

# Social Welfare Orientation

## Concerning the rights and obligations of individuals seeking assistance

### 1. Initial situation

You have applied for social welfare benefits on the basis of your personal situation. This guide will inform you about your most important rights and obligations. In the enclosed self-declaration form, you are requested to confirm your current financial situation. Your details will be verified periodically.

### 2. Duty to provide information and to report

In order to be able to verify your entitlement to social welfare, you are required to disclose all your income and financial circumstances, to truthfully provide all information deemed necessary and to grant access to written documents. You are therefore obliged to answer the questions in the following self-declaration form **truthfully** and **in full**. The social welfare authorities are also entitled, if necessary, to request information from third parties. As a rule, you must be informed in advance. In addition, the social welfare authorities are authorised to inform the tax authorities of the status and data of persons dependent on social welfare. The cantonal migration office is notified of social welfare payments to foreign nationals.

Should your circumstances change, the social welfare you are entitled to must be recalculated. You are therefore obliged to notify us immediately of the following particular changes:

- ⇒ *Taking up or losing your employment*
- ⇒ *Changes to your salary*
- ⇒ *Remuneration from pensions or insurance (including old-age provision and occupational pension provision)*
- ⇒ *Change in household composition*
- ⇒ *Profits, gifts and inheritances (foreign as well as domestic)*
- ⇒ *General changes in assets*
- ⇒ *Change of residence and rent adjustment*
- ⇒ *Stays abroad*

### 3. Compliance with orders and sanctions

Economic assistance may be subject to conditions and instructions. These must be suitable to ensure the correct use of the contributions or to improve your situation and that of your relatives. Anyone who does not comply with orders issued by the social welfare authorities, e.g., disregards obligations or instructions or uses benefits inappropriately despite a reminder, may have their benefits reduced or cancelled.

### 4. Settling of insurance benefits

If the AHV/IV/EL (Old age and survivors insurance/disability insurance/supplementary benefits) benefits or other insurance benefits are paid in arrears for the same period of social welfare support, the social welfare benefits are regarded as advance payments up to the maximum amount of the arrears payments. These are subject to reimbursement and are directly deducted from the corresponding social insurance. The right is reserved to request off-setting from other statutory service providers.

### 5. Obligation to reimburse in the case of lawful receipt of benefits

You are requested to reimburse any social welfare benefits you have received if your financial circumstances should subsequently improve. In case of non-realizable assets, you will be required to guarantee or sign a reimbursement obligation (cf. separate form). The claim for reimbursement is forfeited against you following a 10-year period that begins as of the last provided social welfare benefit. The reimbursement claim against your heirs expires within two years of your death. The heirs are jointly and severally liable; their liability is limited to the extent of the estate. If the reimbursement constitutes a great hardship for you or your heirs, the reimbursement may be waived in whole or in part.

**6. Unlawful receipt: Obligation to reimburse, consequences under criminal law and the law on foreign nationals**

If you have received social welfare illegally, you are requested to reimburse the benefit received. Fraud (Art. 146 Swiss Criminal Code) in the area of social welfare, unlawful receipt of social welfare benefits (Art. 148a para. 1 Swiss Criminal Code) and improper use of social welfare are punishable by law and are subject to monetary penalties and custodial sentences. Foreign nationals are also subject to mandatory expulsion from Switzerland (Art. 66a Swiss Criminal Code).

**7. Support for relatives**

According to Art. 328 et seq. Swiss Civil Code, relatives are expected to support to each other. According to the Social Security Act, the Social Security Office, Social Welfare and Asylum Department are obliged to verify whether your relatives can contribute to your support.

**8. Opening, instruction on legal remedies, right of appeal**

Decisions on the granting, refusal, reduction or cancellation of social welfare benefits and the related conditions and instructions must be submitted to you in writing and include a substantiation as well as instructions on how to appeal. You may lodge an appeal with the Department of Home Affairs of the Canton of Solothurn within 10 days against the decisions of the local social welfare bodies.

**9. Self-declaration concerning income and assets**

The self-declaration form must be completed by the **applicant himself/herself** and also relates to the situation of the spouse and the minor children. Full age children or unmarried couples must complete the entire social welfare orientation form separately.

9a) Are you, your spouse or your children currently in paid employment? Are you self-employed?

No  Yes, total amount of monthly income: \_\_\_\_\_

Employer(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9b) Do you, your spouse or children currently have any other income or benefit claims that have been registered but are still outstanding?

Old-age insurance (AHV)	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Disability insurance (IV)	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Disability daily allowance (IV)	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Integrity allowance (IV)	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Supplementary benefits (EL)	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Benefits "EO / MV" (income compensation regulations, military insurance)	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Daily unemployment benefits (ALV), Insolvency compensation	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Pension fund annuities (BVG)	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:

Daily allowance insurance	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Daily allowance from accident insurance	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Accident annuity (e.g. SUVA)	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Helplessness allowance (HE)	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Widow's, orphan's or child's pension	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Other pensions (e.g. foreign)	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Maternity compensation	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Spouse alimonies / debt collection	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Child alimonies / advance payments	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Family supplementary benefits	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Family allowances	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Scholarships	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Individual premium reductions	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Voluntary support from relatives or acquaintances	<input type="checkbox"/> No	<input type="checkbox"/> Yes, amount: Individual:
Other voluntary benefits (e.g. from foundations, funds, aid agencies)	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Liability insurance	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Outstanding salary payments	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Victim support	<input type="checkbox"/> No <input type="checkbox"/> Outstanding	<input type="checkbox"/> Yes, amount: Individual:
Other income:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, amount: Individual:

9c) List all your currently active postal or bank accounts in Switzerland and abroad which are in your name, that of your spouse or that of your children:

Holder	Name of bank / Location	IBAN or account No.	Current balance

9d) How much cash do you, your spouse and your children currently have?

Applicant: Fr. \_\_\_\_\_ Spouse: Fr. \_\_\_\_\_ Children: Fr. \_\_\_\_\_

9e) Do you, your spouse or your children have any other assets or claims?

Securities (e.g. shares, bonds, share certificates)	<input type="checkbox"/> No <input type="checkbox"/> Yes, the following:
Valuables (e.g. gold, valuable jewellery/pictures/artworks)	<input type="checkbox"/> No <input type="checkbox"/> Yes, the following:
Vested benefits account / pension fund assets	<input type="checkbox"/> No <input type="checkbox"/> Yes, the following:
Private pension pillar 3a	<input type="checkbox"/> No <input type="checkbox"/> Yes, the following:
Life insurance pillar 3b	<input type="checkbox"/> No <input type="checkbox"/> Yes, the following:
Entitlement to undistributed inheritance	<input type="checkbox"/> No <input type="checkbox"/> Yes, the following:
Loans granted to third parties	<input type="checkbox"/> No <input type="checkbox"/> Yes, the following:
Other(s):	<input type="checkbox"/> No <input type="checkbox"/> Yes, the following:

9f) Do you, your spouse or your children have rights to real estate (house, land or condominium) in Switzerland or abroad? Do you generate rental income?

No  Yes, the following: Rental income: Fr. \_\_\_\_\_

Location:	Land Register No.	Market value: Fr.
Location:	Land Register No.	Market value: Fr.

9g) Do you, your spouse or your children own or use a vehicle (e.g. car, motorcycle or other vehicles)?

No  Yes, the following:

Brand, Model: _____ _____	Year: _____ Km status: _____	<input type="checkbox"/> Ownership, purchase price: _____ <input type="checkbox"/> Use, owner: _____ <input type="checkbox"/> Leasing, payments: _____
Brand, Model: _____ _____	Year: _____ Km status: _____	<input type="checkbox"/> Ownership, purchase price: _____ <input type="checkbox"/> Use, owner: _____ <input type="checkbox"/> Leasing, payments: _____

Further important information, additions or remarks on income and assets:

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The undersigned individual(s)

Applicant: \_\_\_\_\_  
(Surname, name in block capitals)

Birthdate: \_\_\_\_\_

Spouse: \_\_\_\_\_  
(Surname, name in block capitals)

Birthdate: \_\_\_\_\_

hereby certify with their signature that they have understood the self-declaration questions and have answered truthfully, in full and with knowledge of the criminal liability of untruthful and/or incomplete information. The undersigned individual also confirms that he/she has read and understood the orientation:

\_\_\_\_\_  
Location, date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Location, date

\_\_\_\_\_  
Spouse's signature

(both spouses; for persons with limited legal capacity the legal representative signs as follows)

**Durch den Sozialdienst auszufüllen**

**To be completed by the social welfare services**

Formular wurde durch die antragsstellende Person eigenhändig ausgefüllt: Ja  Nein

Wenn Nein, bitte Begründung angeben:

Formular wurde der antragsstellenden Person übersetzt: Ja  Nein

Formular wurde in der folgenden Sprache abgegeben: \_\_\_\_\_

Wenn ja, in welcher Sprache und durch wen (Vorname, Name, Adresse)?

\_\_\_\_\_

Name, Datum und Unterschrift der Sachbearbeiterin / des Sachbearbeiters

Name, Vorname: \_\_\_\_\_ Datum: \_\_\_\_\_

Unterschrift: