# Applying for care allowance: When, where and how do I apply?



You have decided to be cared for at home by relatives, friends or volunteers. You are not alone in this, as most of the almost five million people in need of care in

(1)

Germany are cared for at home.

If you do not use an outpatient care service or only use it partially, you are entitled to receive care allowance from your care insurance fund. pflege.de explains how to apply for care allowance and what you need to bear in mind.

# Applying for care allowance: What are the requirements?

**Insured persons with at least care level 2** who are cared for at home by relatives, friends or volunteers are entitled to care allowance. It does not matter whether you are insured under statutory or private insurance.

(2)

The amount of care allowance in Germany is:

Care level 1: no entitlement to care allowance

Care level 2: 332 euros per month

Care level 3: 573 euros per month

Care level 4: 765 euros per month

Care level 5: 947 euros per month

Further information on special entitlements, deadlines, effects on pensions or on the topic of "care allowance and taxes" can be found in the detailed pflege.de <u>quide to care allowance</u>.



#### **EXPERT TIP**

Use the care level calculator to find out which care level you are entitled to. Go through the questions together with the carer and, ideally, a care advisor. Pay attention to explanations and notes on the questions, otherwise incorrect interpretations can distort the result.



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# **Application for care allowance: Instructions**

Especially if the <u>need for care</u> has only recently arisen, those affected and their relatives are suddenly faced with many questions and have to make important decisions all at once. The following tips should make **applying for care allowance** easy for you.

## Important questions when applying:

Who has to submit the application?

When do I apply for care allowance?

Where do I apply for care allowance?

How do I apply for care allowance?



#### **EXPERT TIP**

If you need individual help or advice, please contact one of these places: care center, care advisor, outpatient care service, social services in the hospital or other social advice centers.



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## Who has to submit the application?

The application is always submitted by the insured person who needs care themselves, as they are also entitled to care allowance. If this is not possible, a person with the appropriate <u>power of attorney</u> or a legal guardian can submit the application on their behalf.

If you are an inpatient in a **hospital** or **rehabilitation facility**, speak to the local social services. If necessary, also seek advice on the subject of a power of attorney.



TIP

## No precautions taken?

The person in need of care cannot submit the application themselves and there is neither a power of attorney nor a legal guardian? With the <u>emergency representation law</u> introduced in 2023 , the spouse or registered life partner can represent the person at short notice if necessary.

## When do I apply for care allowance?

You should submit your initial application **as early as possible**. This is because the care allowance is paid retroactively up to the day of the application, but not until the need for care arises. In case of doubt, you will miss out on cash if you submit the application later.

If you are currently in hospital or a rehabilitation facility, the social services can submit an urgent application for you. This means that your care can be guaranteed in your own home upon discharge.



TIP

## Are you still unsure about the type of care?

Even if the decision to care for someone at home is not yet set in stone, you should first apply for care allowance or a combination benefit. If you later change your mind, you can simply adjust the benefits provided by the care insurance fund.

## Where do I apply for care allowance?

You apply for nursing care allowance at your statutory or private **nursing care insurance fund**. You don't know your nursing care insurance fund? The nursing care insurance fund is always affiliated with the health insurance fund, so you can simply contact your health insurance fund.

<u>Nursing care insurance</u> is one of the compulsory insurances in Germany. The vast majority of people in Germany are insured for nursing care, even if some people don't know it. If you are still **not insured for nursing care** or have not paid into nursing care insurance for at least two years in the last 10 years, you can apply for nursing care allowance from the social welfare office. This is called <u>nursing care</u> assistance.

## How do I apply for care allowance?

You can apply for care allowance **informally**. Depending on the care insurance fund, an email, a phone call, a fax or a short letter is sufficient. The care insurance fund will then provide you with a corresponding form that you must fill out to ensure that the application is complete.

The date of **your application** will then provisionally be the day on which you first contacted the nursing care fund. You can then receive nursing care allowance retroactively up to this date.



TIP

## Use the free form from pflege.de

For an informal initial application, you can use the free application form from pflege.de. The form is quick to fill out and send, so you don't lose any time in the application and receive support as quickly as possible.

#### **BONUS**

## Form: Application for care benefits

- ✓ Pre-made application form for quick completion
- ✓ Nursing care allowance, benefits in kind, combined benefits, day care, inpatient care
- ✓ Fill out digitally and send or print by post

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# Nursing care allowance form: Help with filling it out

Each nursing care fund has its **own form for applying for nursing care allowance**. In most cases, it is a general form for applying for nursing care benefits, which you must fill out accordingly in order to receive nursing care allowance.

When completing the form, you will be required to make choices at some points. The following sections explain **the key points in the form** so that you can make an informed decision that is right for your care situation.

## reason for the application

Many nursing care funds want to know at the beginning what the **reason for your application** is. You can usually choose between "initial application", "upgrading application" and "conversion application".

**A first application** means that you have not received any care benefits to date. This is usually the case when the need for care has only just arisen.

Nursing care funds refer to **an application for a higher level of care** as the case where you already have a care level and are receiving benefits, but the need for care and support has increased and you are therefore applying for a higher level of care.

In contrast, a **conversion application** does not lead to a classification into a different care level, but to a change in the selected benefits. For example, if you want to receive benefits in kind for an outpatient care service instead of care allowance in the future.

## type of service

Nursing care allowance is just one form of <u>care benefits</u> that you can claim. The nursing care fund provides different long-term benefits depending on the type of care.

#### The following options are available for home care:

Care allowance (for home care by relatives and volunteers)

care benefit (for professional care at home)

Combination benefits (proportionate care allowance and care benefits in kind)

In addition, some nursing care funds allow you to apply for benefits for part-time care ( <u>day and night</u> <u>care</u> ) using the same form. You can apply for this benefit as a supplement to home care. This does not mean that you lose your entitlement to nursing care allowance or benefits in kind.



#### TIP

#### conversion claim for benefits in kind

If you want to take advantage of assistance offers that are not recognized as care benefits in kind, you can use the <u>conversion entitlement</u> and use up to 40 percent of the amount for (3) relief offers that are recognized under state law in your federal state.



## Nursing services in 2025: What's new?

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## **Background to the need for care**

The nursing care insurance fund must check whether **other providers** may have to cover the costs incurred. This would be the case, for example, if the need for care arose as a result of an incident that is primarily covered by another insurance company.

You will therefore be asked whether the need for care is the result of an accident at work, an occupational disease, medical malpractice, war injury or something similar. If so, you would have to provide documentation to prove this.

## Apply for care allowance with assistance

If you are entitled to <u>benefits or medical care</u>, the relevant authorities will contribute a percentage of the costs incurred. Therefore, you must state here whether you are entitled to benefits or medical care.



INFO

#### Who is entitled to assistance?

Civil servants and professional judges are entitled to benefits in Germany, as are their spouses and children, provided they are not themselves subject to social insurance contributions.

## information about the caregiver

The prerequisite for receiving care allowance is that **care at home is guaranteed**. The care insurance fund asks you to name a person who will be involved in your care free of charge. This does not include employees of an outpatient care service that you finance through benefits in kind.

Some nursing care funds want to know how many hours the carer spends on care when the application is submitted. This is because in some cases the carer is also **entitled to social and insurance benefits** from the nursing care fund due to their work. It is therefore sensible to list carers here if possible.



INFO

## What if I cannot specify a caregiver?

In some cases it is difficult to specify a permanent carer. For example, if the care and nursing is carried out by constantly changing people. However, this does not mean that you lose

## What happens after the application is submitted?

You will receive a letter from <u>the medical service</u> or, if you have private insurance, from <u>Medicproof</u>. This will inform you of an **appointment for the assessment**. You can of course reschedule the appointment.

Along with the appointment notice, you will also receive a **checklist** with questions to help you prepare for the assessment appointment. This is only intended to help you prepare and **does not need to be filled out and returned**. Simply have it ready at the appointment.

# care allowance payment

The nursing care funds pay nursing care allowance **in advance** for the current month on the first working day of the month. After an application has been approved, the valid nursing care allowance is paid retroactively for the period since the application was submitted.



**INFO** 

### In the case of combined benefits, payments are made later

If you make use of <u>combined benefits</u>, the <u>care allowance will only be paid</u> **retrospectively** for the previous month. This is because the nursing care fund must first know the amount for the benefits in kind in the respective month in order to then calculate the care allowance

## Can I apply for care allowance retroactively?

No, you cannot apply **for care allowance retroactively** for a past period. You can only claim care allowance from the day you submit your application. It is therefore important to submit the application as early as possible. This can also be done by telephone.

## **Frequently Asked Questions**

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