



## Pilot Project of Social Support for the Promotion of Autonomy of People Receiving IMV or RMI with Dependent Minors in the City of Madrid.

### 1. Identification data

First name	Family name	<input type="checkbox"/> ID	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Passport	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/>
Birthdate	Sex	Nationality.	Civil status
<input type="text"/>	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="text"/>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce
<input type="checkbox"/> Private address	<input type="checkbox"/> Center address		<input type="checkbox"/> Widow <input type="checkbox"/> separate <input checked="" type="radio"/> other
Address		Locality	
<input type="text"/>		<input type="text"/>	
Postal code	District		
<input type="text"/>	<input type="text"/>		
Telephone 1	Telephone 2	Other contact telephone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### REPRESENTATIVE (attach supporting document, see explanation)

First name	Family name	<input type="checkbox"/> ID	<input type="checkbox"/> N°
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Passport	<input type="text"/>
<input type="checkbox"/> Other	<input type="text"/>		
Address		Locality	
<input type="text"/>		<input type="text"/>	
Postal code	District		
<input type="text"/>	<input type="text"/>		
Telephone 1	Telephone 2	Other contact telephone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TYPE OF REPRESENTATIVE			
<input type="checkbox"/> LEGAL	<input type="checkbox"/> GUARD	<input type="checkbox"/> PARENT / TUTOR	<input type="checkbox"/> REPRESENTATIVE

#### NOTIFICATION ADDRESS

First name	Family name	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Locality
<input type="text"/>		<input type="text"/>
Postal code	Province	Municipality
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. Household unit

Family name	First name	ID / Pass	Birthdate	Family member	Dependence application	Disability certificate
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### I DECLARE

- That I am of legal age
- That I am registered and currently reside in the city of Madrid.
- That my current district of residence is:

- 1 Centro
- 2 Arganzuela
- 3 Retiro
- 4 Salamanca
- 5 Chamartín
- 6 Tetuán
- 7 Chamberí
- 8 Fuencarral-El Pardo
- 9 Moncloa-Aravaca
- 10 Latina
- 11 Carabanchel
- 12 Usera
- 13 Puente de Vallecas
- 14 Moratalaz
- 15 Ciudad Lineal
- 16 Hortaleza
- 17 Villaverde
- 18 Villa de Vallecas
- 19 Vicálvaro
- 20 San Blas-Canillejas
- 21 Barajas

- That I am recipient of Minimum Vital Income (MVI) / Minimum Insertion Income (MII)
- That I have \_\_\_\_\_ children with age ranging from 0 to 8 years old

### 3. Information and Consent

- I have been informed about the purpose, content, and characteristics of the project and have had the opportunity to clarify my doubts regarding the research to be conducted.
- I understand that my participation in the project is voluntary and that I may withdraw at any time, requesting the deletion of my data without negative consequences regarding the MVI benefits I currently receive.

#### I ACCEPT

- To participate in the activities derived from the project, joining the treatment or control group assigned to me randomly, as well as the appropriate pathway.
- To notify any changes in my employment, financial status, or household composition that might alter my eligibility for the project throughout its duration.

#### I GIVE MY CONSENT:

- For the information generated through this project and my participation in it to be presented in anonymized form, with data organized according to an assigned case number for each participant.
- For the identity information of minors to be accessible solely to the project's technical team and kept fully confidential.
- For the data obtained through this project to be used in scientific and technical reports and publications, which may serve to define new social inclusion policies or refine existing ones.
- For monitoring and verification of changes in my economic, employment, or family composition status to be conducted actively through surveys or anonymously at the beginning, during, and end of the project.

#### DATA AND DOCUMENT CONSULTATION

The Madrid City Council will consult the following data or documents of the applicant and any minors listed in section 3 "Family Unit Data" of this application to facilitate participation in the project:

- Verification of Personal Identification Data
- Verification of Registration Data
- Verification of Birth Certificate

#### RIGHT TO OBJECT

Under Article 28.2 of Law 39/2015, you may exercise your RIGHT TO OBJECT to the above consultations by completing the sections below.

As the applicant identified in this application, I object to the consultation of my data and that of the minors listed in section 3 "Family Unit Data" of this application:

- Verification of Personal Identification Data
- Verification of Registration Data
- Verification of Birth Certificate

Reason(s) for objecting to the data or document consultation marked above:

**DATA CONSULTATION FROM OTHER ADMINISTRATIONS**

The Madrid City Council will consult the following data or documents for processing this application:

DATA OR DOCUMENT	AGENCIES	Mark if opposed *
		<input type="checkbox"/>

\* If opposed to the consult please present the appropriate documents

Please indicate if you would like to be informed about the project activities and results, including reports and other publications. Note that you can also obtain anonymous information about the project by visiting the Madrid City Council website.

I would like to be informed via email

I would like to be informed by postal mail

Email address (if applicable): \_\_\_\_\_

**Participant Consent**

I confirm that I give my consent freely and voluntarily, without feeling coerced, manipulated, or unduly influenced.

**SIGNATURE**

In \_\_\_\_\_ Month / day \_\_\_\_\_ Year \_\_\_\_\_

**Signature**

**Protection of Personal Data: BASIC INFORMATION**

The collected data will be incorporated and processed in the primary social care activity managed by the General Directorate of Social Services and Social Emergency, located at Paseo de la Chopera 41, 28045 Madrid, email: [dgserviciosociales@madrid.es](mailto:dgserviciosociales@madrid.es), for the purpose of managing social services and benefits, as well as for statistical purposes. Affected individuals may exercise their rights under this directive. Data processing is legitimized by the consent of the individuals concerned, and the data will not be transferred to third parties except in cases provided for by current personal data protection regulations.

Data Protection Office: General Directorate of Transparency, located at Calle de Montalbán, No. 1, 28014 Madrid, with email address: [oficprotecciondatos@madrid.es](mailto:oficprotecciondatos@madrid.es).