INDEPENDENT COMMUNITY LIVING FUNDING SCHEME
DP/ICL/PAF SCHEMES CARER PAYMENT DECLARATION

Date: _____

I, _____ (insert name of carer) **holder of ID / Maltese Residence Card No.** _____ declare that I have received the amount of €_____ from _____ (Name of service user / parent / guardian) being payment for care services provided to _____ (Name of service user) during the month of _____, year _____.

Both parties declare that the details and information provided in this form are correct.

_____
Signature of Carer

_____
Signature of Service User / Parent / Guardian

_____
ID Card Number