|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ../../kopfcol.jpg  An   |  |  | | --- | --- | | die Bezirkshauptmannschaft |  | | den Magistrat Graz |  | | \\fs01\lalej1\kopfcol.jpg |
|  |
|  |

# Kostenübernahme für die stationäre Langzeitpflege und -betreuung in Pflegewohnheimen gem. § 14 StPBG – Antrag





Einen Anspruch auf Übernahme der nicht gedeckten Kosten für die Pflege und Betreuung in einem Pflegewohnheim haben jene Personen, deren Pflege- und Betreuungsbedarf ein Ausmaß erreicht, welcher nicht durch eine mobile und/oder teilstationäre Leistung ausreichend gedeckt werden kann und die diese Kosten nicht oder nicht zur Gänze selbst tragen können.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bitte beachten Sie:** | | | | | | | | | | | | | | **\*** | | | | | | | | | | **Angabe(n) erforderlich** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **i** | | | | | | | | **Information zum Ausfüllen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **Zutreffendes bitte ankreuzen** | | | | | | | | | | | | | | | | | | | | |
| 1. Antrag | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ich beantrage die Übernahme der nicht gedeckten Kosten für die Pflege und Betreuung im untenstehenden Pflegewohnheim nach dem Steiermärkischen Pflege- und Betreuungsgesetz. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Es ist von der antragstellenden Person die Bestätigung des anerkannten Pflegewohnheims beizubringen, dass ein verrechenbares Pflegebett zugesagt worden ist.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name des Pflegewohnheims | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **\*** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Straße | | | | | | **\*** | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Hausnummer/Tür | | | | | | | | | | | | | | | | | | | | | | | | | | **\*** | |  | | | |  | | | |
| Postleitzahl | | | | | | **\*** | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | Ort | | | | | | | \* | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ab (tt.mm.jjjj) | | | | | | **\*** | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | bis (tt.mm.jjjj) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **i** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **i** | | | | bei befristeter Aufenthaltsdauer  bei **Wechsel in ein anderes Pflegewohnheim** ist eine **neue Antragstellung** erforderlich | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
|  | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | verwitwet | | | | | | | | | | | |  | | | | | | | | | | | eingetragene Partnerschaft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Lebensgemeinschaft seit (tt.mm.jjjj)  ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Kranken-versicherung | | | | | | | **\*** | | | |  | | | | | | |  | | | | | | | | | | | | JA | | | | | | | | | | | |  | | | | | | | | | | | NEIN | | | | | | | | | | | | | | | | | Krankenkasse | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | |  | | | | | | |  | | | | | | | | | | | | selbst-versichert | | | | | | | | | | | |  | | | | | | | | | | | mitversichert bei | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nur auszufüllen, falls keine Krankenversicherung besteht | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Ich beantrage Leistungen zum Schutz bei Krankheit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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  **Adresse:** Bitte geben Sie die Adresse Ihres Hauptwohnsitzes oder in Ermangelung eines solchen die Adresse Ihres tatsächlichen Aufenthalts vor Einzug ins Pflegewohnheim an. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1 Vertretung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | **\*** | | | | | | | **i** | | | | | |  | | | | | | | | | | | **Gerichtliche/r Erwachsenen-vertreter/in** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verfahren anhängig JA/NEIN | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | | | JA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | NEIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | | | **Gesetzliche Erwachsenenvertretung** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Gewählte Erwachsenenvertretung | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | | | | | **Vorsorgevollmacht** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Individuelle Vollmacht (AVG) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bitte um Anschluss 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verpflichtete/r | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| tatsächlich erhaltene Unterhaltsleistungen | | | | | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | | | | | | NEIN | | | | | | | | | | | | | | | | mtl. | | | | | | | | | | | | | € | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Verpflichtete/r | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Einkünfte aus Vermietung/ Verpachtung | | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | | | | | NEIN | | | | | | | | | | | | | | | | mtl. | | | | | | | | | | | | | | | | € | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leibrente | | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | | | | | NEIN | | | | | | | | | | | | | | | | mtl. | | | | | | | | | | | | | | | | € | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Verpflichtete/r | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | mtl.  vj.  halbj.  jährl. | | | | | | | | | | | | | | | | | | | | | | | | | | € | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | mtl.  vj.  halbj.  jährl. | | | | | | | | | | | | | € | | | | | |  | | | | | | | | | | |
| **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.  **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. Pflegegeld \* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| inländisches Pflegegeld **i** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | | | NEIN | | | | | | | | | | | | | | | | | | | | | | | | | | mtl. | | | | | | | | € | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Stufe | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| auszahlende Stelle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pflegegeld(erhöhung) beantragt am (tt.mm.jjjj) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ausländisches Pflegegeld | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | JA | | | | | | | | | | | NEIN | | | | | | | | | | | | | | | | | | | | | | | | | | mtl. | | | | | | | | € | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| auszahlende Stelle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **i** | | | **Pflegegeld**: Beziehen Sie derzeit kein oder ein inländisches Pflegegeld der Stufe 1 bis 3 oder ein ausländisches Pflegegeld, müssen Sie **vor** **Antragstellung** eine Beratung in der Pflegedrehscheibe Ihres Bezirks in Anspruch nehmen und deren pflegefachliche Stellungnahme diesem Antrag beilegen.  **Pflegegeld(erhöhung) beantragt am:** Dieses Feld ist nur auszufüllen, wenn Pflegegeld oder eine Erhöhung desselbigen bereits beantragt wurden, die Entscheidung der Behörde jedoch noch ausständig ist. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5. Angaben für ein allfälliges Rückersatzverfahren aufgrund vertraglicher/gesetzlicher Verpflichtungen   * betreffend Verpflichtete aus Unterhaltstiteln; * betreffend Dritte, gegen welche die Leistungsempfängerin/der Leistungsempfänger Rechtsansprüche oder Forderungen hat (z. B. Ansprüche aus Leibrentenverträgen oder Übergabsverträgen – in diesen Fällen können auch Angehörige, wie  z. B. Kinder, betroffen sein!) | | | | | | | | | | | | | | | | | | | | | |
| Ersatzpflichtige Person i | | | | | | | | | | | | | | | | | | | | | |
| Familienname | |  |  |  | | | | | | | | | | | | | | | | | |
| Vorname/n | |  |  |  | | | | | | | | akad. Grad | | |  | | | | | | |
| Verwandtschafts-/Beziehungsverhältnis | |  |  |  | | | | | | | | | | | |  | | | | |
| Geschlecht | |  |  |  | männlich | |  | | | weiblich | | |  | divers | | | | | | |
| Straße | |  |  |  | | | | | | | | | | | | | Hausnummer/Tür |  |  |  | |
| Postleitzahl | |  |  |  | | Ort | |  |  | |  | | | | | | | | | | |
| **i** | Zum Rückersatz herangezogen werden können: Verpflichtete aus Unterhaltstiteln; aus Übergabsverträgen sowie Dritte, gegen die der Leistungsempfänger/die Leistungsempfängerin Rechtsansprüche oder Forderungen hat | | | | | | | | | | | | | | | | | | | | |
| weitere ersatzpflichtige Person i | | | | | | | | | | | | | | | | | | | | | |
| Familienname | |  |  |  | | | | | | | | | | | | | | | | | |
| Vorname/n | |  |  |  | | | | | | | | akad. Grad | | |  | | | | | | |
| Verwandtschafts-/Beziehungsverhältnis | |  |  |  | | | | | | | | | | | |  | | | | |
| Geschlecht | |  |  |  | männlich | |  | | | weiblich | | |  | divers | | | | | | |
| Straße | |  |  |  | | | | | | | | | | | | | Hausnummer/Tür |  |  |  | |
| Postleitzahl | |  |  |  | | Ort | |  |  | |  | | | | | | | | | | |
| **i** | Zum Rückersatz herangezogen werden können: Verpflichtete aus Unterhaltstiteln; aus Übergabsverträgen sowie Dritte, gegen die der Leistungsempfänger/die Leistungsempfängerin Rechtsansprüche oder Forderungen hat | | | | | | | | | | | | | | | | | | | | |
| weitere ersatzpflichtige Person i | | | | | | | | | | | | | | | | | | | | | |
| Familienname | |  |  |  | | | | | | | | | | | | | | | | | |
| Vorname/n | |  |  |  | | | | | | | | akad. Grad | | |  | | | | | | |
| Verwandtschafts-/Beziehungsverhältnis | |  |  |  | | | | | | | | | | | |  | | | | |
| Geschlecht | |  |  |  | männlich | |  | | | weiblich | | |  | divers | | | | | | |
| Straße | |  |  |  | | | | | | | | | | | | | Hausnummer/Tür |  |  |  | |
| Postleitzahl | |  |  |  | | Ort | |  |  | |  | | | | | | | | | | |
| **i** | Zum Rückersatz herangezogen werden können: Verpflichtete aus Unterhaltstiteln; aus Übergabsverträgen sowie Dritte, gegen die der Leistungsempfänger/die Leistungsempfängerin Rechtsansprüche oder Forderungen hat | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **6. 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 der letzten 12 Monate, Übergabeverträge betreffend Liegenschafts- und/oder Unternehmensübertragungen, Grundbuchsauszüge oder andere Nachweise, die geeignet sind, Art und Höhe des bezogenen Einkommens nachzuweisen | | | | | |
|  | Nachweis über den Pflegegeldbezug (inländische/ausländische Bestätigung) | | | | | |
|  | Bestätigung des anerkannten Pflegewohnheims, dass für die antragstellende Person ein verrechenbares Bett zur Verfügung steht. | | | | | |
|  | falls erforderlich: Pflegefachliche Stellungnahme der Pflegedrehscheibe (gemäß Punkt 4) | | | | | |
| **7. 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. | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **8. 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 § 14 Abs. 5 StPBG verfolgen werde; * ich Änderungen der für die Leistung maßgeblichen Umstände, insbesondere der Einkommens- und Familienverhältnisse, Aus- und Eintritt in ein anderes Pflegewohnheim unverzüglich der Behörde melden werde.   **Ich nehme zur Kenntnis, dass**   * die Verletzung der Anzeigepflicht gem. § 19 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. | | | | | | | | | | | | | | | | |
| Ort | |  | | | | | | | --------------------------------------------------------------------------------- | | | | | | | |
| Datum (tt.mm.jjjj) | |  | | | | | | | **Unterschrift** | | | | | | | |
| **Unterschrift wurde geleistet durch:** | | | | | | | | | | | | | | | | |
|  | Antragsteller/in | | | | |  | gerichtliche/n Erwachsenenvertreter/in | | | | |  | | vertretungsbefugte/n nächste/n Angehörige/n | | |
|  | gesetzliche/n Vertreter/in | | | | |  | gesetzliche/n Erwachsenenvertreter/in | | | | |  | | gewählte/n Erwachsenenvertreter/in | | |
|  | Bevollmächtigte/r | | | | |  | | | | | | | | | | |
| Familienname | | |  |  |  | | | Vorname/n | |  |  | |  | | akad. Grad |  |