

**TO THE ATTENTION OF SOCIAL ASSISTANCE AND  
SOLIDARITY FOUNDATION**

## Humanitarian Assistance Programmes for Foreigners



**To our Foundation / Service Center;**

- To receive assistance from social assistance and support programs,
- To have an income test within the scope of the General Health Insurance application,
- To benefit from the pensions provided in accordance with the law numbered 2022,
- To receive assistance from Humanitarian Assistance Programmes for Foreigners,
- To be directed to other social and public services when needed and to ensure that they are followed up.

Within the scope of the Law on the Protection of Personal Data No. 6698 and the "Regulation on the Recording and Sharing of Social Aid Data" published in the Official Gazette dated July 6, 2019, I applied for one or more than one of the above reasons and I hereby consent for recording, storing and sharing of my data on my own behalf and on behalf of my children and individuals whom I am a legal guardian to make inquiries from the databases of the relevant institutions by the Foundations established in accordance with the provisions of the Law No. 3294 in the region where I reside in order to determine my personal information and income status, and by the Ministry of Family and Social Services and Türk Kızılay units; usage of the information obtained in the evaluation process of my application, my personal information to be shared with the financial service provider in order to receive assistance, all of my information to be shared with relevant institutions within the scope of humanitarian aid and for the activities that generate livelihood, my İŞKUR registration to be made If it is determined that I am able to work, and sanctions will be applied if I do not participate in livelihood opportunities and livelihood generating activities without a justified reason, my inquiries and investigations to be renewed at the times specified by the legislation, text message to be sent to me via e-government portal or other channels, to be informed by means such as e-mail.

**I hereby declare that my information on this form is correct and I accept my responsibility for the damage that may arise due to my incorrect, inaccurate and incomplete statement that does not reflect my real situation, and I accept the sanctions of the administration.**

### Household Information

[illegible]

### The Member Living In The Household But Not Having Foreign Identity Number

Household Member Name and Surname:	Signature:	Household Member Name and Surname:	Signature:

### The Staff Receiving The Application

Name, Surname:

Title:

Signature: