



Information form

For recommendation on Dutch child benefit at twice the basic rate for children with extensive care needs

The responsibility of the CIZ

The CIZ makes an independent assessment of care needs for children aged 3 to 17. We will assess your child's care needs on the basis of your completed information form and the additional information we will subsequently request from you. When we have made our assessment, we will inform the Sociale Verzekeringsbank (SVB) of your child's care needs. Our recommendation is explained in the letter that you will receive from us. The SVB will then decide whether you are entitled to Dutch child benefit at twice the basic rate.

How to complete the form

Please answer the questions in as much detail as possible so that we can make an accurate assessment of your child's

situation. If you wish, you can add an explanation to every question. If you have any questions when completing the form, please telephone us on +31 88 789 1400.

A sheet with explanatory notes on the claim is also enclosed, as well as an authorisation form. Please complete the authorisation form and return it together with this information form.

Privacy

The CIZ will handle the information on your child with care. At www.ciz.nl/privacy, you can read how we handle your personal data. You can also read what personal data we process and what your rights are.

1. Details of the child

Initials	First name	Gender
<input type="text"/>	<input type="text"/>	<input type="radio"/> Boy <input type="radio"/> Girl
Surname		
<input type="text"/>		
Date of birth	Burgerservicenummer (BSN)	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	
Have you also submitted a claim for child benefit at twice the basic rate for another child in the past 4 weeks?	<input type="radio"/> No <input type="radio"/> Yes. Fill in the other child's details below.	
Initials	Surname	
<input type="text"/>	<input type="text"/>	
Date of birth	<input type="text"/>	

2. Details of parent/guardian with parental authority

Initials	Surname	<input type="radio"/> Male <input type="radio"/> Female
<input type="text"/>	<input type="text"/>	
Email address		
<input type="text"/>		
Telephone number	Second telephone number if available	
<input type="text"/>	<input type="text"/>	
What is your relationship to the child?	<input type="radio"/> Parent with parental authority	<input type="radio"/> Guardian with parental authority
Continue on the next page.		

3. Description of child

We would like to know more about your child. How would you describe your child's character, and what are his/her interests?

4. Child's illness or disorder

What disorder or (chronic) illness is your child suffering from?

Illness or disorder 1

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Which doctor, specialist or treatment provider made this diagnosis? (Name and job title)

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Illness or disorder 2

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Which doctor, specialist or treatment provider made this diagnosis? (Name and job title)

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Illness or disorder 3

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Which doctor, specialist or treatment provider made this diagnosis? (Name and job title)

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Please enclose the letter from the doctor, specialist or treatment provider stating your child's illness or disorder, and make sure your child's Burgerservicenummer (BSN) is written on the document.

Does your child use medication?

- No
 Yes ► *Please enclose a medication list from the pharmacy covering the past 12 months. (You can obtain a medication list free of charge from your pharmacy.)*

5. Education or daytime activities

Does your child attend school, a daycare centre or childcare centre?

- No
 Yes, an ordinary school or care institution
 Yes, a specialised school or care institution

Explanation on course of education or daytime activities

Continue on the next page.

6. Personal care

Personal hygiene (keeping the body clean)

Is your child able to wash/shower and dry himself/herself?

- My child can do this unaided
- My child needs to do this under supervision or have someone explain it to him/her
- My child needs assistance with this or someone to do it for him/her

Is your child able to dress and undress himself/herself?

- My child can do this unaided
- My child needs to do this under supervision or have someone explain it to him/her
- My child needs assistance with this or someone to do it for him/her

Is your child able to brush his/her teeth unaided?

- My child can do this unaided
- My child needs to do this under supervision or have someone explain it to him/her
- My child needs assistance with this or someone to do it for him/her

Explanation regarding personal hygiene

Contenance skills (urination and bowel movements)

Does your child sometimes wet or soil himself/herself in the **daytime**?

- No
- Yes
- My child needs to wear a nappy/diaper in the daytime

Can your child use the toilet unaided?

- Yes
- No, I must help my child wipe himself/herself
- No, I have to stay with my child the whole time

Explanation regarding continence skills

Continue on the next page.

6. Personal care (continued)

Eating and drinking

Is your child able to eat and drink unaided?

- My child is able to eat and drink unaided
- Because of my child's illness or disorder, I have to manually feed him/her.
- Because of my child's illness or disorder, I have to encourage him/her to eat or continue to eat at every meal.
- My child is at high risk of choking. He/she therefore needs to be supervised at all times while eating
- My child is fed by tube.

Explanation regarding food and drink

Mobility (walking)

Is your child able to walk unaided?

- My child can walk fully unaided
- My child uses a walking aid
- My child cannot walk unaided

Explanation regarding mobility

Medical care

Does your child receive nursing care at home?

- No
- Yes

Is your child fed by tube, or does he/she receive total parenteral feeding (TPF)?

- No
- Ready-to-use tube nutrition or TPF
- Non-ready-to-use tube nutrition or TPF
- My child needs to be fed the nutrients separately

Explanation regarding medical care

Continue on the next page.

7. Supervision

Behaviour

Does your child have **severe** behavioural problems? No ▶ *Go to 'Communication (speaking)'*
 Yes

Does your child need supervision on account of these behavioural issues? No
 Only when the behavioural issues are prevalent
 At all times

Explanation regarding behaviour

Communication (speech)

Is your child able to speak? My child is able to speak
 My child speaks in individual words
 Not everyone can understand what my child says
 My child is unable to speak

Explanation regarding communication

Being home alone

Is your child able stay at home alone for more than 30 minutes at a time? Yes ▶ *Go to 'Supervision outside the home'*
 No

If not, is this due to his/her illness or disorder? Yes
 No

Explanation regarding being home alone

Continue on the next page.

7. Supervision (continued)

Supervision outside the home

Does your child need supervision outside the home?

- No ▶ *Go to 'Activities, assistance'*
 Yes, my child needs to be checked on frequently
 Yes, at all times

If so, is this due to his/her illness or disorder?

- Yes
 No

Explanation on supervision outside the home

Activities, assistance

Can your child amuse himself/herself alone or keep busy without assistance?

- My child is able to amuse himself/herself for a while
 My child is unable to amuse himself/herself

Does your child need help to fill the day?

- No
 My child sometimes needs additional structure, preparation or supervision
 My child needs a **structured and full daily routine**
 My child needs personal attention at all times and encouragement in order to undertake activities
 We have had to adjust our family life completely due to my child's serious illness or disorder

Explanation on activities and assistance

Continue on the next page.

