Information on German social law

For families with a child suffering from cancer

Deutsche Kinderkrebsstiftung

Contents

Imprint

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Comment:
For ease of readability, this brochure uses the masculine, feminine or neutral pronouns. This serves exclusively to simplify the writing/reading. When the masculine, feminine or neutral forms are used, all genders are explicitly included.

Dear parents,

You will be faced with a host of different problems in coping with your child's illness. Do not become discouraged, and be willing to take advantage early on of the benefits available to you under social law. You might say: All this can't make my child healthy again; or: I have plenty of other problems right now, I can't be dealing with administrative regulations too. This is why you should talk to the social services at your clinic, who will help you wherever possible. Also, remember that in the months to come, the repeated trips to the hospital and/or having to maintain two households, arrange child care for siblings, etc. will present you with a lot of exceptional challenges and financial burdens. Many health care regulations have been changed in recent years. This makes it difficult for you to find your way. We would like to offer you the following explanations of social law to inform you of your options for seeking help.

A short overview of the German Social Code (SGB)

The basic tenets of our social law are the equal treatment of all persons under the law, as well as caring for those in need. The social and health benefits and the conditions for receiving them are summarised in the Social Code, the German "Sozialgesetzbuch" (SGB):

Book I.	General Portion
Book II.	Basic provision for jobseekers
Book III.	Promotion of employment
Book IV.	Joint regulations for social insurance
Book V.	Compulsory health insurance
Book VI.	Compulsory pension insurance
Book VII.	Compulsory accident insurance
Book VIII.	Child and youth welfare
Book IX.	Rehabilitation and inclusion of disabled persons
Book X.	Social administrative processes and social data protection
Book XI.	Social nursing care insurance
Book XII.	Social welfare

The fundamentals are documented in SGB I § 1:

1 Purposes of the Social Code

1. The purpose of the laws of the Social Code is to develop social benefits, including social and child-care aid, intended to attain social equality and social security. It is intended to help

- ensure a dignified life
- create equal conditions for the free development of personality, in particular for young people
- protect and foster the family
- enable persons to earn a living with employment of their choosing, and
- mitigate or compensate for unusual life burdens, also by helping people to help themselves.

2. The laws of the Social Code are also intended to ensure that the social services and facilities required to fulfil the responsibilities listed in Section 1 are available on time and to a sufficient extent.

Information on social benefits is contained in §§ 11-15 (SGB I):

§11 Types of benefits

The object of social laws are the service, material and monetary benefits defined in this code (social benefits). Personal and child-care help is part of those benefits.

§12 Benefit providers

The corporations, institutions and public offices (benefit providers) listed in §§18 to 29 are responsible for providing the social benefits. Their exact spheres of responsibility are defined in the specific sections of the code.

§13 Information
The benefit providers, their associations and other associations of public law listed in this code are obligated to inform the public of their rights and duties under this code as part of their responsibilities.

§14 Counselling
Everyone is entitled to receive counselling on their rights and duties under this code. The benefit providers against which rights are to be asserted or duties are to be fulfilled are responsible for providing this counselling.

§15 Information
1. The responsible bodies under state law, the compulsory health insurance and social nursing care insurance providers are obligated to provide information on all social matters covered by this code.

2. This obligation encompasses information about which benefit provider is responsible for the social benefits, as well as handling all factual and legal questions that may be of importance to the person seeking information, and which the information centre is able to answer.

3. The information centres are obligated to work with one another and with the other benefit providers with the goal of ensuring that comprehensive information is provided by one centre.

Important information

All social benefits are only granted upon application. It is therefore sensible to submit the application early, because – with a few exceptions – requesting benefits retroactively is not possible. The application can be submitted in writing or verbally. For the written application, you can use templates if available, or submit an "informal" request. It is usually more sensible to fill in the pre-printed forms, as they request all the data that are important for checking the eligibility for benefits.

The applicant is obligated to provide information on their situation, as the requested benefits depend on their personal situation. This also includes informing the institutions from which they receive assistance of any changes in their living situation without being requested to do so. This may change the scope of the supporting benefits. If a person fails to comply with this obligation, they must be prepared to face negative consequences.
A case worker responds to the application in writing or verbally. If the applicant is not satisfied with the verbal response, they can demand to be provided with a written notification.

Should an applicant feel that the decision on their application was wrong, meaning their request was granted only partially or not at all, they can file an objection. The period during which an objection can be filed is listed in the "Rechtsbehelfsbelehrung" (information on available legal recourse) and is usually four weeks. If a notification has no such information or the information is incorrect, the objection period extends to one year (§§ 36 and 62 SGB X in connection with § 66 of the German Social Courts Act (Sozialgerichtsgesetz, SGG). If the deadline is missed, the decision that was already communicated applies. In such cases, the only recourse is to submit a new application, which, however, will not take into account the elapsed time. If the notification in response to the objection also seems to be incorrect, the applicant can file a complaint with the Social Courts.

Often, the applicant is not clear about which rehabilitation provider is responsible for benefits regarding participation (§ 5 SGB IX), such as medical or occupational rehabilitation. By law (§14 SGB IX), the rehabilitation provider (pension insurer, employment agency, health insurer, etc.) from whom the benefit was requested must determine within 14 days whether they are responsible for the requested benefit under applicable law. Further information on this issue is available in the Joint Recommendation Rehabilitation Process (Gemeinsamen Empfehlung Reha-Prozess) by the German National Association for Rehabilitation (Bundesarbeitsgemeinschaft für Rehabilitation) (www.bar-frankfurt.de).

Data protection: All information provided to the authorities is kept confidential and is subject to data protection.

Your options under social law at a glance

Severely disabled person's pass § 69 Section 5 SGB IX City or district administration

Early support § 30 SGB IX
Social and health services departments

Tax advantages
Tax authority

1. Standard deduction for physically disabled persons § 33b EStG (Income Tax Act)
2. Extraordinary financial burden § 33 EStG
3. Standard deduction for motor vehicle costs § 33 EStG
4. Standard deduction for nursing care § 33b Abs. 6 EStG
5. Exemption for employing domestic help § 33a Section 3 EStG
6. Exemption from motor vehicle tax § 3a KraftStG (Motor Vehicle Tax Act)

Health insurance benefits (SGB V)
Health insurer

1. Reimbursement of transportation costs § 60 SGB V
2. Domestic help § 38 SGB V
3. Home nursing care § 37 SGB V
4. Therapy and medical aids §§ 32, 33 SGB V
5. Inpatient rehabilitation measures § 40 SGB V / also § 31 SGB VI
6. Illness allowance for illness of a child § 45 SGB V
7. Admission as an accompanying person § 11 Section 3 SGB V
8. Cost assumption for daily transportation in place of admission as an accompanying person
9. Compensation for loss of income as ancillary costs of inpatient treatment
10. Socio-medical aftercare benefits § 43 SGB V

Nursing care insurance benefits (SGB XI)
Nursing care insurance fund

1. Help with in-home nursing care
2. Care allowance
3. Substitute care during holiday or unavailability of the caregiver
4. Nursing care benefit in kind (use of professional caregivers)
5. Combination monetary/in-kind benefit
6. Benefits for the social security of caregivers
7. Subsidies for care-related conversion measures in the residence
8. Caregiving training for families

Youth aid benefits (SGB VIII) Youth services department
Supervision and care for children in emergency situations § 20 SGB VIII

Housing allowance according to the Housing Allowance Act (Wohngeldgesetz WoGG) Housing allowance authority
Increased exemptions and deductions for disability or care dependency (§17 WoGG)

Benefits of the basic provision for jobseekers (SGB II)
Employment agency/Job Centre
Long-term unemployment benefit/social allowance

Social welfare benefits (SGB XII)
Social services department

1. Subsistence allowance
2. Basic provision in old age and in case of reduced earning capacity
3. Integration aid for disabled persons
4. Health support
5. Nursing care support
6. Help with overcoming special social difficulties
7. Help in other life situations

Parking concessions
Road traffic department

1. Parking concessions for persons with exceptional limitation of mobility (code "aG" in the severely disabled person's pass)
2. Parking concessions outside of the aG regulation (§ 46 Section 1. Sentence 1 No. 11 Road Traffic Act (Straßenverkehrsordnung StVO)

Aids without legal entitlement

1. Psycho-social services in clinics
2. Marriage, family, parenting counselling centres, municipal providers (e.g. youth services department), Caritas, Diakonie, Kinderschutzbund, independent therapists
3. Counselling and one-time financial aid: Deutsche Leukämie-Forschungshilfe and Deutsche Kinderkrebsstiftung, parents' associations for children and adolescents suffering from cancer, Deutsche Krebshilfe

Book I. Nursing care insurance (SGB XI)

Since 1995, the nursing care insurance programme covers all persons enrolled in compulsory and private insurance in case they become care-dependent. Nursing care insurance coverage is compulsory. Care dependency is not a matter of age. Even children can become dependent on permanent care due to an accident or illness.

In the assessment of care dependency, the second Law to Strengthen Nursing Care (Pflegestärkungsgesetz) enacted in 2017 no longer focuses on needs and dependency, but on the person and their abilities. It aims to answer the key question of how independently a person can lead their life without help and support from others, what resources they have, and where they need assistance.

This is the legal definition in § 14 SGBXI: A care-dependent person is one "who is not able to independently compensate for or cope with physical, cognitive or psychological impairments or health-related stresses or requirements". The care dependency must be long-term, expected to last at minimum six months.

1. Modules of the assessment instrument

The degree of independence is determined by means of an assessment instrument, called NBI, which uses six modules to define existing abilities according to specific criteria. These modules reflect the degree of independence in the six life areas of mobility, cognitive and communicative abilities, behaviours and psychological problems, self-care, independent coping with illnesses and stresses, and the organisation of day-to-day life and social contacts. They thus provide a notion of the person as a whole. The following criteria are applied:

Module 1 - Mobility:

- changing positions in bed
- maintaining a stable sitting position
- repositioning the body
- mobility within the residence
- negotiating stairs

Module 2 - Cognitive and communicative abilities:

- recognising persons in one's immediate environment
- spatial orientation
- temporal orientation
- remembering key events or observations
- controlling multi-step everyday activities
- making everyday decisions
- understanding situations and information
- recognising risks and hazards
- communicating elementary needs
- understanding prompts
- taking part in a conversation

Module 3 - Behaviours and psychological problems

- behavioural problems related to motor skills
- restlessness at night
- self-damaging and auto-aggressive behaviour
- damaging of objects
- physically aggressive behaviour towards other persons
- verbal aggression, other care-relevant vocal problems
- rejection of care measures and other support activities
- delusions
- fears
- lethargy combined with an overall depressed mood
- socially inadequate behaviours
- other care-relevant inadequate behaviours

Module 4 - Self-care

- washing the front upper body
- personal hygiene of the head
- washing the genital area
- showering and bathing including washing the hair
- dressing and undressing the upper body
- dressing and undressing the lower body
- preparing food ready-to-eat and pouring drinks
- eating
- drinking
- using a toilet or commode chair
- coping with urinary incontinence and handling a permanent catheter and urostoma
- coping with stool incontinence and handling a stoma
- feeding parenterally or via gastric tube
- presence of severe problems with food intake in children up to 18 months, creating a need for unusually intensive care

Module 5 - Coping with and independent handling of illness or treatment-related requirements and stresses:

- medication
- injections
- caring for intravenous accesses
- suctioning and oxygenation
- embrocations as well as cold or warm applications
- measurement and interpretation of physical conditions
- treatment aids on the body
- changing bandages and wound management
- care of a stoma
- regular disposable catheterisation and use of laxative methods
- treatment measures in the home environment
- time and technology intensive measures in the home environment
- doctor's visits, visits to other medical or therapeutic facilities, prolonged visits to medical or therapeutic facilities
- visits to facilities for early support of children
- maintaining a diet or other illness or treatment-related behavioural requirements

Module 6 - Organisation of daily life and social contacts:

- organising the daily routine and adapting to changes
- resting and sleeping
- occupying oneself
- planning future activities
- interacting with persons in direct contact
- maintaining contacts with persons outside of the immediate environment

2. Evaluation of independence

In each module, as part of the assessment process, the Medical Service (Medizinischer Dienst) assigns points for each criterion depending on the level of independence. (Fig. 1)

Independent	Mostly independent	Mostly dependent	Dependent
Activities can be carried out alone, possibly with aids	Activities can be carried out largely independently The caregiver provides: prompts, preparation/laying things out, takes on specific sub-steps	Few activities can be carried out independently The caregiver provides: constant instruction/ motivation, takes on sub-steps	Activities cannot be carried out independently, not even in part
0 *	1 *	2 *	3 *

As an example, this is the assessment of independence with regard to using stairs:

- If a person can walk up stairs without help in an upright position, they are considered independent. If they walk up the stairs alone, but need to be accompanied due to a risk of falling, they are mainly independent. If they are supported and/or held while walking up stairs, they are mainly dependent. If they are carried or moved with an aid, they are completely reliant on help and are considered dependent.

The points in each module are added together. For calculating the total points, the modules are weighted differently depending on their significance for day-to-day life. For example, the self-care module is weighted most strongly:

Mobility	10%
cognitive and communicative abilities as well as behaviours and psychological problems	15%
Self-care	40%
Coping with and independent handling of illness or treatment-related requirements and stresses	20%
Organisation of daily life and social contacts	15%

3. Care levels

The total number of points assigned determines the degree of care dependency and thus the care level. There are five care levels. As a general rule, the higher the care level, the more limited the person is in their independence and the more support they need.

Care level		Total points
1	Minor impairment of independence or abilities	12.5 – 27
2	Major impairment of independence or abilities	27 – 47.5
3	Severe impairment of independence or abilities	47.5 – 70
4	Most severe impairment of independence or abilities	70 – 90
5	Most severe impairment of independence or abilities with special care requirements	90 – 100

In addition to the six modules, the assessment process also addresses the two areas "out-of-home activities" and "household management". Though these are not relevant for calculating the care level, the information serves to define the need for assistance more precisely and to help with planning the care.

The care dependency of children and adolescents is generally determined by the same principle as the assessment of adults.

However, different standards are applied to children under the age of eleven. The child's age on the day of the assessment is relevant. The assessment of independence is based on the deviation of the child's abilities from those of healthy children who are appropriately developed for their age. This is to account for the fact that children learn abilities in development steps and develop independence that way.

Looking at, for instance, the aspect of walking stairs in the Mobility module, a child of less than 15 months is always considered dependent. A healthy, normally developed child can walk stairs on their own from an age of two years and six months. The Guidelines of the GKV-Spitzenverband for determining care dependency according to SGB Book XI, which went into effect on 1 January 2017, contains tables in Section five which show the age-appropriate degree of independence and the different degrees to which abilities are developed.

There is a special rule that children aged less than 18 months are always rated one level higher. They naturally need help in many areas of their daily lives. Hence, their assessments do not include all of the modules. For one, the problems of food intake are explicitly considered, as they can trigger an unusually care-intensive need for assistance. This could be the case, for instance, if taking in food is accompanied by frequent vomiting or diarrhoea, or if eating is only possible with frequent breaks. Furthermore, the special needs and modules 3 and 5 are addressed. As a result, an infant with a total of 30 points is thus rated at care level 3 instead of care level 2. Once the child reaches the age of 18 months, the child is then transferred to the regular rating without a new assessment.

From the age of eleven, it can generally be assumed that the child's independence is fully developed, so they are subject to the same calculation regulations for assessing their care level as adults.

Another special rule applies to persons who cannot use both arms and legs. They are assigned care level 5, even if they are assessed at less than 90 points.

Persons who received a care allowance before 1 January 2017 were automatically assigned a care level.

from care category	to care level
Care category 0 +	Care level 2
Care category I	Care level 2
Care category I +	Care level 3
Care category II	Care level 3
Care category II +	Care level 4
Care category III	Care level 4
Care category III +	Care level 5
Care category III – hardship	Care level 5

This process is subject to comprehensive grandfathering and deterioration protection: The transferred care level is always valid permanently. If a lower care level is determined in the future, the care recipient remains in the transferred care level. If the care level increases, new regulations apply. Only if it is determined that there is no longer any care dependency whatsoever according to the regulations valid from 1 January 2017 will the care insurance benefits be discontinued for the future.

For unpaid caregiving by a family member in their own home or that of the care recipient, starting in 2021 caregivers receive a newly introduced standard tax deduction of 600 euros for care level 2, and 1,100 euros for care level 3 instead of the tax reduction according to § 33. The care deduction for care levels 4 and 5 is increased to 1,800 euros. This standard care deduction can be applied as a tax reduction as part of the income tax declaration using the form for claiming exceptional financial burden (Außergewöhnliche Belastungen).

4. Prerequisites and benefits

An applicant is eligible for nursing care insurance benefits if they were covered by care insurance or family health insurance for at least two years during the last ten years prior to submitting the application. For family-insured children, this requirement is fulfilled if one parent can provide proof of insurance.

Nursing care benefits are applied for with the request for determination of a care level by the care insurance. The benefits are granted from the day the application is submitted, not retroactively.

Once the application is received by the nursing care insurer, they instruct the Medical Service (MD) to determine the level of care dependency if the applicant is enrolled in compulsory health insurance. The Medical Service used by private health insurance companies is called MEDICPROOF.

The Medical Service assesses the care dependency. To do this, they visit the care recipient in their home environment or their inpatient facility. This visit is announced in advance.

The assessment follows the guideline called "Richtlinien zum Verfahren der Feststellung von Pflegebedürftigkeit sowie zur pflegefachlichen Konkretisierung der Inhalte des Begutachtungsinstruments nach dem Elften Buch des Sozialgesetzbuches" (Guideline on the process of determining care dependency and on the professional definition of the content of the assessment tool as defined by Book XI SGB) issued by the GKV-Spitzenverband. The assessment guidelines – BRi can be downloaded at www.mds-ev.de.

The nursing care insurer determines the care level based on the assessment and informs the applicant in writing of the decision regarding care dependency. As a rule, the notification of the result will include the MD's assessment in order to make the assignment of the respective care level transparent and understandable. If the care recipient does not agree with the assigned care level, they have the option of objecting to the notification within one month.

According to the guidelines, the result of the assessment process should be available after five weeks at the latest. If the application is submitted during an inpatient treatment phase, the assessment period is shortened to one week.

The amount of the respective care benefits depends on the care level determined by the MD. If the care recipient remains in their usual home environment, they receive outpatient benefits. If they move their residence to a care facility, they receive full inpatient benefits.

Tip: It is helpful to keep a care journal to obtain a clear understanding of which care measures the child needs during the day and night.

With regard to outpatient care, the care recipient can choose between:

- care benefits in kind (e.g. provided by professional caregivers of an outpatient care services provider) and
- care allowance benefits (e.g. when being cared for by family members or independently organised caregivers).
- with the combination benefits, the care allowance and benefit in kind can be combined at any desired percentage.

Another flexible option to ensure in-home care is daytime or nighttime care of a care-dependent person. In this care, the care-dependent person is generally cared for at home, but partly in a facility, either during the day or night. The care insurance fund provides benefits of up to 1,995 euros per month depending on the care level. Care allowances or care benefits in kind for in-home care are provided in their entirety. In addition, in-home care recipients are also eligible for a relief allowance of up to 125 euros per month.

This amount is to compensate for expenditures for support with day-to-day needs. This support can be provided by a recognised service provider, or the care insurance fund reimburses the amount as part of neighbourhood assistance. A prerequisite for this benefit is that the helping person can provide evidence of a suitable qualification – including at least caregiving training as defined in § 45 of Book XI SGB. These services can take many forms and are intended to ease the burden on family members.

These are some examples:

- counselling and training of caregiving family members,
- supervision on an hourly basis,
- maintaining social contacts,
- support with household tasks and household assistance (domestic services),
- occupational therapy with ergotherapists,
- bedside watch,
- reading aloud of books, newspapers, etc.

The relief allowance can be claimed within the respective calendar year. If the benefit is not fully used up in one calendar year, the unused amount can be transferred into the following calendar year. (Fig. 2/3)

Care benefits 2022					
Care level	Outpatient monthly benefits		Inpatient benefits	Inpatient day or night time care	Relief allowance acc. to § 45 b
	Monetary benefit	Benefit-in-kind			
1	-	-	125 euros	-	125 euros
2	316 euros	724 euros	770 euros	689 euros	125 euros
3	545 euros	1,363 euros	1,262 euros	1,298 euros	125 euros
4	728 euros	1,693 euros	1,775 euros	1,612 euros	125 euros
5	901 euros	2,096 euros	2,005 euros	1,995 euros	125 euros

Fig. 2

Substitute care and short-term care 2022 (amounts per calendar year)			
Care level	Commercial care substitute in the usual environment	Care substitute by close relatives in the usual environment	Short-term inpatient care
	Expenditures up to 6 weeks per calendar year		Expenditures up to 8 weeks per calendar year
1	-	-	Entitlement only through relief benefit
2	1,774 euros	474.00 euros	1,774 euros
3	1,774 euros	817.50 euros	1,774 euros
4	1,774 euros	1,092.00 euros	1,774 euros
5	1,774 euros	1,351.50 euros	1,774 euros

Fig. 3

5. Substitute care

If a situation arises where a caregiving family member needs someone to stand in for them for a few hours, days or weeks because they are ill themselves, have to go to other appointments or just need some time off, they are eligible for substitute care.

In the home, this ensures that care can be provided by a care service or a private person. Expenditures for the benefit-in-kind provided by a care service and loss of earnings, or the travel expenses of a private person can be submitted to the care insurance company after the fact. Substitute care does not need to be approved in advance; however, the care recipient must have been cared for by a family member for at least six months. Caregivers are eligible for 1,774 euros for a maximum of 42 calendar days per calendar year. When a caregiver is unable to provide care, care recipients from care level 2 receive half their care allowance for up to six weeks. Half of the short term care allowance (see next section) can be transferred to substitute care.

If in-home care cannot be ensured by a caregiving family member or substitute care for a limited period of time, it is possible to place the care recipient in an approved inpatient care facility for a limited duration as part of short term care.

Care recipients in care levels 2 to 5 are eligible for short term care of up to eight weeks. The maximum benefit amount is 1,774 euros, which can be increased by the amount of the substitute care. The nursing care insurance funds only assume part of the costs for care. Costs for lodging and meals must be borne by the care recipients themselves.

Other benefits provided by the care insurance programme include:

- technical care aids (e.g. care bed, transfer aids),
- consumable care materials up to 40 euros per month (single use items like gloves, bed pads, face masks),
- subsidies for care-related conversion measures in the home up to 4,000 euros per measure,
- free care training for family members and volunteer caregivers.

6. Social security of caregivers

Caregivers who do not provide care professionally (e.g. family members or neighbours) are provided with social security benefits. The care insurer pays pension contributions for in-home caregivers who provide care of at least ten hours per week on at least two days, and who do not work for more than 30 hours per week. The amount of the contributions depends on the care level. In addition, all caregivers are covered by compulsory accident insurance during this time without having to pay contributions.

Caregivers can be covered by unemployment insurance according to SGB III. This does require, however, that the caregiver was enrolled in mandatory unemployment insurance directly prior to the caregiving activity, or drew benefits as defined by SGB III (e.g. unemployment benefits), unless they are already enrolled in unemployment insurance (e.g. through part-time employment). After the end of the caregiving activity, the caregivers thus have the option to apply for unemployment benefits and receive job placement benefits.

Care insurance benefits are not taken into account as income for purposes of social benefits and benefits under the Act on Benefits for Asylum-Seekers, which are granted dependent on other sources of income.

In the determination of support claims and obligations of caregivers, monetary amounts provided by care insurers are taken into account as an exception only (§ 13 Section 6 SGB XI).

7. Employment and caregiving

Caring for a dependent person is not always easy for working persons. The law on compatibility of family, care and employment provides temporal flexibility and regulates financial support.

Employees receive ten days of paid care leave if they have to care for a close relative in an acute care situation and do not miss work for more than ten days. This entitlement applies to every employee, regardless of the size of the company. The loss of earnings is compensated for by the compulsory care insurance of the family member by paying a care support allowance in the amount of 90 percent of the lost net income. To care for a sick child, parents are not eligible for a care support allowance until they can claim no further child illness allowance as defined in § 45 SGB V. The child illness allowance takes precedence over the care support allowance.

Employees can request partial or full work release from their employer for up to six months in order to care for a care-dependent close relative at home. However, this eligibility to be released from work by the employer only applies in companies with more than 15 employees. To ensure the caregiver's livelihood, they can request a no-interest loan from the Federal Ministry for Family and Civil Society (Bundesamt für Familie und zivilgesellschaftliche Aufgaben). The term "close relative" encompasses family members like parents and grandparents, as well as step parents, brothers/sisters-in-law, non-married life partners. To care for a family member, the family care leave

regulation allows employees to reduce their working hours to up to 15 hours per week for a period of up to 24 months. This is possible in companies with more than 25 employees and only with the consent of the employer.
Persons who care for a close family member during their final phase of life are eligible for partial or full release from work for up to three months.

This is not limited to in-home care – the care recipient can be in a hospital or hospice. As for care leave, caregivers are eligible for a no-interest loan to secure their livelihood.

When employees care for a family member, they enjoy special protection from termination, similar to that during maternity or parenting leave. The protection from termination begins as soon as the employee requests the short-term work release, during their care activity or care leave, and continues until the end of the care activity or care leave.
Health and care insurance coverage during care periods can be provided as part of family insurance coverage. If this is not possible, the caregiver must voluntarily enrol in health insurance and pay the minimum contribution. Upon request, the care insurer reimburses the caregiver for health and care insurance contributions up to the amount of the minimum contribution. Coverage in unemployment insurance remains active. The care insurance assumes the contributions to unemployment insurance.

8. Care counselling as a support tool for the care-dependent person

Care-dependent persons have a legal entitlement to aid and support by care counsellors. These are employees of the care insurance companies, care support centres, senior and care counselling centres, and private care counsellors who

- help with filling out applications,
- determine and analyse care dependency, taking into account the findings of the assessment conducted by the MD,
- develop an individual care plan (incl. needed social benefits),
- ensure that the care plan is carried out,
- ensure proper documentation.

In all these matters – and also for example regarding filing an objection, applying for substitute care, etc. – care recipients can also obtain advice from any care services provider (that is independent of the care insurance companies). However, one should clarify in advance whether the counselling is free. See also “Ratgeber für Menschen mit Behinderung” (Guidebook for persons with disabilities), 2021 Edition, Bundesministerium für Arbeit und Soziales (Federal Ministry for Labour and Social Affairs) (www.bmas.de).

9. Recommendations in the assessment process

As part of their assessment, the assessors give recommendations on:

- prevention or rehabilitation benefits
- aids/care aids
- measures to improve the home environment
- changes/improvements to the care situation
- counselling by care insurance/care support centres

These recommendations are weighted equally in an application, and if the care-dependent person agrees to the process, the care or health insurer steps in, usually without a new assessment.

Book II. Benefits provided by compulsory health insurance (SGB V)

The benefits provided by the compulsory health insurance (GKV) are listed in Book V of the Social Code (SGB V) The compulsory health insurance companies are charged with restoring the health of insured persons and providing them with benefits according to the generally approved standards of medical treatments.

1. Co-payments and maximum financial burden

As a rule, a co-payment of ten percent of the costs is charged for all benefits. However, the maximum amount is ten euros and the minimum is five euros. To avoid undue financial strain, the co-payments are capped at an individual maximum financial burden amount. Once a person has reached their maximum financial burden, the health insurance company issues a certificate exempting the patient from co-payments for the rest of the calendar year. In each new year, the insured person again has to pay co-payments up to the individual financial burden amount.

Children and adolescents under the age of 18 are exempt from all co-payments, except for travel costs, tooth replacement and orthodontic treatments.

The maximum financial burden is two percent of the gross income of all family members (spouses, registered partners, family-insured children) living together in one household.

The family income includes the incomes of all family members, e.g. wages and salaries, unemployment allowance, illness allowance, income from self-employment, capital earnings, income from rentals and leases. Child allowance, care allowance parenting allowance and blind person's allowance, student loans (BAföG), housing allowance, as well as all other subsidies for specific purposes which are granted for additional financial needs due to damage or disability are not taken into account when calculating the maximum financial burden. The income of adult children who have their own insurance coverage (e.g. through drawing a half-orphan pension or through vocational training) are also not taken into account when determining the family income. Exemptions for a spouse and children are deducted from the family income. To determine the maximum financial burden, co-payments of all family members are taken into account.

Children who have their own insurance coverage are considered separately when determining the maximum financial burden. For recipients of social welfare or long-term unemployment benefits (Arbeitslosengeld II) the regular rate of the head of household is used as the calculation base for the maximum financial burden. Chronically ill patients who undergo ongoing treatment for the same severe illness are obligated to pay co-payments in the amount of 1% fo their gross income per calendar year.

This "chronic regulation" states that a patient is considered chronically ill if they receive permanent medical care (proven by one doctor's visit because of the same illness per quarter) and also satisfy one of the following criteria:

- The patient is rated care dependent at care level 3 or higher (SGB XI).
- They are rated at least 60% disabled (Grad der Behinderung, GdB).
- They have a certified reduced earning capacity (Erwerbsminderung, MdE) of at least 60%.
- They require continuous medical care (treatment by a doctor or psychotherapist, medication therapy, treatment care, supply with therapy and medical aids). Without these treatments, life-threatening worsening of the disease, reduction of life expectancy or permanent detriment to quality of life are to be expected.

As soon as one family-insured family member suffers from a severe chronic illness, the maximum financial burden of one percent applies to all family members.

The continuation of the permanent treatment must be proven to the health insurance company no later than the end of the second year. An assessment by the Medical Service of the health insurance companies is possible and can be ordered. This proof can be waived if the necessary determination of a severe chronic illness has already been certified once by a doctor's certificate and there is no indication of any significant change.

Recipients of long-term unemployment benefits can be exempt from co-payments when they reach the maximum financial burden according to § 61 and § 62 SGB V. In 2022, the two-percent maximum burden is 107.76 euros, the one-percent maximum burden is 53.88 euros.

Calculation of the co-payment limit:

The limit is based on the gross income of the insured person and their family members living in the joint household. To determine the maximum financial burden, exemption amounts are deducted from the gross annual household income for every family member.
The exemptions for 2022 are:
5,922 euros for the first family member,
8,388 euros for every family-insured child.

Example:
Sole wage earner, married (joint tax return), two children, gross income of 40,000 euros per year:

Gross income	40,000 euros
Spouse exemption	- 5,922 euros
Children exemption	- 16,776 euros
17,302 euros	
Annual co-payment amount: (maximum financial burden of 2%)	346.04 euros
("chronically ill" maximum financial burden of one percent)	173.02 euros

To calculate your overall situation, please contact your health insurance company. The maximum burden is always calculated for the calendar year. At the end of the year, the health insurance company reimburses the amount exceeding the maximum financial burden.

Important information

Request co-payment receipts marked with your name. File these receipts carefully and present the collected receipts to the health insurance company.

2. Transportation costs (§ 60 SGB V)

The benefits provided by the compulsory health insurance (GKV) also include reimbursement of transport costs related to medically necessary services.

The health insurer covers costs for transports if they are absolutely necessary for medical reasons in connection with a benefit provided by the health insurance, the patient cannot take a bus or train or their own car, and the transport was prescribed by a doctor. There is a distinction between transports not requiring approval and transports requiring approval.

2.1 Transport not requiring approval

These are transports:

- to inpatient treatments. Also applies to treatments in preparation for and follow-up of inpatient treatments.
- emergency transport to a hospital
- transport to a hospice
- transport of patients with limited mobility to an outpatient treatment facility with a taxi or rental vehicle.

This last point applies to care-dependent persons with care level 4 or 5, as well as care-dependent persons with care level 3 if their mobility is permanently impaired.

Severely disabled persons with one of the following codes in their severely disabled person's pass: "aG" for exceptional walking impediment and/or "Bl" for blindness and/or "H" for helplessness.

2.2 Transport requiring approval

Costs for transport to outpatient treatment facilities are only assumed by the health insurance company in case of special exceptions when it is deemed absolutely medically necessary. They must be prescribed by a doctor and generally approved by the health insurance company before the transport.

Prerequisites for a prescription and approval are:

- all transports requiring an ambulance (Krankentransportwagen – KTW). This also applies to KTW transports to outpatient treatment facilities for patients with the codes "aG", "Bl", "H", care level 3 with permanent mobility impairment, care level 4 or 5.
- transports for patients who require high-frequency treatments over an extended period of time. High-frequency treatments include:
  - › oncological radiation therapy
  - › parenteral antineoplastic medication therapy/parenteral oncological chemotherapy
  - › dialysis treatment
- transports for patients in comparable exceptional cases.

The co-payment regulations on prescribed transport costs follow the regulations defined by law, i.e. a co-payment of ten percent of the costs, at least five euros, no more than ten euros per transport, but never more than the actual costs,must be paid by the insured person themselves.

For series treatments, e.g. outpatient chemo or radiation therapy, different health insurers have different co-payment options. They may require co-payments for the first and last transport or for all transports. There is no general co-payment exemption for children.

2.3 Transport to medically necessary visits

There is no legal entitlement to reimbursement of costs for transports to visits. If a doctor's certificate is submitted, the costs may be assumed by the health insurance. The co-payment regulations apply. If the health insurer does not reimburse transportation costs, they can be tax deducted as an exceptional financial burden.

Important information

This is a "voluntary" benefit and is at the discretion of the health insurers.

3. Entitlement to work release and illness allowance due to illness of a child (child care illness allowance § 45 SGB V)

If a child under the age of twelve requires care according to a doctor's certificate, the working parent who will provide the care and must miss work can apply for an illness allowance. This option is available for up to ten days per year and for children covered by the compulsory health insurance, as long as there is no entitlement to paid work release from the employer. Another prerequisite is that no other person living in the insured person's household can assume the supervision or care of the child.

If both parents work, each parent is entitled to ten days; for single parents, the entitlement doubles to 20 days. If there are several insured children, the entitlement is limited to a total of 25 working days per parent, or 50 days for single parents.

For the duration of entitlement to the illness allowance, employees are entitled to unpaid work release from their employers. They must therefore submit the doctor's certificate to their employer. If both parents work for the same employer, they can transfer their entitlements to one another (after consulting with the employer).

Recipients of an unemployment allowance are entitled under § 126 Section 2 SGB III to continued benefits if they must supervise and care for a sick child according to a doctor's certificate. The prerequisites and benefit duration are identical to the benefits provided by the compulsory health insurance for a child's illness.

For cases where a child suffers from a severe, incurable disease with short life expectancy, the law on securing the supervision and care of severely ill children (Gesetz zur Sicherung der Betreuung und Pflege schwerstkranker Kinder) (§ 45 Abs. 4 SGB V) has established an entitlement to an illness allowance for one parent for an unlimited amount of time. Prerequisites are enrolment in compulsory health insurance and entitlement to an illness allowance. This entitlement applies regardless of whether another person living in the household could take on the supervision and care of the severely ill child. This

means it is possible for the working parent to request the benefit, even if the other parent is not working and usually takes care of the child. The child must be less than twelve years old at the time when the request is submitted. If the child is disabled and dependent on care, the benefit can also be requested after the child has turned twelve years old.

Employees have an unlimited entitlement to unpaid work release. This entitlement also applies to employees who are not enrolled in compulsory health insurance.

If recipients of an unemployment allowance are not granted unlimited continuation of benefits under § 126 SGB III, the health insurer can satisfy the illness allowance entitlement.

4. Admission of an accompanying person (§ 11 SGB V)

For medical and psychological reasons, an accompanying person can be admitted with the sick child as an accompanying person during inpatient treatments (both during the treatment at the hospital and during inpatient follow-up care). This can be a parent or another family member, or another person appointed by the legal guardians. The health insurer can demand a doctor's certificate justifying the necessity of the admission. If this can be justified, the health insurer reimburses the hospital for the costs of lodging and meals for the accompanying person. If it is not possible to accommodate the accompanying person, e.g. due to spatial restrictions, a solution must be found in cooperation with the insurer on a case-by-case basis.
If it is not possible for the accompanying person to be admitted for family, psychological, spatial or other reasons, the health insurer can reimburse the costs of daily transportation instead of admission as an accompanying person. This requires a doctor's certificate.

If the only available accompanying person is a working parent, and the medical necessity of admitting that accompanying person during the inpatient treatment is certified, the parent can request compensation for loss of earnings as ancillary costs of the inpatient treatment from the health insurer. This is not the child care illness allowance, but an entitlement based on § 11 Section 3 SGB V for the duration of the necessity of inpatient treatment. (See the discussion results of the central associations of health insurers of 28/29 March 2001).

Important information

Contrary to the "child care illness allowance" (§ 45 SGB V) the accompanying persons are not legally entitled to a work release from their employer. In addition, no social insurance contributions are paid with this reimbursement of lost earnings.
Hence, in case of reimbursement of more than 28 days, the period required to maintain membership ("mitgliedserhaltende Versicherung") is exceeded. I.e., from the 29th day onwards, the accompanying person must pay contributions to the health insurance themselves. Hence, it is absolutely necessary to arrange a solution for payment of the health insurance contribution before the end of the 28-day period.

5. Domestic help (§ 38 SGB V)

The health insurance can provide domestic help if the insured person or their spouse are receiving inpatient treatment at a hospital. This applies accordingly for cases where a child is receiving inpatient treatment and the admission of a parent as an accompanying person becomes necessary, and the other parent is absent due to work. The prerequisite for the "domestic help" benefit is always that there is a child living in the household who is less than twelve years old or is disabled and/or dependent on assistance. As part of their additional benefits, some health insurers have raised this age limit to children under 14 living in the household.

This entitlement does not apply if another person living in the household can take on the housekeeping tasks. Depending on the respective health insurance statutes, the legal regulations can differ (e.g. higher age limits, limitation of duration of benefit).

The health insurance must reimburse the costs up to a reasonable amount for domestic help which the insured person has arranged on their own and who is not related to them by blood or marriage. Depending on the health insurer's statute, different hourly wages up to a daily maximum amount are reimbursed. In any case, the arrangement must be cleared with the health insurer in advance. If the domestic help works for longer than two months or 50 working days, the employment becomes insurable in the social insurance programme.

For relatives by blood or marriage up to the second degree, the required transportation costs and possibly loss of earnings can be reimbursed. If a parent takes unpaid leave for the duration that the household must be maintained, the health insurer reimburses the amount they would otherwise have paid for domestic substitute help arranged by the insured person. A substitute can also be arranged by the health insurer.

If domestic help is approved, the insured person must bear a daily co-payment of ten percent of the costs, at least five euros but no more than ten euros.

If the health insurer refuses the requested benefits or if the approved benefits for domestic help are not sufficient to ensure the supervision and care of children in the household, it is possible to apply for "benefits for the supervision and care of children in emergency situations" (Leistungen zur Betreuung und Versorgung von Kindern in Notsituationen) from Child and Youth Services (§ 20 SGB VIII – Child and Youth Aid). In this case, the parents must prove that they cannot finance additional domestic help services themselves.

6. Home nursing care (§ 37 SGB V)

To shorten a hospital stay or to ensure that the outpatient medical treatment objectives are met at home, the health insurer can approve in-home nursing care. This can consist of basic care (help with personal hygiene, eating and mobility) and/or treatment care (e.g. administering medication, injections, changing wound dressings) or domestic care (e.g. cooking, cleaning, shopping) provided by suitable care professionals.

The entitlement to in-home nursing care only applies if the persons living in the household cannot care for the sick person. In-home nursing care for basic care and/or domestic care is approved when there is a need for treatment care at the same time. If care dependency is determined according to SGB XI, the basic care benefits must be provided by the care insurer.

7. Socio-medical aftercare benefits (§ 43 Abs. 2 SGB V)

The health insurer can approve socio-medical aftercare benefits after the end of inpatient acute care or a rehabilitation measure for severely ill or chronically ill children under the age of 14, in particularly severe cases under the age of 18, who are insured with one of the compulsory health insurers.

These benefits are intended as self-help assistance and their type, duration and extent depends on the severity of the illness and the family's need for assistance. The aftercare benefits include the assessment of care needs, preparation and coordination of outpatient medical, therapeutic, medical-technical and nursing care benefits, as well as instruction and motivation to accept the prescribed treatments.

This is intended to promote understanding of the illness, mitigate fears connected with care, and provide support for coping with day-to-day challenges and illness-related care tasks.

8. Co-payments at a glance

Health insurance benefits	Co-payments	Maximum financial burden, exemption/exceptions
Medications and wound dressing materials	Co-payment of 10% of the price, at least 5 euros and no more than 10 euros per item, but no more than the cost of the item	• Maximum financial burden • Children exempt
Hospital treatment for insured persons 18 or older	10 euros per day, for no more than 28 days per calendar year	• Maximum financial burden • Children exempt
Transportation costs for outpatient treatment	100% of costs, regardless of age Exception: For urgent medical reasons, the health insurer can grant approval in special cases and assume the transportation costs. In this case, the following co-payment regulation applies: 10% of costs, at least 5 euros, no more than 10 euros per transport, but no more than the actual costs	• Maximum financial burden
Travel costs for or instead of inpatient hospital treatments, emergency transport, ambulance transport	Co-payment of 10% of costs, at least 5 euros, no more than 10 euros per transport, but no more than the actual costs	• Maximum financial burden
Therapy measures (e.g. massages, physical therapy)	Co-payment of 10% of the costs, plus 10 euros per prescription	• Maximum financial burden • Children exempt
Care aids (e.g. sanitary pads, bandages)	Co-payment of 10% of the price, at least 5 euros and no more than 10 euros per item, but no more than the cost of the item	• Maximum financial burden • Children exempt
For use of domestic help or socio-therapy	Co-payment of 10% of the daily costs, but no more than 10 euros and at least 5 euros	• Maximum financial burden
For use of in-home nursing care	Co-payment of 10% of the daily costs, but no more than 10 euros and at least 5 euros	• Maximum financial burden • Children exempt
Inpatient preventive and rehabilitation measures	10 euros per day, for no more than 28 days per calendar year	• Maximum financial burden • Children exempt
Follow-on rehabilitation and mother-father rehabilitations	10 euros per calendar day	• Maximum financial burden • Children exempt
Tooth replacement	Fixed subsidy of 50% of the costs of regular treatment Additional entitlement to bonus subsidies for regular check-ups, 20% after 5 years, 30% after 10 years	• Hardship regulation (upon application)

Book III. Special regulations on the inclusion of severely disabled persons (SGB IX)

According to the legal definition, a person is considered disabled if their physical functions, cognitive abilities or mental health differ from a state typical for their age for longer than six months, so that their participation in community life is impaired.

To allow disabled persons to fully participate in social life, avoid disadvantages and promote their self-determined way of life according to their abilities and inclinations, they are eligible for rehabilitation and participation benefits.

These benefits can be obtained from different providers. These can be health, pension and accident insurers, the federal employment agency (Bundesagentur für Arbeit), social and youth welfare organisations and the integration offices. Benefits are divided into medical rehabilitation, participation in working life, participation in community life, benefits to ensure a person's livelihood and other complementary benefits. The respective providers must determine who is responsible for each case. Advance counselling by social services is helpful for the applicant.

To take advantage of certain rights and aids in working life, and to receive compensation for disability-related disadvantages, a disability and the degree of disability must be determined. This determination is certified in a disabled person's pass.

1. The severely disabled person's pass

The request to determine a disability and the degree of disability is submitted to the offices for social affairs[1]. They issue the severely disabled person's pass. The degree of disability (Grad der Behinderung - GdB) is expressed in levels from 20 to 100. Persons with a GdB of at least 50 are considered severely disabled.

For children, adolescents and young adults suffering from leukaemia or a malignant tumour disease, determination of a severe disability can be requested (§ 69 Section 5 SGB IX).

Application forms are available from the offices for social affairs. A freeform application can also be submitted. If possible, doctor's reports and diagnoses should be submitted with the request in order to shorten the processing time. The office checks the available diagnoses and determines the degree of disability based on the German Pension Medical Ordinance "Versorgungsmedizin-Verordnung" (VersMedV) and its Annex "Versorgungsmedizinische Grundsätze" (Pension Medical Principles). The Versorgungsmedizinische Verordnung can be downloaded at www.bmas.de.

[1] Depending on the state, different authorities are responsible for the application process. The psycho-social services of the treating hospital will be able to provide the contact information and address of the responsible contact centre.

There are different forms of compensation for disadvantages for disabled persons. Apart from the determination of the GdB, the responsible authority also determines the health-related prerequisites for "compensation for disadvantages". These are noted in the disabled person's pass and are the basis for certain discounts in different areas of life. As a rule, they require a GdB of at least 20. Disabled persons with a GdB of less than 50 but at least 30 are to be treated the same as severely disabled persons if, as a result of their disability, they cannot obtain or maintain suitable employment without this equal treatment.

Despite the compensations for disadvantages listed in the following, in cases of adolescents and young adults who are about to complete their schooling and enter vocational training, it should be carefully considered whether it is desirable to have a disability certified and a disabled person's pass issued. Although employing a person with a disability can have lots of advantages for the employer, negative effects during the search for a training or employment opportunity cannot be ruled out.

In particular, the following compensations for disadvantages are possible:

a) Significant impairment of mobility in road traffic (Code G) §146 SGB IX

A person has a significant walking impediment if, due to their disability, they cannot safely walk distances that are generally managed on foot without significant difficulty. The determination entitles them to free use of public transportation with or without co-payment, to a reduced vehicle tax rate, and to aids for reaching their workplace.

b) Exceptional walking impediment (Code aG)

If a disabled person permanently requires the help of another person or it takes enormous physical exertion to move outside of their motor vehicle, they are considered to have an exceptional walking impediment. For more information, see the general administrative regulations on § 46 of the Road Traffic Ordinance (Straßenverkehrsordnung, VwVStVO). In particular, paraplegics, double leg amputees and other persons with similar severe impediments are considered exceptionally walking-impaired.

The code aG entitles them to use specially marked parking spaces, to park in spaces where parking is otherwise not permitted, and to reduced contributions and taxes. Independently of the assignment of code aG in the severely disabled person's pass, people with limited mobility have the option of obtaining special parking privileges by means of an exceptional permit.

To do so, they must submit an application according to § 46 Section 1 Sentence 1 No. 11 StVO. The extent of special parking privileges to be granted and the prerequisites differ from state to state. Information is available from the responsible road traffic authorities.

c) Authorisation for a constant accompanying person (Code B)

Code B certifies that the disabled person is authorised to always be accompanied by another person. This code is assigned to people who regularly require help when using public transportation (e.g. getting on and off, during the transport or because of orientation difficulties due to their disability). This is always to be assumed for paraplegics, blind persons, the severely visually or hearing impaired, persons with mental disabilities or seizure disorders, who are limited in terms of their mobility in road traffic. Code B authorises the free transportation of the accompanying person on public transport.

d) Helplessness (Code H)

A person is considered "helpless" if they permanently require help from another person to a significant extent for common and regularly recurring activities of daily life for longer than six months. In addition to free public transport, code H also entitles the bearer to a special tax exemption. For the duration of cytostatic intensive therapy, children and adolescents are to be considered helpless according to the law on disabilities and the "Versorgungsmedizinische Grundsätze".

e) Blindness (Code Bl)

A person is considered blind if they are completely unable to see, or if their visual acuity in both eyes is less than 1/50 of the normal visual acuity, or who have a significant visual impairment that causes similar impairment of visual acuity. Blind persons are entitled to the same compensations for disadvantages as persons with code H and the same special parking privileges as persons with code aG.

f) Discounted broadcasting fees for health reasons (Code RF)

The German compulsory broadcasting fees can be reduced to one third for persons who satisfy at least one of the following prerequisites:

- blindness or a permanent significant visual impairment with a degree of disability of 60 percent based solely on the visual impairment;
- hearing impairments where sufficient auditory communication is not possible even with hearing aids,
- permanent assignment of a degree of disability of at least 80 percent, which consistently rules out the person's participation in public events.

Persons who are deaf as well as blind, recipients of blindness benefits, and persons entitled to special care under § 27e of the Federal Law on War Pensions (Bundesversorgungsgesetz) can be completely exempt from broadcasting fees.

Parents to not receive any reduction of broadcasting fees based on code RF in the severely disabled person's pass of their minor child.

Hence, in the target group of our association, this benefit only applies to adolescents/adults living alone and possibly their spouse or registered partner.

Regardless of code RF, an exemption from broadcasting fees is possible for recipients of social welfare, basic provision in old age and for reduced earning capacity, social benefits or long-term unemployment benefits and benefits under the Act on Benefits for Asylum-Seekers.

Also, drawing a care allowance under state law regulations, care subsidies (§ 267 Abs. 1 LAG), care aid (SGB XII) or entitlement to an exemption due to care dependency entitle a person to exemption from the obligation to pay broadcasting fees.
Application forms and explanations are available at www.rundfunkbeitrag.de.

g) Hearing impairment (Code Gl)

A person is considered hearing-impaired if they are deaf or near-deaf in both ears and also has a severe speech disorder (speech is difficult to understand, limited vocabulary).

Persons with vision, hearing or speech impairments who have a degree of disability of at least 90 percent and who are customers of Deutsche Telekom can request the voluntary social discount of Deutsche Telekom ("Sozialtarif"). Only those households receive the social discount who have a connection the Deutsche Telekom considers eligible. No social discounts are provided for complete service packages with telephone flat rates. If the social discount is granted to a person with a visual, hearing or speech impairment, a reduction of at most 8.72 euros per month is applied for certain connections of the customer's own choice that are operated via the telephone grid of Deutsche Telekom. Upon request, Telekom grants a social discount of at most 6.94 euros per month to any customer who is exempt from the obligation to pay broadcasting fees or pays a reduced contribution, or receives BaföG according to the Federal Training Assistance Act (Bundesausbildungsförderungsgesetz, BaföG). The discounts are applied to per-connection fees, but not to the monthly base rates. Applications for the social discount are available from the local Deutsche Telekom shops or at www.telekom.de.

Validity period of the disabled person's pass

As a rule, the pass should be valid for a limited time. This is why the pass is usually initially issued for five years (§ 69 Section 5 Sentence 3 SGB IX and § 6 Section 2 of the Ordinance on Disabled Person's Passes (Schwerbehindertenausweisverordnung, SchwbAwV). For severely disabled children under the age of 10, the validity of the pass is limited until they reach the age of 10; for children aged between 10 and 15, it is limited until they reach the age of 20.

In cases where a new assessment due to significant changes to the person's health status is not to be expected, the validity period can be limited to no more than 15 years. For non-German persons with a severe disability whose residence permit is limited in time, the pass expires no later than the expiration date of the residence permit.

The validity period of the pass can be extended no more than twice upon request, after that a new pass must be applied for.

2. Tax advantages

The income and wage tax laws provide a number of tax breaks for disabled persons and their family members. Depending on the degree of disability, standard deductions can be entered in the wage tax card or claimed after the fact in the income tax return.

According to §33b Section 3 Income Tax Act (Einkommensteuergesetz, EStG), the following standard deductions can be applied as of 2021:

for a GdB of	an annual standard deduction of
20	384 euros
30	620 euros
40	860 euros
50	1,140 euros
60	1,440 euros
70	1,780 euros
80	2,120 euros
90	2,460 euros
100	2,840 euros
Code “H” or “Bl” assigned	7,400 euros

Since 2021, a new disability-related transportation cost deduction has been introduced. From that time forward, disability-related transportation costs are only applicable as a standard deduction. No individual receipts can be claimed. Persons with a GdB of at least 80 percent or with a GdB of at least 70 percent and code “G” receive a standard deduction of 900 euros; for people with code “aG” or “BI” or “H”, the standard deduction is 4,500 euros. The deduction is applied in place of the previous individually calculated expenses for transportation costs, minus a reasonable personal contribution.

Costs for domestic help or for child care can be deducted by means of a standard deduction or proof of actual costs.

Upon request, the integration offices at the offices for social affairs/pension offices provide free brochures on the tax deductions listed here.

In addition, some states (e.g. their respective labour, social or finance ministries) or their associations can provide up-to-date information material. Also, tax advisers and tax authorities can provide detailed information.

3. Early support

Early support measures are intended to appropriately support children with impaired development, disabilities, or children at risk of disabilities as early as possible. At the same time, their families are supported with advice and instruction. Family orientation is the guiding principle. Early support measures can include medical-therapeutic, educational, psychological and social aid depending on the need. They are to be provided during the first years of a child's life. Early support is provided by interdisciplinary early support centres, socio-educational centres, or institutions approved under state law. The regulations may differ from state to state. Counselling on early support options can be provided by doctors, children's hospitals, socio-educational centres, social and health services and associations for the disabled. Local contacts for early support providers are available at www.fruehfoerderstellen.de, socio-educational centres at www.Kinderaerzte-im-netz.de.

4. Rights and support with vocational training and working life

Employees with disabilities can be fully effective if they have the right job and are qualified through occupational education measures.
The employment options of a person with a disability must be assessed individually. Hence, prior to applying for employment, the disabled person should receive thorough counselling from an expert. This also applies to persons suffering from cancer. The following bodies can provide such professional counselling:

- Bundesagentur für Arbeit (Federal Employment Agency)
- providers of compulsory pension insurance (e.g. insurance companies)
- providers of compulsory accident insurance (e.g. trade associations)
- integration offices

Every benefit provider is obliged to help those seeking advice and, if necessary, refer them to the responsible provider.

Even if the degree of disability is less than 30 percent or no degree of disability is determined, adolescents and young adults with a disability are treated the same as a severely disabled person during their vocational training in companies or public institutions (§ 151 Section 3 SGB IX). In this case, the disability is certified by means of a statement by the employment agency or a certification of benefits for participating in working

life. However, many special regulations for people with severe disabilities in the workplace do not apply in this special case of equal treatment. Further information about rights associated with this special form of equal treatment is available from the local employment agency.

The integration offices and employment agencies are supported in their work by specialised integration services. Their task is to refer and support people with severe disabilities, in particularly severely disabled school leavers who depend on help to obtain employment in the general labour market. There are specialised integration services throughout the country.

A complete list of all specialised integration services is available at www.integrationsaemter.de.

4.1 Protections under labour law

Every bearer of a severely disabled person's pass enjoys special protections under labour law as defined in SGB IX.

- In addition to the compulsory holiday leave, they are entitled to additional paid leave of one work week (§ 208 SGB IX).
- Special protection from termination: Prior to an immediate or orderly termination, the employer must request and receive the consent of the integration office before the termination can be effective (§ 168 SGB IX).

A severely disabled person must not be discriminated against when establishing an employment relationship (§ 164 Section 2 SGB IX).

If a violation against the regular anti-discrimination law occurs during the establishment of an employment relationship, the disadvantaged severely disabled applicant is entitled to demand an appropriate monetary compensation. According to the General Equal Treatment Act (Allgemeines Gleichbehandlungsgesetz, AGG) no employer may discriminate against a person based on their disability. From this, it can be deduced that a severe disability does not always have to be disclosed. The obligation to disclose may become necessary, however, if the type of employment poses certain physical or mental requirements, which cannot be satisfied due to a disability.

4.2 Accompanying aids in working life

Persons with severe disabilities are entitled to personal counselling on finding accommodations and employment, as well as material aids (§ 102 SGB IX). For example, it is possible to receive funding for technical aids in the workplace (disability-related work equipment), assistance with the purchase of a motor vehicle for driving to work, as well as subsidies for barrier-free conversions in a place of residence.

4.3 Work and professional support by the Bundesagentur für Arbeit

The third book of the Social Code (SGB III Promotion of Employment) also provides special aid to persons with disabilities. This supports, among other things, professional training, advanced training or re-training. Apart from job counselling, seminars for determining professional aptitude and work trials are also offered.

In addition, there is a wide range of monetary benefits available, e.g. transition allowance, subsistence allowance, assumption of contributions to compulsory health, accident, and pension insurance, assumption of transportation, meal and lodging costs for occupational training measures and, if necessary, also the costs for domestic help. All benefits are only available upon application. It is therefore recommended to obtain counselling from the local employment agency (Agentur für Arbeit) or integration office.

4.4 University studies

Persons with a disability or chronic illness who wish to attend university can submit a special application to the admissions office (Stiftung für Hochschulzulassung, www.Hochschulstart.de) or the individual universities to obtain disability-related compensation for disadvantages. For example, in cases of severe disability or prolonged health-related absence from classes during the last three years prior to obtaining a university entrance certificate, a person can apply for improvement of their average grade or for a shorter waiting period. For university applicants with a severely disabled person's pass, usually the student's first choice of location is taken into account by the respective department or the university.
Under certain conditions, a hardship application can be submitted to obtain immediate admission to a course of study without a waiting period.

Further information is available from the information and counselling centre on studies and disability "Informations- und Beratungsstelle Studium und

Behinderung“ of the Dt. Studentenwerk e.V., www.studentenwerke.de, Phone: 030/297727-64, or the counselling centres for students with disabilities of the universities and technical universities.

4.5 Driving licence/motor vehicle costs

Persons with a disability who depend on their own motor vehicle for their transportation to work because of that disability can apply for subsidies toward obtaining a driving licence and toward disability-related modifications to a vehicle.

One prerequisite for a subsidy is that the disabled person depends on the vehicle above all to participate in working life and that they can as a rule use the vehicle themselves. In addition, the use of public transport or driving services for people with disabilities must be impossible or unreasonable. The same applies to attendance of vocational training locations.

Subsidies are available for:

- procurement of a motor vehicle, depending on income, up to 9,500 euros.
- disability-related additional equipment and the costs for its installation and repairs in full.
- obtaining a driving licence, depending on income, up to the full costs for disability-related examinations, additional tests.
- benefits in hardship cases, e.g. costs for transportation services.

The responsible body in this case is the provider of occupational rehabilitation, usually the Bundesagentur für Arbeit or the office of integration/inclusion.

Book IV. Further social benefits

1. Basic provision for jobseekers (SGB II)

Under SGB II, jobseekers can obtain benefits for re-entry into working life and benefits to secure their livelihood (long-term unemployment benefits, "social allowance"). On principle, benefits under SGB II are available to able-bodied persons in need of assistance between 15 and 65 years of age and their family members (life partners, underage children, single parent or parents of an underage child) living in the same household ("shared household"). The age limit of 65 years applies only to persons born before 1 January 1947. It is gradually increased to 67 years.

A person is considered in need of assistance if they cannot or cannot sufficiently secure their livelihood, their integration in working life and the livelihood of persons living in a shared household with them with their own means and capabilities (e.g. by obtaining employment, with their income or assets, or with the help of family members). The use of assets is regulated by § 12 SGB II, and is limited by a number of exceptions and exemption rules.

The key criterion for eligibility for the basic provision for jobseekers is the ability to work, i.e. sufficiently healthy condition to work at least three hours per day under the general conditions of the labour market. Persons who will satisfy the physical health requirements for being able to work within six months

are also considered able to work. A person who is unable to work for longer than six months is not eligible for benefits under SGB II, but can receive social welfare benefits under SGB XII. Benefits under SGB II are not provided to trainees, old-age pensioners or persons who are admitted to an inpatient facility for more than six months.

The long-term unemployment benefit (Hartz IV) is paid to persons in need of assistance who are able to work. Hartz IV includes regular benefits to secure a person's livelihood and the assumption of appropriate costs for housing and heating. In addition, recipients can apply for additional needs benefits (e.g. for cost-intensive nutritional and dietary needs, for pregnant women and single parents) and exceptional needs benefits (e.g. for overdue rent, assumption of social insurance contributions).

The social allowance is granted to family members who are unable to work who share a household with the person in need of assistance who is able to work. The social allowance includes the same benefits as the long-term unemployment benefit. Exceptions are those benefits which can only be granted to persons able to work.

Information and counselling on applying for basic provision benefits for job seekers (long-term unemployment benefit according to SGB II) is available from the Bundesagentur für Arbeit.

In some cities, this information is provided by the municipality (Optionskommune). Further information is available at www.bmas.de, brochure "Grundsicherung für Arbeitsuchende" (colloquially known as Hartz IV).

2. Social welfare benefits (SGB XII)

The purpose of social welfare benefits is "to enable those eligible for benefits to lead a life in human dignity" (§ 1 Sentence 1 SGB XII).

Persons who are able to help themselves with their ability to work, their income and their assets, or receive help from family members or from providers of other social benefits do not receive social welfare benefits. The use of assets is regulated by the provisions of § 90 SGB XII. A number of exceptions are applied to the use of assets (called "protected assets"). Social welfare is intended to allow recipients to at least lead lives that are still within the socially accepted standards. In cases of other impairments, e.g. a disability or care dependency, the benefits are intended to help affected persons with insufficient income to take part in social life. SGB XII divides its benefits into seven chapters which are of equal significance and define benefits for certain life situations.

2.1 Subsistence allowance (§§ 27 - 40 SGB XII)

A subsistence allowance is only granted to those who are in need of help and cannot receive any other prioritised benefits (e.g. those defined in SGB II). This includes, among others, children under 15, persons between 15 and 65* years of age (* + ten months) who have been unable to work for an extended period, or persons who live for more than six months in an inpatient or day-patient institution. This support is granted to persons in need of assistance who cannot secure their livelihood with their own abilities and means. The standard rate must cover all costs that occur in the areas of nutrition, clothing, household and associated energy costs, transportation, communication and other services, furnishings as well as expenses for entertainment and culture. In addition, appropriate costs for accomodation/heating are assumed, as well as contributions to health and care insurance. Aid toward old-age pension coverage is also granted.

One-time benefits can be granted for the initial furnishing of a residence, including household appliances, for initial necessities including clothing, also in case of pregnancy and birth, and for class trips of more than one day.

The subsistence allowance is granted in standard rates. If in individual cases a person's need differs significantly from standard needs, a different rate can be defined. A person's own income and assets and those of a spouse or life partner living in the same household, and of cohabitating partners is taken into account as required by legal regulations when determining the need.

The subsistence allowance is primarily provided as a monetary benefit. To determine the total need, flat rate additional needs subsidies are taken into account in addition to the standard need, e.g. for pregnant women, single parents, ill or recovering persons who require cost-intensive nutrition, for persons who are entirely unable to work and have a severely disabled person's pass with code "G", and for disabled persons over 15 who under § 54 SGB XII receive integration aid toward an appropriate education, vocational training to learn a profession or training for appropriate employment. If higher additional needs exist in individual cases, they can be applied for.

2.2 Basic provision in old age and in case of reduced earning capacity (§§ 41 - 46 SGB XII)

Persons in need of assistance, persons over 18 entirely unable to work for medical reasons, and persons in need of assistance over 65* (* + ten months) can submit an application for basic provision benefits in old age and for reduced earning capacity. A person is considered entirely unable to work if they are unable to work at least three hours per day under normal working conditions in the labour market because of an illness or disability. Persons who in the last ten years caused their own need for assistance either intentionally or due go gross negligence are not entitled to benefits. The benefits are equal in amount to those of the subsistence allowance. Income such as

pension payments or the entitled person's assets, those of their spouse or life partner sharing the household, and cohabitating partners are taken into account. However, maintenance claims against children or parents with an obligation to provide support are only asserted if the income of this person is more than 100,000 euros per year.

2.3 Health support (§§ 47 - 52 SGB XII)

In case of illness, the benefits under SGB XII include all treatment benefits that are also provided by the compulsory health insurance. All social welfare recipients must bear co-payments up to their individual maximum financial burden as defined by legal regulations. Costs for contraceptives are assumed if they were prescribed by a doctor.

2.4 Nursing care support (§§ 61 - 66 SGB XII)

Decisions regarding nursing care support follow the same standards used by the compulsory nursing care insurance as prerequisites for care benefits. Nursing care support can be obtained if the prerequisites for care insurance benefits are not satisfied, if the prior period of insurance is not sufficient, or by persons who are not enrolled in care insurance. Nursing care support can also be considered in cases of very cost-intensive care, for which the benefits of social care insurance are not sufficient, or to finance the remaining costs for care in institutions that are not covered by care insurance.

2.5 Help with overcoming special social difficulties (§§ 67 - 69 SGB XII)

This type of support can be obtained by persons whose exceptionally difficult life circumstances lead to social difficulties. This could be, for example, in cases of homelessness, unsecured livelihood or life circumstances marked by violence. The support includes services, monetary and material benefits.

2.6 Help in other life situations (§§ 70 - 74 SGB XII)

These benefits include support with continuing to maintain the household, when none of the members of the household is able to maintain the household, and maintaining the household is necessary (§ 70 SGB XII):

- support for seniors (§ 71 SGB XII)
- support for the blind (§ 72 SGB XII)
- assumption of funeral expenses (§ 74 SGB XII) and, as a catch-all regulation, help in other life situations (§ 73 SGB XII). The social services departments provide information and counselling on applying for social welfare benefits and basic provision in old age, as well as reduced earning capacity.

3. Housing allowance

Under certain conditions, a housing allowance can be granted as a rent subsidy for rental apartments or as an expenses subsidy for a person's own house or condominium. The housing allowance depends on the size and income of the family.
For the calculation of the housing allowance according to § 13 Housing Allowance Act (Wohngeldgesetz, WoGG) an exemption of 1,800 euros is applied for severely disabled persons with a GdB of 100 percent or of at least 80 percent, if the severely disabled person is in need of in-home nursing care as defined by § 14 SGB XI. The housing allowance is granted upon application, and is paid starting at the beginning of the month in which the housing allowance office receives the application.

Recipients of long-term unemployment benefits or a social allowance, recipients of a subsistence allowance, basic provision in old age and reduced earning capacity as defined in SGB XII and recipients of benefits in special cases and basic benefits under the Act on Benefits for Asylum-Seekers (Asylbewerberleistungsgesetz) receive a subsidy for the costs of their accommodations along with their benefits. The entitlement to housing allowance does not apply if all members of the household receive one of the benefits above. If one or several members of the household do not receive one of the benefits listed above, those persons may be eligible for a housing allowance.

Information and counselling on applying for a housing allowance is available from the housing allowance office of the community, city or district administration. The Bundesministerium des Innern, für Bau und Heimat (Federal Ministry of the Interior and Community) provides a housing allowance calculator (Wohngeldrechner) at www.bmi.bund.de.

4. Child allowance

If an adult child is ill for a long period, the entitlement to the child allowance remains valid. Condition: The child has not reached the age of 25, is currently enrolled in vocational training or university studies, and plans to continue their training or studies after the illness.

Book V. Aftercare for children, adolescents and families

Today, inpatient rehabilitation is an integral component of the overall treatment of children, adolescents and young adults suffering from cancer. After clinical treatment, inpatient rehabilitation measures serve to reinforce the success achieved by the treatment. It helps patients and their families to cope with the consequences of the drastic acute therapy. In particular for children, adolescents and young adults who suffer severe impairments after a brain or bone tumour, an appropriate inpatient aftercare measure in a qualified rehabilitation institution seems indispensable.

Initial contact persons are the medical and psycho-social services of acute treatment clinics, who can provide advice and assistance with the application to affected families. The costs of such a measure are assumed either by the health insurer or the pension insurance provider.

A rehabilitation measure for children, adolescents and young adults suffering from cancer and haematological disorders takes four weeks for all involved. All participants of a rehabilitation group arrive together on a certain date and four weeks later they also leave on the same date, which creates a strong sense of community. Children and adolescents also attend school lessons during the rehabilitation.

1. Family-oriented rehabilitation

For children under 15, a family-oriented rehabilitation measure (FOR) is recommended. Family rehabilitation is indicated whenever the therapeutic involvement of family members is necessary to reach the rehabilitation goals. The physical and mental strains and their aftereffects not only affect the patient themselves, but additionally, all family members need medical and psychosocial rehabilitation. It has become standard procedure to allow all family members to participate in the measure upon request. The law for more flexibility in the transition from working life to pension and for strengthening prevention and rehabilitation in working life (Flexirentengesetz), which took effect on 1 January 2017, stipulates a significantly stronger basis for eligibility. It is important to formulate the rehabilitation goals accordingly; applicants should always request the help of the psycho-social services of their clinic. They can provide information on the content of the measure and lend support with the application process.

Where to apply?

Under compulsory insurance, children and adolescents who have not earned their own insurance entitlements but are insured through their parents have an equal entitlement to such measures, both from their parents' pension insurer (RV) and from the health insurer (KV) where the child is insured. The applicants, in this case the legal guardians, then decide whether they want to apply to the pension insurer or the health insurer. The first insurer contacted must then check whether the necessary conditions (insurance coverage and need for rehabilitation) are satisfied. Under compulsory insurance, the young patients and their families incur no costs. For privately insured persons, eligibility is determined on a case-by-case basis. Of course, recognised institutions are also able to assist.

If a measure is approved, the main provider must also provide the ancillary benefits, i.e. the financing of the medically necessary accompanying person, possibly including any loss of earnings.

It is important to add to the rehabilitation application a detailed assessment provided by the clinic, detailing the effects of the acute treatment and justifying the necessity of the family rehabilitation. The success of such measures can to a large extent depend on the involvement of all of the child's attachment figures. Health insurers and pension insurers only cover the costs for measures conducted in a recognised and qualified rehabilitation institution. Here as well, the clinic providing acute treatment can provide information (addresses also starting on page 66). According to § 8 SGB IX, justified requests regarding the choice of institution by the benefit recipient should be taken into account.

If a person is not entitled to benefits from a health insurer or pension insurer, the benefit can be provided by the social services department. Under certain circumstances, families with low income can apply for a one-time subsidy from Deutsche Leukämie-Forschungshilfe/Deutsche Kinderkrebsstiftung or Deutsche Krebshilfe.

2. Rehabilitation measures for adolescents and young adults

Of course, the entitlement to a rehabilitation measure also applies to adolescents and young adults after developing cancer. In this case, the patients arrive without their families and are assigned to same-age groups depending on their needs. The measure takes four weeks.

If the patient is still covered by family insurance, the applications can be submitted to health insurers or pension insurers without any priority. If the patient has their own insurance, the pension insurer is given priority. Applications must be submitted in time along with a doctor's certificate to the responsible provider.

Applicants should ensure that they are not assigned to a traditional clinic for adults for cost reasons, but to a rehabilitation clinic that offers special small groups for their age group.

That way, their specific needs are addressed. Since the wishes of the benefit recipient must be appropriately considered under § 8 SGB IX and the desire for exchange in a group of same-age peers and the need for specific support are reasonable, they have good basis for argumentation. Applicants should seek assistance from their home clinic and inquire with the rehabilitation clinic.

Insured persons aged 18 or older who have earned their own insurance eligibility must pay a co-payment of ten euros per calendar day for no more than 28 days. Here again, the maximum financial burden applies. The pension insurers apply a scaled reduction of the co-payment in low-income cases based on the net income. The insured persons should inquire with the responsible provider regarding options for exemptions in their individual case. It is advisable to ask the rehabilitation clinics about this specifically. They generally know which regulations apply in each case and can provide information on the content of the rehabilitation programme.

Adolescents and young adults often have certain reservations when it comes to "rehabilitation". However, once they decide to commit to it, they find that it is not only a productive and effective therapy, but also provides an opportunity to have fun and experience a sense of community within the group. It is a relief to learn that others have similar wishes, interests and problems.

Book VI. Information for people with a history of migration

The options under social law discussed in this brochure are based on different laws. Certain prerequisites are required to obtain benefits, or individual prerequisites are checked. The scope of social benefits available to persons with a history of migration generally depends on their specific residency status and their individual circumstances. For instance, the disabled person's pass can be requested for persons with a history of migration who are legal residents of Germany.

So-called family benefits (child allowance, parenting allowance, subsistence advance) are only provided to those with regular residency in Germany. This usually includes persons with a history of migration who have a temporary or permanent residence permit.

Regulations of SGB V (health insurance), SGB VI (pension insurance) and SGB XI (care insurance) by contrast are generally based on the contribution principle and do not depend on residency status. Foreign employees in Germany in regular employment relationships are eligible for all benefits described in the Social Code (condition: the employment relationship is subject to social insurance obligations).

Some persons with a history of migration have the option (based on inter-governmental agreements) of having their own pension insurance contributions paid out to them when they leave Germany permanently. If these persons have taken part in rehabilitation, this option is no longer available. The German pension insurance (Deutsche Rentenversicherung, DRV) would

in future only pay out contributions paid in after the rehabilitation. To avoid hardship cases, the health insurer can be asked to check whether they can declare themselves "primarily responsible" according to § 40 SGB V and bear the costs of the measure.

1. Legal regulations on residence permits

Every person with a history of migration is required to have a passport and residence permit (Aufenthaltstitel). Responsible authorities are the immigration offices of the district or city administrations.

The types of residence permit depend on the different purposes of residency. Whether or not a residence permit is granted usually depends on whether the person's livelihood can be secured. German residence law (Aufenthaltsgesetz, AufenthG) defines the following residence permits: the Visa, the temporary residence permit, the permanent residence permit, the EU Blue Card, the ICT Card, the permission for permanent residence EU.

Visa

A Visa can be issued to people with a history of migration for a temporary, limited stay of up to three months. Being issued a Visa does not constitute any entitlement to public benefits. A Visa cannot be obtained through legal recourse.

To obtain a Visa, it may be necessary for an inviting person to issue a declaration of commitment. This should be done after careful consideration, as the declaration contains an assumption of liability. The commitment includes the assumption or reimbursement of all costs for the visitor's entire livelihood, accommodation, health care and long-term care. Also, the costs of departing Germany (e.g. an airline ticket) must be reimbursed.

The immigration authority demands that the visitor obtain health insurance for the duration of their stay to secure the financial risk of illness. It is possible for insurance purchased outside of Europe not to be recognised.

Residence permit

The residence permit is issued for specific purposes of residence – e.g. for training and education (§§ 16, 17 AufenthG), for work (§§18 – 21 AufenthG), for international, humanitarian or political reasons (§§ 22 – 26 AufenthG) and/or for family reasons (§§ 27 – 36 AufenthG).

Permanent residence permit

The permanent residence permit is a residence permit without spatial or temporal limitations. Prerequisites for obtaining this permit include:

- having held a residence permit for five years,
- having a secure livelihood,
- adequate living space,
- sufficient German language skills, as well as,
- basic knowledge of the legal and social order in Germany and living conditions in the country,
- a clean criminal record, and
- 60 months of pension insurance contributions.

2. EU citizens

EU citizens in Europe enjoy freedom of movement as employees, for job seeking for vocational training, as self-employed persons or as providers or recipients of services in Germany. They must have sufficient means to secure their subsistence and health insurance coverage.

3. Asylum-seekers/refugees

People who seek protection from persecution and request asylum receive benefits under the Act on Benefits for Asylum-Seekers (Asylbewerberleistungsgesetz, AsylbLG).

According to § 3 AsylbLG, refugees who have lived in Germany for less than 15 months only receive "basic benefits" (food, shelter, heat, clothing, healthcare, personal hygiene supplies, household goods and consumables as well as a small amount of money). Benefits for acute illness, pregnancy and birth are provided according to § 4 AsylbLG and are generally ensured by means of special treatment vouchers by the social services departments. Benefits under AsylbLG are granted at the discretion of communal benefit providers.

After a waiting period of 15 months, refugees receive regular benefits analogous to those of social welfare. They are supported through mandates by the compulsory health insurers as defined in § 264 Section 2 SGB V, receive an electronic health card (eGK) which gives them nearly the same benefits as persons enrolled in compulsory health insurance.

Further information is available from the immigration offices or migration social counselling centres.

Book VII. Clinic schooling, home schooling, digital attendance

School is an important part of life for children and adolescents. It is where skills are learned and opportunities for the future are created. Contact with same-age peers provides psycho-social connection. School is instrumental in a young person's social and personal development.

Children and adolescents suffering from cancer are not allowed to attend school for many months during their treatment, so they need special support. School regulations and prerequisites for providing school lessons at the hospital and at home differ from state to state. The psycho-social services of the treating clinic or the responsible school administration can provide information on the guidelines and options for clinic and home schooling applicable in each state.

1. Schooling at the hospital

As a rule, clinic schools are intended to teach and support sick students who are expected to be in the hospital for an extended period in a way that will allow them to keep pace with the school curricula in their usual schools.

The time spent in clinic lessons depends on the endurance of the sick child or adolescent. To provide the best possible support, the clinic teacher contacts the child's regular school and selects the subjects and topics to be covered with a view to re-integrating the child in their class.

2. Home schooling

Home schooling is intended to allow students who have to miss extended periods of school due to illness to cope with the material taught in their class. The child's legal guardians must request home schooling from the child's school, providing a doctor's certificate. The home lessons are taught by teachers of the regular school whenever possible and follow the lesson plans of the respective grade level.

3. Digital attendance of classes

Digitalisation increasingly makes it possible for children and adolescents who cannot attend school due to illness to join their classrooms digitally and thus take part in their lessons directly. The technical implementation can involve different forms of connections. Laptops, tablets and even the telepresence monitor or "avatar" can be used by families, schools and locations depending on technical competence. Information about programmes and options is available from the schools for sick children (Schulen für Kranke), the psycho-social services in clinics and local parents' associations.

4. Compensation for disadvantages

Students with long-term or chronic illnesses can be granted compensation for disadvantages in their performance records. The school is obligated to address impairments caused by the illness and to provide specific support to ensure that students do not suffer disadvantages due to their illness. Forms of compensation for disadvantages include extended time for examinations, admission of specific study aids, greater accuracy tolerance and differentiated tasks, for example. The individual forms of compensation for disadvantages must be decided through the regular school in the class conference presided over by the school management. In all questions regarding examinations, the school authorities must usually be involved.

Book VIII. Financial aid

1. Social Fund of the Deutsche Leukämie-Forschungshilfe (German Leukaemia Research Support), umbrella association

There is a limited fund of means provided by parents' associations reserved for low-income families who are suffering additional exceptional financial burdens due to their child's cancer. These are one-time grants which according to § 84 SGB XII or § 11a Section 4 SGB II must not be taken into account for the basic provision for job seekers or social welfare.

Prerequisite for a grant from the social fund is that the family cannot use their own assets to cover the special costs incurred due to the illness. The law defines this limit at savings/assets of 15,500 euros per person.

The applications must demonstrate data on the child's illness as well as the family's income situation and fixed expenses. The correctness of the information must be confirmed by employees of the psycho-social services or by an authorised person from a parents' group and by the attending physician.

Application forms can be downloaded at www.kinderkrebsstiftung.de/sozialfonds. They can also be obtained from the psycho-social services of the treating clinic or directly from

- Deutsche Leukämie-Forschungshilfe
  Dachverband
  Adenauerallee 134
  53113 Bonn
  Phone: 0 228/688 460.

2. Hardship Fund of Deutsche Krebshilfe (German Cancer Support Society)

Similar to Deutsche Leukämie-Forschungshilfe, Deutsche Krebshilfe grants financial support for patients and their families with low incomes who are suffering financial difficulties through no fault of their own. Application forms are available at:

- Deutsche Krebshilfe e.V.
  Härtefonds
  Buschstr. 32
  53113 Bonn
  Phone: 0 228/729 900
  www.krebshilfe.de/haertefonds.html

The application must include information about the monthly net income and fixed monthly expenses. The approval of a one-time grant depends on the amount of monthly income and the number of persons living in the household. In order for a grant to be approved, the available income (monthly net income minus fixed monthly expenses) must not exceed 446 euros for one person, 819 euros for two persons, and 1,176 euros for three persons. Depending on need, the grants are between 440 euros and 800 euros.

The information provided with the application must be confirmed by a public institution with signature and stamp. For that purpose, the documents showing the information should be submitted to the institution. This could be social services departments, the psycho-social services of the clinic, counselling centres, churches or town halls.

3. State cancer societies

Some state associations of the cancer society Krebsgesellschaft (e.g. Baden-Württemberg, Bavaria and Berlin) provide grants to persons in financial emergencies. Financial subsidies from the cancer associations depend on income and are only granted if the insured person is not entitled to benefits from the health insurer, pension insurer and social welfare providers. The forms of assistance differ with the individual state associations, and each case is always checked individually to determine whether it can be approved.

4. Support associations and parents' groups for children suffering from cancer

Under certain circumstances, parents' initiatives also provide grants. A current list of addresses of parents' groups is available from

- Deutsche Kinderkrebsstiftung
  Adenauerallee 134
  53113 Bonn
  Phone: 0 228 / 688 460
  www.kinderkrebsstiftung.de/ueber-uns/elterngruppen/

Addresses and additional information

Important organisations

Deutsche Leukämie-Forschungshilfe
Deutsche Kinderkrebsstiftung
Adenauerallee 134
53113 Bonn
Phone: 0 228/688 460
info@kinderkrebsstiftung.de
www.kinderkrebsstiftung.de
Addresses of local parents' associations are available at www.kinderkrebsstiftung.de/ueber-uns/elterngruppen

Deutsche Krebshilfe e.V.
Buschstr. 32
53113 Bonn
Phone: 0 228/729 900
deutsche@krebshilfe.de
www.krebshilfe.de

Krebs-Informations-Dienst (KID)
des Deutschen Krebsforschungszentrums
Im Neuenheimer Feld 280
69120 Heidelberg
Phone: 0 800/4 203 040
krebsinformationsdienst@dkfz.de
www.krebsinformationsdienst.de

Bundesarbeitsgemeinschaft Selbsthilfe von Menschen mit Behinderung und chronischer Erkrankung und ihren Angehörigen e.V. (Self-help association for persons with disabilities and chronic illnesses and their families)
Kirchfelder Str. 149
40215 Düsseldorf
Phone: 0 211/310 060
info@bag-selbsthilfe.de
www.bag-selbsthilfe.de

Deutsche Krebsgesellschaft e.V. (DKG)
Kuno-Fischer-Straße 8
14057 Berlin
Phone: 030/32 293 290
service@krebsgesellschaft.de
www.krebsgesellschaft.de
The DKG provides information about the addresses of its state associations.

Approved rehabilitation clinics

SyltKlinik der Deutschen Kinderkrebsstiftung
Osetal 7
25996 Wenningstedt-Braderup
Phone: 04 651/9 490
info@syltklinik.de
www.syltklinik.de

Rehabilitation clinic "Bad Oexen"
Oexen 27
32549 Bad Oeynhausen
Phone: 05 731/5 370
klinik@badoexen.de
www.badoexen.de

Rehabilitation clinic Katharinenhöhe
Oberkatzensteig 11
78141 Schönwald / Schwarzwald
Phone: 0 7 723/65 030
verwaltung@katharinenhoehe.de
www.katharinenhoehe.de

Nachsorgeklinik Tannheim
Gemeindewaldstr. 75
78052 VS-Tannheim
Phone: +49 (0) 7705-92 00
info@tannheim.de
www.tannheim.de

Informative websites

Social security at a glance, BMAS
www.bmase

Online advice Care, BMG
www.bmg.bund.de

Pflegen zu Hause – Ratgeber für die häusliche Pflege (Guidebook on in-home nursing care), BMG, Referat LP, 53107 Bonn
www.bmg.bund.de

Online advice health insurance, BMG
www.bmg.bund.de

Ihr Wegweiser zum Thema Leben mit Behinderungen (Your guide on living with disabilities), BMAS
www.einfach-teilhaben.de

Ratgeber für Menschen mit Behinderungen (Guidebook for persons with disabilities), BMAS
www.bmas.de

Ratgeber für Menschen mit Behinderungen (Guidebook for persons with disabilities), BMAS
www.bmas.de

ZB Ratgeber Behinderung und Ausweis (Guidebook disability and pass)
www.integrationsaemter.de

Lexicon for the severely disabled: "Behinderung und Beruf" (Disability and employment), Publisher: Bundesarbeitsgemeinschaft der Integrationsämter und Hauptfürsorgestellen (BIH) (Federal working group of integration offices and main support centres)
www.integrationsaemter.de

Beratung und Hilfe bei der beruflichen Teilhabe behinderter Menschen (Advice and assistance on participation in working life for disabled persons) The REHADAT portal – programmes and addresses
www.rehadat-adressen.de

Sozialhilfe und Grundsicherung (Social welfare and basic provision), BMAS,
www.bmas.de

Steuermerkblatt für Familien mit behinderten Kindern (Tax information for families with disabled children), Publisher: Bundesverband für Körper- und Mehrfachbehinderte e.V.
www.bvkm.de

„Studium und Behinderung", Informations- und Beratungsstelle Studium und Behinderung des Deutschen Studentenwerks (Studies and disability, information and counselling centre of the German National Association for Student Affairs)
www.studentenwerke.de/behinderung

Wohngeldrechner (housing allowance calculator)
www.bmi.bund.de

Notes

Notes

Deutsche Kinderkrebsstiftung
Adenauerallee 134
53113 Bonn
Phone: 0 228/688 460
Fax: 0 228/6884 644
info@kinderkrebsstiftung.de
www.kinderkrebsstiftung.de

Account for donations
Commerzbank AG Köln
Account No.: 00 555 666 00
Bank code: 370 800 40
IBAN: DE48 3708 0040 0055 5666 00
SWIFT-BIC: DRES DE FF 370

@deutschekinderkrebsstiftung

/kinderkrebsstiftung