

Welfare Claim Form: Disability Assistance Sample

This **welfare claim form** sample for disability assistance provides a clear and structured template to help applicants accurately submit their information. It ensures all necessary details are included to facilitate efficient processing and approval of disability benefits. Using this sample can simplify the application process and improve the chances of receiving timely support.

1. Personal Information

Full Name

Date of Birth

Residential Address

Contact Number

Email Address

ID Number / Social Security Number

2. Disability Details

Type of Disability

Description of Disability

Date of Diagnosis

Attending Doctor/Health Provider

Supporting Medical Documentation

Choose File

No file selected

3. Income and Employment Details

Current Employment Status

Monthly Income (if applicable)

Are you receiving any other benefits?

--Select--

If yes, please specify benefit types:

4. Household Information

Number of Household Members

Are there any dependents?

--Select--

If yes, please list their names, ages, and relationship:

5. Declaration

I declare that the information provided in this application is true and complete to the best of my knowledge.
I understand that giving false or misleading information may lead to penalties or prosecution.

Signature

Type full name as signature

Date

Submit Application