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# Apply for state participation allowance for deaf people

Heruntergeladen am 15.07.2025

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

Modul	Sachverhalt
Leistungsschlüssel	99015032080000, 99015032080000
Leistungsbezeichnung I	Apply for state participation 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	18.02.2025
Fachlich freigegeben durch	Ministry of Health and Social Affairs
Handlungsgrundlage	<a href="https://bravors.brandenburg.de/gesetze/teilhgg">https://bravors.brandenburg.de/gesetze/teilhgg</a> <a href="https://bravors.brandenburg.de/gesetze/teilhgg">https://bravors.brandenburg.de/gesetze/teilhgg</a>
Teaser	If you are deaf or your hearing loss borders on deafness, you can receive participation allowance for deaf people under certain conditions.
Volltext	<p>The benefit provided by the state of Brandenburg for deaf people is the state participation allowance for deaf people.</p> <p>You receive this benefit if you are deaf or have a hearing impairment that borders on deafness.</p> <p>You have had your disability since birth or before the age of 7. After that, only if the degree of disability due to severe speech impairment is 100 percent.</p> <p>You live in Brandenburg.</p> <p>It is a voluntary statutory benefit provided by the state. It is intended to compensate for additional financial expenses caused by deafness.</p> <p>As a person who is deaf or has a hearing impairment bordering on deafness, you are entitled to financial support amounting to 130.00 euros per month.</p> <p>You receive this benefit regardless of your income and assets.</p> <p>Deaf residents in inpatient facilities also receive the state participation allowance.</p>
Erforderliche Unterlagen	<ul style="list-style-type: none"> <li>• Personal data with the addition of corresponding proof upon request (usually identity card or passport or residence permit).</li> <li>• Proof of deafness or deafness (at least one proof required): Specialist medical certificate of deafness or deafness Notification of the severely disabled person's pass with the "GI" (deaf) mark</li> </ul>

Modul	Sachverhalt
	<ul style="list-style-type: none"> <li>• If applying for minors: Declaration of intent from the legal representative (if you are a parent or legal guardian)</li> <li>• If assisted by a third party: Power of attorney (if you are asking a third party for help with the application)</li> <li>• In the case of guardianship: guardianship certificate (if you have a legally appointed guardian)</li> </ul>
Voraussetzungen	<p>You are deaf or have congenital deafness or deafness bordering on deafness acquired up to the age of 7. Thereafter only if the degree of disability due to severe speech impairment is 100 percent.</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"> <li>• You contact the local authority responsible and apply for the state participation allowance.</li> <li>• The authority will check your application and contact you if there are any queries or missing documents.</li> <li>• Once all the documents have been submitted, the authority will check your entitlement to state participation allowance.</li> <li>• After the review, you will receive a notice of approval or rejection.</li> </ul>
Bearbeitungsdauer	Once you have submitted all the documents, you will receive a decision after the review.
Frist	A decision on the application will be made as quickly as possible. The processing time depends, among other things, on the completeness of the information and the submission of the evidence required for processing the application.
weiterführende Informationen	<p>You can find information about the state participation allowance for deaf people for the most part on the various websites of the district or city responsible for you.</p> <p><a href="https://www.gl-brandenburg.de/">https://www.gl-brandenburg.de/</a></p> <p><a href="https://www.gl-brandenburg.de/">https://www.gl-brandenburg.de/</a></p>
Hinweise	

Modul	Sachverhalt
Rechtsbehelf	
Kurztext	<ul style="list-style-type: none"> <li>• Help for deaf people Application</li> <li>• Benefit for deafness or hearing loss bordering on deafness</li> <li>• Deafness or hearing loss bordering on deafness since birth or before the age of 7.</li> <li>• After the age of 7 only if the degree of disability due to severe speech impairment is 100 percent.</li> <li>• Monthly cash benefit</li> <li>• Free application</li> <li>• Benefit is independent of income and assets</li> <li>• Competent authority: The district or independent city, depending on the applicant's place of residence.</li> </ul>
Ansprechpunkt	
Zuständige Stelle	Counties and independent cities
Formulare	
Ursprungsportal	Landesteilhabegeld für gehörlose Menschen beantragen, Apply for state participation allowance for deaf people