

For Your Information

You are planning a trip or an out-of-house activity and are reliant on assistance?

If you fulfil the following prerequisites, you can apply for a grant to be assisted for this event:

You are recognised by the "Contergan-Stiftung für behinderte Menschen" in Germany or a national institution that uses identical criteria (for example the Thalidomide Trust)

You have

- a. exceptionally impaired mobility (aG) and have a relevant classification in your disabled pass **or**
- b. considerably impaired mobility (G) and are helpless (H) with a disability of 100% **or**
- c. blue disabled parking card (blue badge)

The assistance requested is not a first-degree relative*

You do not live with the person concerned in a common household

If these prerequisites are fulfilled, the Grünenthal Foundation supports you with a grant for assistance on a maximum of 7 calendar days à 24 hours - a total of up to 168 hours per year. We reimburse at a gross hourly rate of € 12.50, including possible taxes and social security contributions. The support is only transferred directly to the person assisting you.

If you fulfil the above-mentioned prerequisites, please send the completed questionnaire together with a copy of your disabled pass and/or your blue badge to the address stated.

*First-degree relative: Children and parents

Questionnaire for Bearing Mobility Assistance Costs

Please send your completed questionnaire before the start of the planned activity
per post, mail or fax to:

Grünenthal-Stiftung zur Unterstützung von Thalidomidbetroffenen
52099 Aachen
Fax: 0241 – 569 3795
info@grunenthal-stiftung.com

For what occasion do you need assistance?

..... trip

..... leisure activity (cinema, excursions, visiting family/friends...)

..... visits to the doctor or authorities

For how long do you need assistance?

..... hours (only full hours)

..... days (à 24 hours)

I herewith confirm

- that I am recognised by the Conterganstiftung für behinderte Menschen or a national institution that uses identical criteria
- that the assistance requested is not a first-grade relative of mine (child, parent)
- that I do not live with the person concerned in a common household

I agree to my details being saved by the Grünenthal Foundation for supporting those affected by thalidomide for the purpose of processing the application. On request I have the opportunity to correct, delete, amend or supplement the data that the Grünenthal Foundation has recorded.

Name:

Address:

Phone number (for inquiries):.....

E-Mail: Signature:

Please attach a copy of your disabled pass or your blue badge to this application - many thanks!

Receipt for Reimbursement of Mobility Assistance

To be completed **by the person providing mobility assistance** after completion of activity and to be sent by post, fax or mail to:

Grünenthal-Stiftung zur Unterstützung von Thalidomidbetroffenen
52099 Aachen
Fax: 0241 – 569 3795
info@grunenthal-stiftung.com

Name and address of the person affected

.....
.....
.....

Mobility assistance took place from..... to and involved..... hours (please round up to full hours)

With a gross hourly rate of € 12.50 a total amount of € is to be transferred.

Please transfer this amount to the following bank account:

Name of account holder

.....

Bank

.....

IBAN

.....

I confirm that the person affected is not a first-degree relative (parent, child) of mine and that I do not live in a common household with her/him.

Date, signature