

## SELF-DECLARATION

***according to Point b)-d) of Article 3/A(1) of Government Decree no. 106/2022 (III.12)<sup>1</sup> on particular rules related to eligibility of children to receive free meals in educational institutions, referred to in a) of Article 21/B(1) of Act 31/1997<sup>2</sup> on Protection of Children and Guardianship Administration, children receive free meals in educational institutions (schools), valid for six months from the date of application***

The undersigned, the applicant:

Name of the parent, other legal representative: .....

Place and date of birth of the parent, other legal representative: .....

Address of the parent, other legal representative: .....

solemnly and sincerely declare that **(the following information on my child / children eligible for free meals):**

**Child's name:**

**Place and date of birth:**

**Educational institution and class:**

- 1) .....
- 2) .....
- 3) .....
- 4) .....
- 5) .....

Under **Article 3/A of Government Decree no. 106/2022 (III.12)** on particular rules related to the employment of and benefits to persons recognized as entitled to temporary protection and on the amendment of Government Decree 301/2007. (XI. 9.)<sup>3</sup> about the implementation of Asylum act no. LXXX of 2007 concerning a humanitarian disaster in a neighbouring country during the state of danger, referring to in Point a) of Article 21/B(1) of Act 31/1997 on Protection of Children and Guardianship Administration. I apply for free meals for my child/children as *his/her/their parent/other legal representative/guardian* (please underline the most appropriate option). The reason is listed below:

- I take care of the child(ren) or student(s) granted refuge or seeking refuge, child(ren) or student(s) with a permanent residence in Ukraine, child(ren) or student(s) with Hungarian citizenship and with a permanent residence in Ukraine and arriving from Ukraine on 24 February 2022 or a later date (referred to as the applicant)

I submit my application to request a special diet: yes/ no (please underline the option selected) due to the following health-related reason(s) of the child(ren): .....

I am fully aware of the penal consequences of a false declaration. In this respect, I confirm that the information I have given above is correct; I also agree that the institution can use all the data in order to process my claim for meal allowance.

Date and place: .....

<sup>1</sup>Source of Government Decree no. 106/2022 (III.12) Government Decree No. 106/2022 (12.III.) on certain rules related to the employment of and benefits to persons recognized as entitled to temporary protection and on the amendment of Government Decree 301/2007. (XI. 9.) on the implementation of act LXXX of 2007 on Asylum, with respect to a humanitarian disaster in a neighbouring country during the state of danger (in Hungarian): <https://net.jogtar.hu/jogszabaly?docid=A2200106.KOR&searchUrl=/gyorskereso?keyword%3D106/2022>

<sup>2</sup>Source of Act 31/1997 on Protection of Children and Guardianship Administration (in Hungarian): <https://net.jogtar.hu/jogszabaly?docid=99700031.TV&searchUrl=/gyorskereso?keyword%3Dgyvt>

<sup>3</sup>Source of Government Decree 301/2007. (XI. 9.) on the implementation of act LXXX of 2007 on Asylum (Asylum Implementation Decree) (In Hungarian): <https://net.jogtar.hu/jogszabaly?docid=A0700301.KOR&searchUrl=/gyorskereso?keyword%3D301/2007>

.....  
signature of the applicant  
(parent, other legal representative)

If any details or circumstances relevant to the eligibility criteria change, I will report to the staff member responsible for meal allowances in the institution within 15 days.