

# 99041004000000

Heruntergeladen am 08.07.2025

<https://fimportal.de/xzufi-services/S1000020010000007055/S100002>

Modul	Sachverhalt
Leistungsschlüssel	99041004000000
Leistungsbezeichnung I	
Leistungsbezeichnung II	Child day care, proof of income for new applications and subsequent applications
Typisierung	2/3 - Bund: Regelung (2 oder 3), Land/Kommune: Vollzug
Quellredaktion	Hamburg
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Bibliothek	unbestimmter Freigabestatus
Begriffe im Kontext	<div lang="en-x-mtfrom-de">Day care center, day care, proof of income for new applications and follow-up applications</div>, <div lang="en-x-mtfrom-de">Childminder - child day care, proof of income for new applications and follow-up applications</div>, <div lang="en-x-mtfrom-de">Day father - child day care, proof of income for new applications and follow-up applications</div>, <div lang="en-x-mtfrom-de">Day mothers - child day care, proof of income for new applications and subsequent applications</div>, <div lang="en-x-mtfrom-de">Day fathers - child day care, proof of income for new applications and subsequent applications</div>

<b>Modul</b>	<b>Sachverhalt</b>
<b>Leistungstyp</b>	
<b>Leistungsgruppierung</b>	
<b>Verrichtungskennung</b>	
<b>SDG-Informationsbereich</b>	
<b>Lagen Portalverbund</b>	
<b>Einheitlicher Ansprechpartner</b>	Nein
<b>Fachlich freigegeben am</b>	
<b>Fachlich freigegeben durch</b>	
<b>Handlungsgrundlage</b>	
<b>Teaser</b>	
<b>Volltext</b>	If, according to your own assessment, the maximum rate is payable, no information on income is required. (Please state on the questionnaire on the economic situation - see link)
<b>Erforderliche Unterlagen</b>	The following proof of income must be submitted in addition to the other documents: In the case of dependent employment: The last current earnings statement or, in the case of strongly fluctuating income, the year-end statement of the previous year Special payments such as Christmas and / or vacation pay (if necessary, statements from the previous year) If you are self-employed: Prima facie evidence for the self-employed (see link) Possibly the last tax assessment (a final calculation will only be made after submission of the tax assessment applicable for the care period) Deduction amounts (see below) For transfer payments: Proof of benefits from the employment agency (unemployment benefit I) or Proof of unemployment benefit II or basic security or Proof of housing benefit and / or Proof of other income (e.g. parental allowance) Additionally for separated persons: Proof of maintenance payments In addition, so-called deduction amounts can be specified! (Except in the case of self-employed persons, these do not need to be documented, provided the information in the

**Modul**
**Sachverhalt**

questionnaire on the economic situation is credible.)  
 The following deduction amounts can be specified:  
 Health insurance contributions (only for self-employed, civil servants and employees who are not subject to health insurance) Life insurance contributions (only for self-employed and employees who are not subject to pension insurance) Contributions to household contents and / or liability insurance Contributions to professional associations and unions Contributions to private retirement provision

**Voraussetzungen**
**Kosten**

Gebühr: Es fallen keine Kosten an

**Verfahrensablauf**
**Bearbeitungsdauer**
**Frist**
**weiterführende Informationen**

<https://www.hamburg.de/service/suche/?query=kinder>  
<https://www.hamburg.de/behoerdenfinder/hamburg/i>  
<https://www.hamburg.de/nfo/?query=kindertagesbetreuung>  
<https://www.hamburg.de/kita-finden>  
<https://www.hamburg.de/kita-finden>  
<https://tagesmuetter-hamburg.de/>  
<https://tagesmuetter-hamburg.de/>  
<http://www.kindertagespflege.hamburg.de>  
<http://www.kindertagespflege.hamburg.de>  
<https://www.hamburg.de/antraege>  
<https://www.hamburg.de/antraege>  
<https://fhh1.hamburg.de/Dibis/form/pdf/AS-71.pdf>  
<https://fhh1.hamburg.de/Dibis/form/pdf/AS-71.pdf>

**Hinweise**

Please always state the following in all correspondence:  
 Surname of the child First name of the child Child's date of birth Complete registration address of the child

**Rechtsbehelf**
**Kurztext**
**Ansprechpunkt**

If you want to find out exactly who is responsible for your request, please follow the link to

Modul	Sachverhalt
	Authority finder Hamburg
Zuständige Stelle	
Formulare	
Ursprungsportal	Behördenfinder Hamburg, Authority finder Hamburg (Currently this link is only available in german)