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| ../../kopfcol.jpg  An   |  |  | | --- | --- | | die Bezirkshauptmannschaft |  | | den Magistrat der Stadt Graz |  | | \\fs01\lalej1\kopfcol.jpg |
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# Zuzahlung zur 24-Stunden-Betreuung gem. § 5 StPBG – Antrag





Einen Anspruch auf Zuzahlung zur 24-Stunden-Betreuung haben Personen, die eine Förderung des Sozialministeriumservice beziehen und deren Einkommen, Pflegegeld und verwertbares Vermögen nicht ausreichen, um die 24-Stunden-Betreuung zu finanzieren.

Zum **Ersatz der Kosten dieser Leistung (Vermögensregress)** sind unter anderem der/die Leistungsempfänger\*in sowie dessen/deren Erb\*innen bzw. der ruhende Nachlass verpflichtet.

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| **Bitte beachten Sie:** | | | | | | | | | | | **\*** | | | | | | **Angabe(n) erforderlich** | | | | | | | | | | | | | | | | | | | | | | | | **i** | | | | | **Information zum Ausfüllen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **Zutreffendes bitte ankreuzen** | | | | | | | | | | | | | | | |
| 1. Antrag | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Ich beantrage eine Zuzahlung zur 24-Stunden-Betreuung gemäß dem Steiermärkischen Pflege- und Betreuungsgesetz | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name der Betreuungsagentur | | | | | | | | | | | | | | | | | | | | | | **\*** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Straße | | | | | | **\*** | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Hausnummer/Tür | | | | | | | | | | | | | | | | | | | | | | | **\*** | | |  | | |  | |
| Postleitzahl | | | | | | **\*** | | |  | | |  | | | | | | | | | | | | | | | Ort | | | | \* | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ab (tt.mm.jjjj) | | | | | | **\*** | | | **i** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | bis (tt.mm.jjjj) | | | | | | | | | | | | | | | | | | | | | | |  | | | **i** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **i** | | | | **ab:** Gewährung erst ab Antragsdatum möglich  **bis:** bei befristeter Betreuungsdauer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 Antragsteller/in | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Familienname | | | | | **\*** | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | akad. Grad | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | | | | | | | |
| frühere/r Familienname/n | | | | |  | | | **i** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vorname/n | | | | | **\*** | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Geschlecht | | | | | **\*** | | |  | | | | |  | | | | | männlich | | | | | | | | | | | |  | | | | | | weiblich | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | divers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Geburtsdatum | | | | | **\*** | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SV-Nummer | | | | | | | | | | | | | | | | | | | | | **\*** | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Staats-angehörigkeit | | | | | **\*** | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Geburtsort | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Aufenthaltstitel | | | | |  | | | **i** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Aufenthaltsdauer | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Straße | | | | | **\*** | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Hausnummer/Tür | | | | | | | | | | | | | | | | | | | | | **\*** | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postleitzahl | | | | | **\*** | | |  | | | | |  | | | | | | | | | | | | | | | Ort | | | | **\*** | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telefon | | | | | **\*** | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E-Mail | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Familienstand | | | | | **\*** | | |  | | | | |  | | | | | | | ledig | | | | | | | | | |  | | | | | | | | verheiratet | | | | | | | | | | | | |  | | | | | | | geschieden | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | getrennt lebend | | | | | | | | | | | | |
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| **i** | | | **Frühere/r Familienname/n**: Wenn zutreffend, dann ausfüllen.  Wenn Nicht-Österreicher/in: Art des **Aufenthaltstitels** und bei Befristung **Dauer** der Gültigkeit des Aufenthaltstitels anführen sowie Nachweis der Haftungserklärung nach dem Niederlassungs- und Aufenthaltsgesetzt (NAG) beilegen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1 Vertretung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | **\*** | | | **i** | | | |  | | | | | | | | | **Gerichtliche/r Erwachsenen-vertreter/in** | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verfahren anhängig JA/NEIN | | | | | | |  | | |  | | | |  | | | | | | | | | JA | | | | | | | | | | | | | | | | | | | | | | | | |  | | NEIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Bitte um Beilage des Nachweises über Art und Umfang des Vertretungsverhältnisses!** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Familienname | | | | | | |  | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vorname/n | | | | | | |  | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | akad. Grad | | | | | | | | | | | | | | | | | | | |  | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Telefon | | | | | | |  | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E-Mail | | | | | | | | | |  | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Straße | | | | | | |  | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Hausnummer/Tür | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | |
| Postleitzahl | | | | | | |  | | |  | | | |  | | | | | | | | | | | | | | | Ort | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.2 Angehörige/r bzw. Kontaktperson | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verwandtschafts-/ Beziehungs-verhältnis | | | | | | | | | | | | | | | **\*** | | | | **i** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Familienname | | | | | | | | | | | | | | | **\*** | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vorname/n | | | | | | | | | | | | | | | **\*** | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | akad. Grad | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |
| Geburtsdatum | | | | | | | | | | | | | | | | **\*** | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SV-Nummer | | | | | | | | | | | | | | | | | | **\*** | | | **i** | | |  | | | | | | | | | | | | | | |
| Straße | | | | | | | | | | | | | | | | **\*** | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Hausnummer/Tür | | | | | | | | | | | | | | | | | | | | **\*** | | |  | | |  | | |
| Postleitzahl | | | | | | | | | | | | | | | | **\*** | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | Ort | | | | | \* | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telefon | | | | | | | | | | | | | | | | **\*** | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | E-Mail | | | | |  | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **i** | **Verwandtschafts-/Beziehungsverhältnis**: Ehegatte/Ehegattin, Kind etc.  **Sozialversicherungsnummer:** Diese ist nur beim Ehegatten/Ehegattin beim eingetragenen Partner/bei der eingetragenen Partnerin anzugeben | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 3. Nettoeinkommen (ohne Pflegegeld) \* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pensions-/ Rentenleistungen **i** | |  | | | JA | | |  | | | NEIN | | | | | |  | | | | | | | | |
| mtl. | € | |  | | | | | | | | | auszahlende Stelle | | | | | | | | |  | | | | |
| mtl. | € | |  | | | | | | | | | auszahlende Stelle | | | | | | | | |  | | | | |
| mtl. | € | |  | | | | | | | | | auszahlende Stelle | | | | | | | | |  | | | | |
| mtl. | € | |  | | | | | | | | | auszahlende Stelle | | | | | | | | |  | | | | |
| mtl. | € | |  | | | | | | | | | auszahlende Stelle | | | | | | | | |  | | | | |
| Pension beantragt | JA | | | | | | NEIN | | | am (tt.mm.jjjj) | | | | | | | |  | |  | | bei | |  |
| Leistungen des AMS | JA | | | | | | NEIN | | | tgl. | | | € | |  | | | | | | | |  | | |
| auszahlende Stelle |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| Krankengeld | JA | | | | | | NEIN | | | tgl. | | | € | |  | | | | | | | |  | | |
| auszahlende Stelle |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| Rehabilitationsgeld | JA | | | | | | NEIN | | | tgl. | | | € | |  | | | | | | | |  | | |
| auszahlende Stelle |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| titulierter Unterhalt | JA | | | | | | NEIN | | | mtl. | | | € | |  | | | | | | | |  | | |
| Gerichtsbeschluss/-urteil vom (tt.mm.jjjj) |  | | | | | | | | Bezirksgericht u. GZ | | | | | | | | | |  | | | | | | |
| Name der/des Verpflichteten |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| Unterhaltsleistung vom im Haushalt lebenden Ehegatten/Ehegattin/ eingetragene/r Partner\*in | JA | | | | | | NEIN | | | mtl. | | | € | |  | | | | | | | |  | | |
| Name der/des Verpflichteten |  | | | | | | | | | | | | | | | | | | | | | |  | | |
| Einkommen der/des Verpflichteten | mtl | | | € | |  | | | | | | | | | | i | | | | | | | | | |
| tatsächliche zufließende Unterhaltsleistungen | JA | | | | | | NEIN | | | mtl. | | | € | |  | | | | | | | |  | | |
| Einkünfte aus Vermietung/ Verpachtung | JA | | | | | | NEIN | | | mtl. | | | € |  | | | | | | | | |  | | |
| Leibrente | JA | | | | | | NEIN | | | mtl. | | | € |  | | | | | | | | |  | | |
| Name der /des Verpflichteten |  | | | | | | | | | | | | | | | | | | | | | |  | | |

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| Vertrag vom (tt.mm.jjjj) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Einkünfte aus Kapital-vermögen **i** | | | | | | | | | | | | JA | | | | | | | | | | | | NEIN | | | | | | | | | | | mtl.  vj.  halbj.  jährl. | | | | | | | | | | | | | | | | | | | € | | | | | | |  | | | | | | | | | | | | | | | | | | | | mtl.  vj.  halbj.  jährl. | | | | | | | | | | | | | € | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| sonstige Einkünfte **i** | | | | | | | | | | | | JA | | | | | | | | | | | | NEIN | | | | | | | | | | | mtl.  vj.  halbj.  jährl. | | | | | | | | | | | | | | | | | | | € | | | | | | |  | | | | | | | | | | | | | | | | | | | | mtl.  vj.  halbj.  jährl. | | | | | | | | | | | | | € | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| sonstige vertragliche Leistungen **i** | | | | | | | | | | | | JA | | | | | | | | | | | | NEIN | | | | | | | | | | | Art | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **i** | | **Einkommen gemäß § 1 StPBG-EVVO 2025, z. B.:**  **Pensions-/Rentenleistungen, Ruhe-/Versorgungs-/Auslagenbezüge** in- und/oder ausländische Pensions- und Rentenleistungen, Bezüge aus einer in- oder/und ausländischen gesetzlichen Kranken- oder Unfallversorgung, aus in- oder/und ausländischen Pensionskassen, Zuwendungen von Privatstiftungen, soweit sie als Bezüge anzusehen sind, Bezüge und Vorteile aus Unterstützungskassen/Unterstützungseinrichtungen, Rückzahlungen von Pflichtbeiträgen)  **Leistungen des Arbeitsmarktservice:** Arbeitslosengeld, Notstandshilfe, Pensionsvorschuss, Beihilfe zur Deckung des Lebensunterhaltes  **Unterhalt:** Sämtliche vollstreckbaren titulierten Unterhaltsansprüche (z. B. aus einem Scheidungsbeschluss oder aus einem Urteil, auch wenn die Scheidung schon länger zurückliegen sollte; gerichtlich festgelegte Unterhaltsansprüche von Eltern gegen ihre Kinder usw.) – unabhängig von der Person des Unterhaltsverpflichteten – sind anzuführen, auch wenn bislang kein Unterhalt bezogen wurde.  **Einkommen der/des Verpflichteten:** monatlich ohne Sonderzahlungen  **Einkünfte aus Vermietung/Verpachtung:** auch Einnahmen aus Fruchtgenuss  **Einkünfte aus Kapitalvermögen:** Einkünfte aus der Überlassung von Kapital (z. B. Gewinnanteile und sonstige Bezüge aus Aktien oder aus Gesellschaftsanteilen, Zinsen und andere Erträgnisse aus Kapitalforderungen, bspw. aus Darlehen, Anleihen, Hypotheken, Guthaben bei Kreditinstituten, Boni, Kupons)  **Sonstige Einkünfte:** Darunter fallen z. B. Funktionsgebühren („Funktionärsbezüge“)  **Sonstige vertragliche Leistungen:** z. B. aus Übergabe-/Schenkungsverträgen  **Einkünfte aus Land- und Forstwirtschaft**  **Einkünfte aus Gewerbebetrieb** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Unterhaltspflicht gegenüber Dritten \* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unterhalt | | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | NEIN | | | | | | | | | | | | mtl. | | | | | | | | | | | € | | | | | | |  | | | | | | | | | | | | | | | | | | | | Empfänger/in | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Gerichtsbeschluss/-urteil/ Vergleich vom  (tt.mm.jjjj) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Bezirksgericht u. GZ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Förderungen und sonstige Beihilfen \* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Förderung 24-Stunden-Betreuung des Sozialministeriumservice | | | | | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | | | | | NEIN | | | | | | | | | | | | | | | | | | | | | mtl. | | | | | | | | | | |  | | | | € | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | |
| inländisches Pflegegeld **i** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | mtl. | | | | | | | | | | |  | | | | € | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Stufe | | | | | | | | |  | | | |
| auszahlende Stelle | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pflegegelderhöhung beantragt am (tt.mm.jjjj) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ausländisches Pflegegeld | | | | | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | | | | | NEIN | | | | | | | | | | | | | | | | | | | | | mtl. | | | | | | | | | | € | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | |
| auszahlende Stelle | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Familienbeihilfe | | | | | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | | | | | NEIN | | | | | | | | | | | | | | | | | | | | | mtl. | | | | | | | | | | € | | | |  | | |  | | | | | | | | | | | | | | | | | | | | erhöhte Familienbeihilfe | | | | | | | | | | | | | | | | | | | | | | | | JA  NEIN |
| auszahlende Stelle | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hauskrankenpflege/mobile Pflege- und Betreuungsdienste | | | | | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | | | | | NEIN | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | | | | |
| Tagesbetreuung | | | | | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | | | | | NEIN | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | | | | |
| Sonstiges | | | | | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | | | | | NEIN | | | | | | | | | | | | | | | | | | | | | mtl. | | | | | | | | | | € | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| auszahlende Stelle | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **i** | | | | | **Pflegegelderhöhung beantragt am:** Dieses Feld ist nur auszufüllen, wenn bereits eine Erhöhung beantragt wurde, die Entscheidung der Behörde jedoch noch ausständig ist. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Vermögen \*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bargeld | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | NEIN | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | € | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kontenguthaben | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | NEIN | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bankinstitut | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | € | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | IBAN | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Bankinstitut | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | € | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | IBAN | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Bankinstitut | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | € | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | IBAN | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Bausparvertrag | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | NEIN | | | | | | | | | | | | € | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bausparkasse | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Vertragsnr. | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sparbuchguthaben | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | NEIN | | | | | | | | | | | | € | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Bankinstitut | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verwahrung der Sparbücher durch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lebensversicherung | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | NEIN | | | | | | | | | | | | Polizzen-Nummer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Versicherungsgesellschaft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ablebensversicherung | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | NEIN | | | | | | | | | | | | Polizzen-Nummer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Versicherungsgesellschaft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liegenschaft(en) | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | NEIN | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Katastralgemeinde | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Einlagezahl | | | | | | | | | | | | | | | | | | | | | |  | |
| Katastralgemeinde | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Einlagezahl | | | | | | | | | | | | | | | | | | | | | |  | |
| Katastralgemeinde | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Einlagezahl | | | | | | | | | | | | | | | | | | | | | |  | |
| sonstiges Kapitalvermögen **i** | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | NEIN | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wohnrecht | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | NEIN | | | | | | | | | | | | Name der/des Verpflichteten | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Ausgedinge | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | NEIN | | | | | | | | | | | | Name der/des Verpflichteten | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Fahrzeug/e | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | NEIN | | | | | | | | | | | | Marke/n und Baujahr/e | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| sonstiges Vermögen **i** | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | NEIN | | | | | | | | | | | | € | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **i** | | | | falls zutreffend: Bitte Nachstehendes ausfüllen.  **sonstiges Kapitalvermögen:** Wertpapiere, Kryptowährungsvermögen, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Angaben für ein allfälliges Rückersatzverfahren aufgrund vertraglicher/gesetzlicher Verpflichtungen   * betreffend Verpflichtete aus Unterhaltstiteln; * betreffend Geschenknehmer\*innen * betreffend Dritte, gegen die die Leistungsempfänger\*in Rechtsansprüche oder Forderungen hat (z. B. Ansprüche aus Leibrentenverträgen oder Übergabsverträgen – in diesen Fällen können auch Angehörige, wie  z. B. Kinder, betroffen sein!) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gab es innerhalb der letzten fünf Jahre vor, während oder nach Beginn der Leistung eine Schenkung oder Übertragung von Vermögen ohne entsprechende Gegenleistung? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | | | | | | NEIN | | | | |
| Datum (tt.mm.jjjj) | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Höhe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | € | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ersatzpflichtige Person i | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Familienname | | | | | | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vorname/n | | | | | | | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | akad. Grad | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verwandtschafts-/Beziehungsverhältnis | | | | | | | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Geschlecht | | | | | | | | | |  | | | |  | | |  | | | | | | | | | männlich | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | weiblich | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | divers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Straße | | | | | | | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Hausnummer/Tür | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |
| Postleitzahl | | | | | | | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | Ort | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| weitere ersatzpflichtige Person i | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Familienname | | | | | | | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vorname/n | | | | | | | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | akad. Grad | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verwandtschafts-/Beziehungsverhältnis | | | | | | | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Geschlecht | | | | | | | | | |  | | | |  | | |  | | | | | | | | | männlich | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | weiblich | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | divers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Straße | | | | | | | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Hausnummer/Tür | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | |  | | | | | |
| Postleitzahl | | | | | | | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | Ort | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| weitere ersatzpflichtige Person i | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Familienname | | | | | | | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vorname/n | | | | | | | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | akad. Grad | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verwandtschafts-/Beziehungsverhältnis | | | | | | | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Geschlecht | | | | | | | | | |  | | | |  | | |  | | | | | | | | | männlich | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | weiblich | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | divers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Straße | | | | | | | | | |  | | | |  | | |  | | | | | | | | Hausnummer/Tür | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postleitzahl | | | | | | | | | |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | Ort | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 8. Kosten der 24-Stunden-Betreuung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Betreuungshonorar | | | | | | | | |  | | |  | | | | | | | mtl. | | | | | | | | € | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | einmalige Kosten | | | | | | | | |  | | |  | | | | | | | mtl. | | | | | | | | € | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Art der Kosten | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | Fahrtkosten | | | | | | | | |  | | |  | | | | | | | mtl. | | | | | | | | € | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Kost und Logis **i** | | | | | | | | |  | | |  | | | | | | | mtl. | | | | | | | | € | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | sonstige Kosten | | | | | | | | |  | | |  | | | | | | | mtl. | | | | | | | | € | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Art der Kosten | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **i** | | | Aufwendungen für Kost und Logis werden bis zur Höhe des vom Bundesministerium für Finanzen festgelegten Betrags (derzeit 196,20 EUR) für die steuerliche Absetzbarkeit der Kosten für Unterkunft und Verpflegung des Betreuungs-/Pflegepersonals (siehe Beilage) berücksichtigt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. Beilagen: Folgende Unterlagen sind von der antragstellenden Person in Kopie anzuschließen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Amtlicher Lichtbildausweis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Geburtsurkunde | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Sozialversicherungsnummer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Staatsbürgerschaftsnachweis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Aufenthaltstitel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Aufenthaltsbescheinigung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **Bei Nicht-Österreicher\*innen:** ggf. Haftungserklärung nach Niederlassungs- und Aufenthaltsgesetz (NAG) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Heiratsurkunde | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Scheidungsurteil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Scheidungsvergleichsausfertigung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Begründung einer eingetragenen Partnerschaft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Auflösung einer eingetragenen Partnerschaft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Vertretungsnachweis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | die Einkommensverhältnisse durch Nachweise über Pensions-/Rentenleistungen, Einkommensteuerbescheide, Nachweise über die Höhe von Unterhaltsleistungen, Kontoauszüge über Einnahmebuchungen auf Bankkonten, Übergabeverträge betreffend Liegenschafts- und/oder Unternehmensübertragungen und andere Nachweise, die geeignet sind, Art und Höhe des bezogenen Einkommens nachzuweisen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Nachweis über den Pflegegeldbezug (inländisch/ausländische Bestätigung) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Förderungszusage des Bundes (Sozialministeriumservice) inkl. Höhe der Förderung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Betreuungs- und Vermittlungsvertrag | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Nachweis über die Kosten der 24-Stunden-Betreuung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Vermögensnachweise | | | | | | | | | | | | | | | | | Nachweis der Einlagesalden sowie Kontoauszüge von Bank- und Depotkonten der vergangenen 12 Monate  Grundbuchsauszüge der Liegenschaften  Leibrenten-/Übergabs-/Schenkungsverträge  Typenscheine der Fahrzeuge, die im Eigentum der antragstellenden Person stehen  Sonstiges: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Förderungsnachweis Hauskrankenpflege und Tagesbetreuung. Rechnungen der letzten 3 Monate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Nachweis über geleistete Unterhaltszahlungen der antragstellenden Person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Einkommensnachweise vom im Haushalt lebenden Ehegatten/Ehegattin/eingetragene/r Partner\*in | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10. Datenschutzrechtliche Bestimmungen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | **\*** | |  | | | **Ich nehme zur Kenntnis**, dass die von mir bekanntgegebenen Daten und jene Daten, die die Behörde im Zuge des Ermittlungsverfahrens erhält, auf Grund des Art. 6 Abs. 1 lit. c und e Datenschutz-Grundverordnung in Verbindung mit den diesem Verfahren zugrundliegenden Materiengesetzen automationsunterstützt verarbeitet werden und zum Zweck der Abwicklung des von mir eingeleiteten Verfahrens, der Beurteilung des Sachverhalts, der Erteilung der Bewilligung sowie auch zum Zweck der Überprüfung verarbeitet werden | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | | | Ich habe die allgemeinen Informationen   * zu den mir zustehenden Rechten auf Auskunft, Berichtigung, Löschung, Einschränkung der Verarbeitung, Widerruf und Widerspruch sowie auf Datenübertragbarkeit; * zum mir zustehenden Beschwerderecht bei der Österreichische Datenschutzbehörde; * zum Verantwortlichen der Verarbeitung und zum Datenschutzbeauftragten   auf der Datenschutz-Informationsseite (<https://datenschutz.stmk.gv.at>) oder am beigefügten Datenschutz-Informationsblatt gelesen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **11. Erklärung** | | | | | | | | | | | | | | | | |
| **Ich erkläre ausdrücklich,**   * dass sämtliche Informationen vollständig und wahrheitsgemäß offengelegt wurden; * meine Zustimmung, dass der Träger der Pflege und Betreuung zum Zweck der Prüfung meiner Pflege- und Betreuungsbedürftigkeit, zur Gewährung, Kürzung, Einstellung von Leistungen sowie zur Durchsetzung der Ersatzansprüche meine Daten über den Gesundheitszustand durch Ärzte, Pflegepersonen (z. B. medizinische Befunde und Sachverständigengutachten) und Auskünfte über meinen Gesundheitszustand durch Ärzte, durch Krankenanstalten, durch Pflege- und Betreuungspersonen, durch Schadenersatzpflichtige erhält; * meine Zustimmung, dass der Kostenübernahmebescheid zum Zwecke der Pensionsteilung an den/die Pensionsversicherungsträger übermittelt werden darf; * mein Einverständnis, dass die Behörde oder in deren Auftrag tätige Dritte (z. B. Sachverständige) in die Pflegedokumentation der mobilen Dienste Einsicht nehmen dürfen.   **Ich bevollmächtige** die Bezirkshauptmannschaft/den Magistrat Graz, eine österreichweite Namensabfrage von Eigentumswerten beim Bezirksgericht, Grundbuch durchzuführen.  **Ich verpflichte mich, dass**   * ich Ansprüche gegen Dritte in den Grenzen des § 5 Abs. 6 StPBG verfolgen werde; * ich jede Änderung der Einkommensverhältnisse, der Pflegegeldeinstufung, der Kosten der 24-Stundenbetreuung unverzüglich jedoch längstens binnen 30 Tage der Behörde melden werde.   **Ich nehme zur Kenntnis, dass**   * die Verletzung der Anzeigepflicht gem. § 5 Abs. 9 StPBG Sanktionen nach sich ziehen kann. Insbesondere können falsche Angaben oder das Verschweigen maßgebender Tatsachen die Einstellung und Rückforderung der bezogenen Leistung bewirken. Außerdem kann in solchen Fällen eine (Verwaltungs-) Strafanzeige gegen mich erstattet werden kann (§ 47 Abs. 1 Z.1 StPBG). * ich gemäß den gesetzlichen Bestimmungen aus meinem Einkommen (Pension, Pflegegeld, Mieteinnahmen, Leibrentenvertrag, Einnahmen aus Kapitalvermögen etc.) die Kosten der Pflege und Betreuung zu tragen habe. * ich die Kosten der Zuzahlung aus meinem Vermögen zu ersetzen habe und auch andere Personen (Geschenknehmer\*innen, Erb\*innen, Personen aus vertrag- und/oder gesetzlichen Verpflichtungen) zu einer **Ersatzpflicht** herangezogen werden können. * bei Vorhandensein von Liegenschaftsbesitz (Haus, Wohnung, Grundstücke) eine **grundbücherliche Sicherstellung** erfolgen kann. | | | | | | | | | | | | | | | | |
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