



The Needs Assessment Unit (NAU) assists Caymanians who qualify for financial assistance due to unemployment, underemployment, disability or other types of hardship. Before completing the NAU Application Form, applicants should read the Eligibility Self-Assessment & Guide for relevant information.

Part 1: Eligibility

1. Are you Caymanian or do you have a Caymanian in the household? 2. Is the combined income of all persons living in your household under CI\$3,000 per month? 3. Are you a disabled Caymanian or caring for a disabled Caymanian? 4. Is your total savings less than? CI\$3,000 if you are under age 60 CI\$8,000 if you are age 60 or over 5. Have you been physically present in the Cayman Islands for a combined total of at least 8 months over the past 12 months?

Part 2: Personal Details

Full Name Date of Birth Telephone Home Mobile Work Home Address Mailing Address E-Mail Status Single Married Divorced Separated Civil partnership Widowed Domestic (Common law) Partnership

Note: Documents and completed form must be sent to P.O. Box 895, Grand Cayman KY1-1103 or email to NAUInfo@gov.ky or deliver to 55 South Church Street, 1st Floor Aqua Mall, George Town, Grand Cayman. Telephone: (345) 946-0024



If applicable, provide the following information for your spouse or live-in partner:

Full Name [input field]

Date of Birth [input field]

Telephone Home [input field]

Mobile [input field]

Work [input field]

Home Address [input field]

Mailing Address [input field]

E-Mail [input field]

Have you ever received services from the NAU in the past? YES NO

Do you have health insurance coverage? If yes, give name of insurance provider. YES NO

Part 3: Household Occupants

Total number of occupants in the home (including you) [input field]

Table with 3 columns: Dependents in the Home (Disabled dependents or children under 18), Date of Birth, School Attending. Includes 5 rows of input fields.

Table with 3 columns: Names of Adults in the Home, Date of Birth, Employer or Nature of Disability. Includes 5 rows of input fields.



Part 4: Monthly Income & Savings

Income Source	CI\$ Amount	Name of Payer
Salary/Wages/Other Pay		
Pension		
Life Insurance/other annuities		
Poor Relief		
Social Security, IRA		
Seaman's/Veteran's Benefits		
Child Support/Maintenance (complete details below for sources of maintenance)		
Donations (from family, friends, churches, charities)		
Other Income not specified		
Total		

Savings (CI\$ Amount)

- If receiving child support or maintenance, provide the following information for each of the persons providing the payments

Full Name	<input type="text"/>	Telephone	<input type="text"/>
Full Name	<input type="text"/>	Telephone	<input type="text"/>
Full Name	<input type="text"/>	Telephone	<input type="text"/>

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Note: Pursuant to section 255 of the Penal Code - "A person who dishonestly, with a view to gain for himself or another or with intent to cause loss to another - destroys, defaces, conceals or falsifies any account or any record or document made or required for any accounting purpose; or (b) in furnishing information for any purpose, produces or makes use of any account, or any such record or document as aforesaid, which to his knowledge is or may be misleading, false or deceptive in a material particular, commits an offence and is liable to imprisonment for seven years."



Part 5: Monthly Expenses

Expense Type	CI\$ Amount	Name of Payee
Mortgage/Rent		
Electricity		
Water		
Telephone Bill		
Cable TV/Internet		
Helper/Caregiver/Nanny		
Credit Card Payments		
Child Support/Maintenance		
Personal Loan Payments		
Car Loan Payments		
Medical Loan Payments or Bills		
Preschool		
After-school		
Life Insurance premium		
House Insurance		
Car Insurance		
Car Registration/Licensing		
Medications		
School Lunches		
Vehicle fuel/maintenance		
Transportation		
Propane		
Laundry		
Groceries		
Other Expenses		
Total		

Income to expenses surplus / deficit



Services Requested <input type="checkbox"/> Choose all Applicable	<input type="checkbox"/>	Rental assistance	<input type="checkbox"/>	Food voucher program	<input type="checkbox"/>	Utility bills
	<input type="checkbox"/>	Preschool assistance	<input type="checkbox"/>	School lunch program	<input type="checkbox"/>	Indigent insurance coverage assessment*
	<input type="checkbox"/>	Medical travel expenses stipend	<input type="checkbox"/>	School uniform program	<input type="checkbox"/>	Burial assistance
	<input type="checkbox"/>	Monthly poor relief assistance	<input type="checkbox"/>	Other: _____		

* The NAU facilitates the assessment for indigent medical insurance request, and is not the approving body.

I authorize NAU to provide information about my case to:

Full Name

Date of Birth Telephone Home

Mobile Work

ID Type ID Number

Relationship

Part 6: Declarations

I understand and agree that, in addition to receiving financial assistance through the NAU, I will participate in all requirements including attending workshops and actively participating in various programmes, such as the courses at the National Workforce Development Agency, as indicated by the assessment officer.

I understand and agree that in addition to receiving financial assistance through the NAU, I will participate in random drug screening if requested by the NAU.

"By signing this document, I confirm that, to the best of my knowledge, all of the information I have provided is factual. I understand that providing false and misleading information, as per Section 255 of the Penal Code, is a criminal offense and that doing so can result in being banned from services for up to one year (as per the Needs Assessment Unit's policy). In addition, I agree to not make any false and misleading statements regarding my application with, or the provision of services I may be approved for from, the NAU. I understand that if this is breached the NAU will have full recourse to issue clarifying statements outlining the factual circumstances pertaining to the specific issues/false allegations in question. This includes any information issued on my behalf by third parties."

Signature

Date

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FOR INTERNAL USE ONLY

Documents received

Legal guardian / Power of Attorney

Authority to request/share information confirmed by: OFFICER NAME SIGNATURE DATE

Documents checked by: OFFICER NAME SIGNATURE DATE (repeated three times)

Comment/notes

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