

COMMUNICATION AND WAIVER/ACCEPTANCE FORM FOR WIDESPREAD RECEPTION OR RECEPTION AT CAS/SAI NETWORK
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The undersigned _____ born at _____ on _____ currently staying at _____, having applied for the residence permit temporary protection document no. _____ dated _____, Fiscal Code _____ (if owned), as representative of the family group:

- _____ born at _____ on _____ - document no. _____ dated _____, Fiscal Code _____
- _____ born at _____ on _____ - document no. _____ dated _____, Fiscal Code _____
- _____ born at _____ on _____ - document no. _____ dated _____, Fiscal Code _____
- _____ born at _____ on _____ - document no. _____ dated _____, Fiscal Code _____

To date staying with the declarant, that hereby DECLARE they have so far availed of the following forms of assistance (*check the referring one*):

- No form of reception (first entry into Italy)
- Autonomous accommodation at _____
- Temporary accommodation in hotel _____

and acknowledges that as of today, the reception forms available in lieu of the above forms of assistance are:

- "widespread reception" at _____ in the Municipality of _____;
- CAS/SAI network at _____ in the Municipality of _____.

The subject also acknowledges that renunciation of the aforementioned proposed accommodation implies the loss of the possibility of being received in hotel facilities or other reception facilities provided by the Italian State (widespread reception or CAS/SAI). Having therefore considered the above, DECLARES to (*check the option of interest*):

- ACCEPT** reception in the facility offered
- NOT ACCEPT** reception in the facility offered

Date and place _____

The undersigned _____

To submit in two copies original and bilingual

THE SECTION BELOW SHOULD BE FILLED OUT ONLY IN CASE OF REFUSAL, EVEN COMMUNICATED ELECTRONICALLY BECAUSE OF THE IMPOSSIBILITY OF PHYSICAL PRESENCE OF THE PERSON CONCERNED

The undersigned _____ owing the structure of _____ in the Municipality of _____ declares that the subject, informed of the terms of this form, does not intend to sign it.

_____ (signature of the manager)