

Information

Cost coverage for your contraceptive

We can pay for your contraceptive. Here is an instruction:

Who can submit an application?

- You live in Hamburg
(Registration address: identity card or registration card)
- You are older than 22 years.
- You have little or no income.

You can call us. Phone: 040 439 28 22

→ Please do not pay anything in advance.

For an application we need from you:

1. The prescription from your doctor's office for your contraceptive

(pill, coil, copper chain, NuvaRing, Implanon, plaster, 3-monthly injection)

2. Cost estimate from the doctor's office

(3-monthly injection, coil, copper chain, Implanon)

3. Write to us the following information:

- How many children live in your household?
- What is your nationality?
- What is your address and telephone number?

4. Do you receive any of the following social benefits?

- Citizen's allowance (jobcenter benefits/"Bürgergeld")
- Basic income support (social benefits according to SGB XII)
- Benefits according to the Asylum Seekers Benefits Act (AsylbLG)
- Housing benefit ("Wohngeld")
- Child benefit supplement ("Kinderzuschlag")
- BAföG/BAB

→ Important: We need the **current** letter of assessment (copy or scan of the 1st page).

OR: You do not receive any social benefits. But you have a very low income. Please send us:

- Rental agreement (copy or scan, the basic rent must be visible)
- Pay slips for the last 3 months (copy or scan)
- Do you live with a partner in the same household?
Please also send us his/her payslips for the last 3 months!

If the assumption of costs has been approved, we will send you a letter.
The cost coverage is for the pharmacy and/or for your doctor's office.

Application

For the assumption of costs for your contraceptive

First name _____

Surname _____

Address _____

Birth date _____

Phone number _____

Email address (optional) _____

nationality _____

Number of children in your household _____

1. Do you receive one of the following social benefits?

- Citizen's allowance (jobcenter benefits/"Bürgergeld")
- Basic income support (social benefits according to SGB XII)
- Benefits according to the Asylum Seekers Benefits Act (AsylbLG)
- Housing benefit ("Wohngeld")
- Child benefit supplement ("Kinderzuschlag")
- BAföG/BAB

☐ Yes → then send us the 1st page of the **current assessment** (copy or scan).

☐ No → continue to question 2:

2. You do not receive any social benefits? Do you have a low income?

☐ Yes → then send us:

- Rental agreement: only the pages with the name and the rent (copy or scan)
- Income documents for the last 3 months (copy or scan)

Do you live with your partner in the same household?

☐ Yes → then send us:

- his/her pay slips for the last 3 months

3. Additionally we need from you:

1. the doctor's prescription for your contraceptive

(pill, coil, copper chain, NuvaRing, Implanon, plaster, 3-monthly injection)

2. cost estimate from the doctor's office

(3-month injection, coil, copper chain, Implanon)

Send these documents with this application to the family planning center

(please mark with a cross):

- ☐ Assessment of a social benefit (see question 1)
- ☐ Income statements for the last 3 months from you and, if applicable, your partner (see question 2)
- ☐ Rental agreement: only the pages with the name and the rent (see question 2)
- ☐ Prescription from the doctor's office
- ☐ Cost estimate from the doctor's office

→ Please do not send originals. We only need a copy or a scan.

Date _____

How to send us the application:

By e-mail to:

antrag@familienplanungszentrum.de

or

By post to:

**Familienplanungszentrum
Bei der Johanniskirche 20
22767 Hamburg**

Processing takes about 2 - 4 weeks.

Thank you for your understanding.

**Please do not pay anything in advance - then the costs
can no longer be reimburse!**