



Ministry of Health & Human Services

P.O. Box 4074 Koror, Republic of Palau 96940

Phone: (680) 488-2552/3 Fax: (680) 488-2736

E-mail: administration@palauhealth.org Website: www.palauhealth.org

Bureau of Human Services

Applying for the Republic of Palau Child Raising Subsidy

Information You Need to Know

To be eligible for a Child Raising Subsidy, an applicant must be the primary caretaker of a child and have had full-time custody of the child in Palau for at least six (6) of the twelve (12) months of the previous tax year, at the time the applicant submits an application for a child raising subsidy. For a child born after July 31st of the previous tax year, an applicant is eligible as long as he or she has full-time custody at the time the application is submitted.

The Ministry of Health and Human Services will make a decision regarding your application within 30 days. The Minister must notify the applicant as to whether or not the application is approved. If application is not approved, the notification must be in writing and must include the Minister's reason for denial.

To find out if you are eligible to receive the child raising subsidy, you must complete and return the attached application with all eligibility required documents from this check list:

CHECK LIST- REQUIRED DOCUMENTS

Applicant Citizenship (*primary caretaker*)

- ☐ Valid Photo ID of applicant applying for Child Raising Subsidy (Passport or Driver License or ID card)
- ☐ Birth Certificate
- ☐ Social Security (Palau)

Child Citizenship (*person under 18 years of age who is a citizen and resident of Palau and recognized under Title 14 of the Palau National Code*)

- ☐ Child birth certificate
- ☐ Child Valid Photo ID or Palau Passport (optional: proof of citizenship)
- ☐ Legal guardianship of the child (Primary caretaker document)
- ☐ Social Security Number (Palau)

Note: Eligibility documents must be submitted with your application before it can be processed.



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Republic of Palau Child Raising Subsidy

(OFFICE USE ONLY)

APPLICATION FORM

Case NO.

Section 1. Applicant Information			Date:
Name (Last, First, M.I.):		Maiden or Other	
Social Security Number (Palau):	Date of Birth:	Gender (please check): ☐ Female ☐ Male	Relationship to the child(ren):
Marital Status (please check one that apply): ☐ Single ☐ Married ☐ Divorced ☐ Widowed	Telephone:	Work Phone:	Mobile:
Physical Address (Hamlet, State):	Mailing Address (P.O. Box):		
Are you at least 18 yrs. old and a legal guardian of the child? ☐ Yes ☐ No	Email Address:	Other Information:	
If you would like to receive electronic correspondence/notices, please select your preferred method. How would you like for us to contact you? ☐ Telephone ☐ Mobile Texting ☐ Postal mail ☐ Email			

Section 2. List your name and other family members living with you. (Do not include eligible child(ren) listed in section 3)						
First Name	Last Name	Middle Initial	Gender: F - Female M - Male	Age	Date of Birth M/D/Y	Relationship
1.						
2.						
3.						
4.						
5.						

Section 3. List children eligible for the Child Raising Subsidy							
First Name	Last Name	Middle Initial	Gender: F - Female M - Male	Age	Date of Birth M/D/Y	Relationship	Office Use Only (Eligibility) Yes or No
1.							
2.							
3.							
4.							
5.							

Declaration: I hereby declare that the information given above and on the enclosed documents is true and nothing has been concealed therein and attest that I will use the child care subsidy for the sole purpose of helping with the expenses of raising a child in Palau.

Print Name

Signature

Date