadvantaged:

- ID card or Passport.

Community Housing:

- ID card or Passport.

MINORS AND FAMILY SERVICES

Assistance Service For Families Centers:

- ID card or Passport;
- DSU issued by CAF certifying that the document to request of ISEE ordinario has been already provided;
- Medical evaluation board report stating possible disability condition.

Minors - Foster Care

TO MINOR:

- ID card or Passport;
- Medical evaluation board report stating possible disability condition.

TO FOSTER:

- ID card or Passport;
- REPLACEMENT STATEMENT OF AFFIDAVIT provided according to art. 47 of D.P.R. 445/2000 stating eligibility criteria (art. 66 Regolamento) and typology of foster care;
- DSU issued by CAF certifying that the document to request of ISEE ordinario has been already provided.

Minors - Home-based Educational Service (Home Maker):

- ID card or Passport;
- DSU issued by CAF certifying that the document to request of ISEE ordinario has been already provided or ISEE MINORENNI for children of parents living separately;
- Medical evaluation board report stating possible disability condition.

Anti-violence Support Center:

- ID card or Passport.

SERVICES FOR PEOPLE WITH DISABILITIES

People with disabilities - Integrated socio-educational home-based service "SEMI":

- ID card or Passport certifying residency in the City of Bari;
- Certification of disability with the recognition of a financial help (indennità di frequenza);
- Medical evaluation board report stating the disability condition in accordance to Law 104/1992 art.3 comma 3.

People with disabilities - Foster care for adults in social and economical need:

TO PERSON WITH DISABILITY:

- ID card or Passport;
- Handicap certificate in accordance to L.104/1992 as indicated in medical evaluation board report stating the disability condition.

TO FOSTER:

- Copy of ID card or Passport valid throughout the course of the care;
- Expression of interest prior to publication of relative Public Notice;
- Possible CV certifying prior experience in similar services.

People with disabilities - Home-based service SAD:

- ID card copy of the disable;
- Handicap certificate in accordance to Law 104/1992 as indicated in medical evaluation board report stating the disability condition;
- DSU issued by CAF certifying that document to request of ISEE ordinario has been already provided of the entire household (in case of special social benefits for minors);

- DSU issued by CAF certifying that document to request of Socio-Medical ISEE has been already provided (in case of adults 18-65 years old);
- Self-declaration stating the impossibility of relatives and partners to grant proper care to the applicant;
- Appointment of caregiver or tutor, if there is any;
- Measures taken by Court (in case of minors), if there is any.

IMMIGRATION SERVICES

Immigrants - Accommodation services for pregnant women with children:

- Valid Residence Permit or in the process of renewal;
- DSU issued by CAF certifying that document to request of ISEE ordinario has been already provided.

Immigrants - Accommodation services, temporary residency:

- Valid Residence Permit or in the process of renewal;
- DSU issued by CAF certifying that document to request of ISEE ordinario has been already provided.

Immigrant - Foster care for minor foreigners:

To Minor Foreigner:

- ID card or Passport
- Valid Residence Permit or in the process of renewal;
- DSU issued by CAF certifying that document to request of ISEE ordinario has been already provided;
- Medical evaluation board report stating possible disability condition.

To Foster:

- ID card or Passport;
- REPLACEMENT STATEMENT OF AFFIDAVIT provided according to art. 47 of D.P.R. 445/2000 stating eligibility criteria (art. 66 Regulation) and typology of foster care;
- DSU issued by CAF certifying that document to request of ISEE ordinario has been already provided.

Immigrants - Socio-Medical and Educational desk for the integration of immigrants:

- ID card or Passport.