

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” (Thalidomide Foundation for Disabled People) in Germany or a national institution using identical criteria.
- ☐ 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. a 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-Stiftung zur Unterstützung von Thalidomidbetroffenen” (Grünenthal Foundation for supporting those affected by thalidomide) supports you with a grant for assistance on a maximum of 14 calendar days à 24 hours - a total of up to 336 hours per year. We reimburse at a gross hourly rate of € 14.00, 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 the completed questionnaire by post, fax or mail to:

Grünenthal-Stiftung zur Unterstützung von Thalidomidbetroffenen

Zieglerstraße 11

52078 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)

Name and address of person providing assistance:

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

I herewith confirm

that I am recognised by the Federal German “Conterganstiftung” (Thalidomide Foundation for Disabled People) in Germany or a national institution using identical criteria.

that the assistance requested is not a first-grade relative of mine (see page 1 for explanations relating to this)

that I do not live with the person concerned in a common household

I agree that the Grünenthal-Stiftung (“Grünenthal Foundation”) may process my personal data as provided above, including the details about my financial and health situation, for the purpose of processing my request for financial assistance. My personal data will not be used for any other purposes. I acknowledge that I can revoke my consent at any time with future effect. In this case, I will contact the Grünenthal Foundation at info@grunenthal-stiftung.com. However, without my consent, my request cannot be processed, and I will not be able to receive any further financial aid.

Name:

Address:

Telephone number (in case of queries):

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 email to:

Grünenthal-Stiftung zur Unterstützung von Thalidomidbetroffenen
Zieglerstraße 11
52078 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 €14.00 a total amount of €..... is to be transferred.

Please transfer this amount to the following bank account

Name of the account holder

Bank

IBAN

☐ I confirm that the person affected is not a first-degree relative of mine (see page 1 for explanations relating to this)

Date, signature