





**2.05 - Indicate below, marking with X, if any family member receives any benefits or is attended by any Social Assistance program. This item admits multiple markup.**

- 1 – BPC (Continuous Welfare Benefit) for People with Disabilities
- 2 - BPC (Continuous Welfare Benefit) for the Elderly
- 3 - Integral Family Care Program - PAIF
- 4 - Children from 0-6 years old in socio educational activities
- 5 - Centers and support groups for the elderly
- 6 - Shelter for women victims of violence
- 7 - Shelter for children and adolescents
- 8 - Shelter for the elderly
- 9 - Shelter for adults and families
- 10 - Shelter for adult population in street situation
- 11 - ProJovem Adolescent (National Youth Inclusion Program)
- 12 - Urban ProJovem (National Youth Inclusion Program)
- 13 - ProJovem Farm (National Youth Inclusion Program)
- 14 - ProJovem Worker (National Youth Inclusion Program)
- 15 - Reference and support service for the habilitation and rehabilitation of people with disabilities
- 16 - Service against violence, abuse and sexual exploitation of children and their families
- 17 - Service of social accompaniment to adolescents in socio-educational assisted freedom
- 18 - Service of social accompaniment to adolescents in socio-educational services to the community
- 19 - Service of orientation and specialized support to children, adolescents and families
- 20 - Day-care Service (for the elderly with disabilities)
- 21 - Home caring service for the elderly and people with disabilities
- 22 - Productive inclusion projects
- 23 - Child Labor Eradication Program - PETI
- 24 - None

**2.06 - Indicate below if the family or any family member is a beneficiary of any program of the Ministry of Cities.**

**List of Programs**

- 1 - HIS-FNHIS (Social Housing)
- 2 - Urbanization, Regularization and Integration of Precarious Settlements - UAP-FNHIS
- 3 - Habitar Brasil BID - HBB
- 4 - Pro-Housing
- 5 - Minha Casa Minha Vida Housing Program - municipalities with up to 50,000 inhabitants
- 6 - Collective operations - FGTS
- 7 - Minha Casa Minha Vida Housing Program - FAR
- 8 - Pro-Municipalities

**Data of benefit**

Person's order number:

Nº of listed program:

Nature of Benefit:

Contract number

**Data of benefit**

Person's order number:

Nº of listed program:

Nature of Benefit:

Contract number

**Data of benefit**

Person's order number:

Nº of listed program:

Nature of Benefit:

Contract number

This family does not benefit from any program of the Ministry of Cities

**2.07 - Please indicate below whether your family belongs to any traditional or specific population group.**

Code:

Description:

**HEAD OF HOUSEHOLD - HF**

I declare, under the penalties of law (art. 299 of the Criminal Code) that the statements contained in this form are accurate and I commit to update them, at the municipal level, whenever there are any changes in the information provided by me in this interview, or in the maximum of two years from the date of this interview.

Head of Household Signature

Receipt of proof of information

I, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
hereby state that I have received a receipt stating that I have provided the information required in this form.  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
place \_\_\_\_\_ date  
\_\_\_\_\_  
signature

RECEIPT OF INFORMATION GIVEN	
<b>Federal Government</b> <b>Ministry of Social Development</b> National Secretariat of Citizenship Income Unified Registry Department	<b>Supplementary form 1</b> <b>Linking to programs and services</b> <b>F1.01</b>
I declare, under the penalties of law (art. 299 of the Criminal Code) that the statements contained in this form are accurate and I commit to update them, at the municipal level, whenever there are any changes in the information provided by me in this interview, or in the maximum of two years from the date of this interview	
Name: _____ _____	_____
Identification (CPF) _____ - ____	Identification (Voter ID) _____ - ____
_____	Signature of the Head of the Family – (HF) _____
Name of the municipality _____	_____
Family code _____	Interviewer _____
Date of interview ____/____/20____ Day Month Year	Identification (CPF) _____ - ____
Mode of operation: <input type="checkbox"/> Inclusion <input type="checkbox"/> Change	Phone number of entity in charge _____
	Interviewer signature _____



Ministry of Social Development