

99015032080000, 99015032080000

Applying for state care allowance for deaf people

Heruntergeladen am 27.06.2025

<https://fimportal.de/xzufi-services/110720030/L100041>

Modul	Sachverhalt
Leistungsschlüssel	99015032080000, 99015032080000
Leistungsbezeichnung I	Applying for state care allowance for deaf people
Leistungsbezeichnung II	
Typisierung	4 - Land: Regelung
Quellredaktion	Brandenburg
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Bibliothek	unbestimmter Freigabestatus
Begriffe im Kontext	
Leistungstyp	Leistungsobjekt mit Verrichtung
Leistungsgruppierung	Menschen mit Behinderung (015)
Verrichtungskennung	Gewährung (080)
SDG-Informationsbereich	
Lagen Portalverbund	Behinderung (1130300)
Einheitlicher Ansprechpartner	Nein

Modul	Sachverhalt
Fachlich freigegeben am	23.02.2023
Fachlich freigegeben durch	Ministry of Social Affairs, Health, Integration and Consumer Protection
Handlungsgrundlage	https://bravors.brandenburg.de/gesetze/lpflgg https://bravors.brandenburg.de/gesetze/lpflgg
Teaser	If you are deaf or your hearing loss borders on deafness, you can receive care allowance for deaf people under certain conditions.
Volltext	<p>The benefit of the state of Brandenburg for deaf people is the state care allowance for deaf people.</p> <p>You receive the benefit for deafness or hearing loss, which borders on deafness, and there is no entitlement to benefits under SGB XI (social long-term care insurance).</p> <p>You have had your disability since birth or before you turned 7 years old. Thereafter, only if the degree of disability due to severe speech disorders is 100 per cent.</p> <p>You live in Brandenburg.</p> <p>It is a voluntary service of the country. It is intended to compensate for additional financial expenses caused by deafness.</p> <p>As a person with deafness or hearing loss bordering on deafness, you are entitled to financial support of 106.60 euros per month.</p> <p>You receive this benefit regardless of your income and assets.</p> <p>Deaf residents in institutions, homes and similar institutions do not receive any state care allowance.</p>
Erforderliche Unterlagen	<ul style="list-style-type: none"> • Personal data with the addition of appropriate proof upon request (usually identity card or passport or residence permit). • Proof of deafness or deafness (at least one proof

Modul	Sachverhalt
	<p>required): Specialist certificate of deafness or deafness Notification of the severely disabled pass with the mark "GI" (deaf)</p> <ul style="list-style-type: none"> • When applying for minors: declaration of intent from the legal representative (if you are a legal guardian) • For assistance from third parties: power of attorney (if you ask third parties for help with the application) • In case of supervision: certificate of supervision (if you have a legally appointed supervisor)
Voraussetzungen	<p>You are deaf or with congenital or acquired deafness up to the age of 7 or hearing loss bordering on deafness. Thereafter, only if the degree of disability due to severe speech disorders is 100 per cent.</p> <p>You live in Brandenburg.</p>
Kosten	no application fees; Expenses for medical certificates are to be borne by you
Verfahrensablauf	<ul style="list-style-type: none"> • You contact the locally competent authority and apply for the Landespflegegeld. • The authority will examine your application and will contact you if you have any questions or missing documents. • When all documents are available, the authority will examine your entitlement to state care allowance. • After the examination, you will receive a letter of approval or rejection.
Bearbeitungsdauer	Once you have submitted all the documents, you will receive a decision after the examination.
Frist	A decision on the application will be taken as soon as possible. The processing time depends, among other things, on the completeness of the information and the submission of the supporting documents required for the processing of the application.
weiterführende Informationen	<p>Most information about the state care allowance for deaf people can be found on the various websites of the district or city responsible for you.</p> <p>https://www.gl-brandenburg.de/ https://www.gl-brandenburg.de/</p>
Hinweise	

Modul	Sachverhalt
Rechtsbehelf	
Kurztext	<ul style="list-style-type: none"> • Help for deaf people Application • Benefit for deafness or hearing loss bordering on deafness for persons not entitled to benefits under SGB XI • Deafness or hearing loss bordering on deafness since birth or before the age of 7. • After the age of 7 only if the degree of disability due to severe speech disorders is 100 per cent. • Monthly cash benefit • Free application • Benefit is independent of income and assets • competent authority: The district or city depending on the place of residence of the applicant.
Ansprechpunkt	
Zuständige Stelle	Districts and district-free cities
Formulare	
Ursprungsportal	Landespflegegeld für gehörlose Menschen beantragen, Applying for state care allowance for deaf people