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|  | | Irányítószám | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Település | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefonszám | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | Ideiglenes tartózkodás engedélyezett | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **tól/-től** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **-ig** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |
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| **B** | | | | | | | | | | | ***A kérelmező társadalmi státusza*** 3) (*a mezőben az érintett országot, így Szlovákiát is tüntesse fel)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | 2. | | | | | |  | | | | | | | | | | | a Szlovák Köztársaság belügyminisztériumának alkalmazottja vagy  a Szlovák Köztársaság honvédelmi minisztériumának alkalmazottja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | | | | 3. | | | | | |  | | | | | | | | | | | egyéni vállalkozó 4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | | | | 4. | | | | | |  | | | | | | | | | | | nyugdíjas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | | | | 5. | | | | | |  | | | | | | | | | | | munkanélküli ellátásban részesülő személy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **-tól/-től** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | | | | 6. | | | | | |  | | | | | | | | | | | munkanélküli | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **-tól/-től** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |
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|  | | | | | | 7. | | | | | |  | | | | | | | | | | | Egyéb kérjük, tüntesse fel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **C** | | | | | | | | | | | | ***A másik jogosult személy adatai*** *(a másik szülő vagy a szülő házastársának adatai)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |
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|  | | | Irányítószám | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Település | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefonszám | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | | | Ország | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E-mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **D** | | | | | | | | | | | | | | | | | | | ***A másik szülő társadalmi státusza*** 3) (*a mezőben az érintett országot, így Szlovákiát is tüntesse fel)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | 1. | | | | | | | | | | | | | | |  | | | | | | | | | munkavállaló | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | 2. | | | | | | | | | | | | | | |  | | | | | | | | | a Szlovák Köztársaság belügyminisztériumának alkalmazottja vagy  a Szlovák Köztársaság honvédelmi minisztériumának alkalmazottja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | | | 3. | | | | | | | | | | | | | | |  | | | | | | | | | egyéni vállalkozó 4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | | | | | | | 7. | | | | | |  | | | | | | | | | | | Egyéb kérjük, tüntesse fel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **E** | | | | | | | | | | | | | ***A kérelmező kapcsolata az egy időben született gyermekkel/gyermekekkel*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | Állandó lakhely (állandó lakcím) valamely európai uniós tagállamban | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | Irányítószám | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Település | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | **A gyermeket bírósági határozat alapján nevelőszülőknél helyezték el** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **G** | | ***A fizetés módja*** | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Számla hiányában a támogatást készpénzben folyósítják az állandó lakhely címére  Szlovákiában/az ideiglenes lakhely címére Szlovákiában\*.  \*A nem kívánt rész törlendő. | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **H** | | ***A kérelmező nyilatkozata*** | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Kijelentem, hogy én és eltartott gyermekem/gyermekeim nem tartózkodunk olyan államban  / olyan államban tartózkodunk , amely nem tagja az Európai Uniónak, nem szerződő fele az Európai Gazdasági Térségről szóló megállapodásnak vagy a Svájci Államszövetségnek, és hogy a Szlovák Köztársaságban való tartózkodásom alatt kötelező egészségbiztosítással rendelkezem.  Kijelentem, hogy egy másik gyermeket, aki azon gyermek előtt született, akire szülői támogatást igénylek , bírósági határozat alapján nevelőszülőknél helyeztek el /  nem helyeztek el nevelőszülőknél.  Kijelentem, hogy a gyermeket nem vették fel más államban óvodába.  Amennyiben a gyermeket felvették állami óvodába, ezt a tényt a szülői támogatásról szóló, 571/2009. sz. törvény 9. §-ának megfelelően 8 napon belül kötelességem bejelenteni.  Kijelentem, hogy a kérelemben szereplő valamennyi információ helytálló, és hogy a szülői támogatásra való jogosultságot, annak összegét és annak kifizetését érintő bármely változásról (különösen valamely uniós tagállamban bármelyik szülő jövedelemszerző tevékenységéről) annak bekövetkezésétől számított 8 napon belül írásban értesítem a szülői támogatás kifizetőjét.  **Tudomásul veszem, hogy köteles vagyok visszafizetni a hibásan folyósított támogatások összegét.**  A szülői támogatásról és bizonyos jogszabályok módosításáról szóló, módosított 571/2009. sz. törvény 11. §-a értelmében a szülői támogatás kifizetője számára lehetővé kell tennem otthonom meglátogatását, valamint a jogosultság fenntartására vonatkozó feltételekkel kapcsolatos információk és magyarázatok nyújtását az e kérelemben szereplő, a szülői támogatásra való jogosultságot, annak összegét és kifizetését meghatározó tények ellenőrzése céljából.  **Információk a kérelmező számára**  A Munkaügyi, Szociális és Családügyi Hivatal – a 30794536 szám alatt bejegyzett szervezet – az Ön személyes adatait (beleértve az értékelésben együtt szereplő személyek személyes adatait is) a szülői támogatásról és bizonyos jogszabályok módosításáról szóló, módosított 571/2009 sz. törvénynek megfelelően kezeli, és a fenti személyes adatokat továbbítja a hatóságok számára. Bármely bizonytalanság, probléma, illetve a személyes adatok védelmével kapcsolatos kérdés esetén a következő e-mail-címen érdeklődhet:[**ochranaosobnychudajov@upsvr.gov.sk**](mailto:ochranaosobnychudajov@upsvr.gov.sk)**.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Kelt: (hely) |  | | | | | | | | | | | | napon | | |  | | | | | | | |  |  |  |  | A kérelmező aláírása | | | | | | | | | |  |
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| **CH** | | | | | | | | | | ***Az adatok pontosságát egy alkalmazott hasonlította össze*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | |
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|  | | | | | | Az összehasonlítás időpontja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | Az alkalmazott aláírása | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | |
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|  | **I. A szülői támogatás iránti kérelem kitöltéséhez szükséges számszerű hivatkozások** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 1. pl.: házas, egyedülálló, elvált, özvegy.   **Ha a szülői támogatást a gyermek szülőjének házastársa kérelmezi, aki nem a gyermek biológiai szülője, aki a gyermek szülőjével közös háztartásban él, ezt a tényt házassági anyakönyvi kivonattal igazolja.**   1. Kérjük, a sablonnak megfelelően adja meg a szlovákiai lakhely típusát; az ideiglenes tartózkodási helyet csak nem szlovák állampolgárok esetén kell megadni. 2. a B. és D. táblázatban tüntesse fel az Önre vagy a másik jogosult személyre vonatkozó társadalmi státuszt; a B. és D. táblázat 4. sorában tüntesse fel azt az időpontot (nap, hónap, év formátumban), amelytől kezdve munkanélküli-ellátásban részesül, és azt az országot, beleértve Szlovákiát is, ahonnan azt kapja; a B. és D. táblázat 5. sorában tüntesse fel azt az időpontot (nap, hónap, év formátumban), amikor munkanélkülivé vált 3. pl. mezőgazdasági termelés, erdő- és vízgazdálkodás, kereskedelem terén végzett tevékenység, nem kereskedelmi engedély alapján folytatott tevékenység (a kereskedelmi ügyvédekről szóló törvény, az adótanácsadókról szóló törvény vagy a közjegyzőkről szóló törvény alapján), részvénytársaság partnere, vállalat igazgatója, súlyos fogyatékossággal élő állampolgárnak személyes segítséget nyújtó személy, szakértő, tolmács, ... 4. A második, harmadik, negyedik stb. gyermekként egy időben született gyermekekre vonatkozó adatokat a külön F. részben kell megadni (pl. F2 – második egy időben született gyermek, F3 – harmadik egy időben született gyermek). Csak akkor töltse ki a többi, egy időben született gyermek címét, ha az eltér az első gyermekétől. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **II. Az e szülői támogatás iránti kérelemben szereplő adatok összehasonlítása céljából a kérelmezőnek a következő dokumentumokat kell benyújtania** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * a kérelmező személyazonosító igazolványa * a kérelmező úti okmánya és a Szlovák Köztársaság területén állandó vagy ideiglenes tartózkodást lehetővé tevő engedélye – külföldi állampolgár esetében | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

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|  | **III. A kérelmezőnek a kérelemhez csatolnia kell az alábbi igazoló dokumentumokat és tanúsítványokat** |  |
|  | * a gyermek/gyermekek születési anyakönyvi kivonata (eredeti és fénymásolat**), csak akkor, ha a gyermek a Szlovák Köztársaság területén kívül született**, és nem születési számmal speciális anyakönyvi hivatal állította ki, a kérelmezőnek be kell nyújtania a gyermek születési anyakönyvi kivonatának hivatalos fordítását (ez nem vonatkozik arra az esetre, ha a gyermek a Cseh Köztársaságban született) * anyasági támogatásra való jogosultság igazolása azon gyermek tekintetében, aki után a kérelmező szülői támogatást igényel, csak akkor szükséges, ha az anyasági támogatás iránti igényt külföldön nyújtották be és fizették ki, vagy ha azt a Szlovák Köztársaságban fizették ki a fegyveres erők (a Szlovák Köztársaság belügyminisztériuma vagy honvédelmi minisztériuma). Abban az esetben nem szükséges az anyasági támogatásra való jogosultság igazolása, ha azt a Szlovák Köztársaságban nyújtották be és egy társadalombiztosítási hatóság fizette ki (a hivatal a társadalombiztosítási hatóságtól elektronikus úton igazolást fog kérni).   ***Megjegyzés****:*  *Anyasági támogatás vagy hasonló ellátás külföldről történő folyósításának igazolása esetén hivatalos fordítás szükséges.* |  |

* egészségbiztosító által a Szlovák Köztársaságban kötelező állami egészségbiztosításra vonatkozóan kiadott igazolás, amennyiben a kérelmező és az eltartott gyermek olyan országban lakik, amely nem tagja az Európai Uniónak, illetve nem részes fele az Európai Gazdasági Térségről szóló megállapodásnak vagy a Svájci Államszövetségnek (H. rész).
* **Ha a kedvezményezett kiskorú anya, és a bíróság jogerős határozatot hozott** a gyermek személyes felügyeletével kapcsolatos szülői jogok és kötelezettségek biztosításáról, **a kérelmezőnek a legutóbbi bírósági határozatból a következő információkat kell megadnia:**

**ECLI-kód (a bírósági határozatban feltüntetve): .............................................. VAGY**

**A bírósági határozat hivatkozási száma: ...................., a bírósági határozat kibocsátásának időpontja .....................**

**A bíróság neve: ...........................................................................**

* **Ha a bíróság jogerős határozatot hozott a gyermek nevelőszülőknél való elhelyezéséről**, vagy határozatot hozott arról, hogy a gyermeket az egyik szülőre bízza, **a kérelmezőnek a legutóbbi bírósági határozatból a következő információkat kell megadnia:**

**ECLI-kód (a bírósági határozatban feltüntetve): .............................................. VAGY**

**A bírósági határozat hivatkozási száma: ...................., a bírósági határozat kibocsátásának időpontja .....................**

**A bíróság neve: ...........................................................................**

**A fentiek alapján a kérelmezőnek nem kell a bíróság határozatának másolatát rendelkezésre bocsátania.**

* ***3 és 6 év közötti, állami óvodába fel nem vett gyermek utáni szülői támogatás kérelmezéséhez:* a helyi állami oktatási hatóság vagy a helyi önkormányzat által létrehozott beiskolázási körzeti óvoda, azaz „állami óvoda” döntése, miszerint a gyermeket az adott tanévre nem veszik fel az intézménybe.**

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| **F...** | | ***Az egy időben született gyermek adatai (csak akkor kell kitölteni, ha 3 évesnél fiatalabb gyermekek után kérelmez szülői támogatást)*** | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Születési dátum | | | | | | | | | | |  | Születési szám (Azonosító szám) | | | | | | | | | | | |  | Nemzetiség | | | | | | | | | | | | |  |
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|  | Állandó lakhely címe Szlovákiában 2) | | | | | | | | | | | | |  | Ideiglenes lakhely címe Szlovákiában 2) | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |
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|  | Irányítószám | | |  | | | | | Település | | |  | | | | | | | | | | | | | | | |  | | | |  | | | | | | |  |
|  | Állandó lakhely (állandó lakcím) valamely európai uniós tagállamban | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **A gyermeket az illetékes hatóság határozata alapján nevelőszülőknél helyezték el** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | A gyermek gyermekorvos gondozása alatt áll | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Az egészségügyi intézmény neve és címe | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **A gyermek régóta fennálló betegségben szenved az alábbi szakértői vélemény alapján** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  |  |  |  |  |  |
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