



Pocket knowledge: medical rehabilitation for children and adolescents

A GERMAN PENSION INSURANCE BENEFIT
FOR CHILDREN AND ADOLESCENTS WITH
CHRONIC ILLNESS

A GUIDE FOR FAMILIES
AVAILABLE IN A RANGE OF LANGUAGES

Gefördert durch:



UNIVERSITÄT ZU LÜBECK

**Ethno-
Medizinisches
Zentrum e.V.**



aufgrund eines Beschlusses
des Deutschen Bundestages

Legal notice

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A guide for families

Published by:

Ethno-Medizinisches Zentrum e. V.
Freundallee 25 | 30173 Hannover

Contributions:

University of Lübeck – Institute of Social Medicine and Epidemiology
Ratzeburger Allee 160 | 23538 Lübeck

Funded by:

Federal 'Innovative Pathways to Workforce Participation – rehapro' Initiative

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Version: 2025, 1st edition

Graphic design: eindruck.net, 30175 Hannover

Translation: Ethno-Medizinisches Zentrum e. V. Translation Service

Image sources: Cover Image: stock.adobe.com/gunzexx png and bg, p.3: DRV Nord, p. 6: yacobchuk/iStock.com, p. 9: SeventyFour/iStock.com, p. 15: freemixer/iStock.com, p. 20: perfectlab/iStock.com, p. 24: Chinnapong/iStock.com

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Dear readers,



a chronic – i.e. longer-term – illness can be stressful, and limit participation in all aspects of daily living. Many questions arise, especially when such a disease occurs early in life: how can the young person grow up as carefree as possible? Will the disease affect not only the child's personal development, but also their education?

German Pension Insurance benefits for medical rehabilitation for children and adolescents are an important health care component for children and adolescents with chronic illness or mental health issues. In most cases, these health problems also affect the young patients' social lives, performance in education and vocational training, as well as self-esteem. It is therefore important to support affected children and adolescents with individually tailored medical rehabilitation interventions early – in order to improve quality of life, avoid detrimental follow-on effects, and create the best possible conditions for achieving educational and training qualifications.

Unfortunately, many parents and adolescents do not know that these services exist. Some parents experience the application process as very cumbersome, and children from families with a migration background are also less likely to find their way to medical rehabilitation.

German Pension Insurance has therefore set a goal of improving access to its services, including through a pilot project on medical rehabilitation for children and adolescents as part of the 'rehapro' funding programme.

The aim of this pilot project is to simplify the application form. In addition, targeted information services for families and professionals, as well as peer support during the application process, are to be tested. This guide, which contains important notes on the subject of medical rehabilitation for children and adolescents, represents one element of this endeavour.

If your child is affected by chronic illness, I would like to encourage you to access this type of rehabilitation as a treatment option, and to get in contact with your pension insurance fund.

It remains for me to wish you what will hopefully be an enlightening read, and all the best for you and your family,

**V. Reitstätter (Managing Director,
Deutsche Rentenversicherung Nord)**

A handwritten signature in blue ink, appearing to read 'V. Reitstätter', written in a cursive style.

Important facts in brief

If your child has a *chronic** illness, medical rehabilitation for children and adolescents ('Reha') can help a lot to improve general health.

At rehabilitation facilities ('Reha-Kliniken'), a team of specialists provides personalised treatment to children and adolescents. It includes a focus on learning how to deal with the illness.

Several agencies fund medical rehabilitation for children and adolescents. The most important are German Pension Insurance (Deutsche Rentenversicherung, DRV) and Statutory Health Insurance (Gesetzliche Krankenversicherung, GKV).

Rehabilitation facilities treat a wide range of illnesses. The most common are *psychosomatic* and *psychomotor* disorders, as well as behavioural disorders (for example *ADHD*, *depression*), including developmental language disorders. Other common diseases include obesity and morbid overweight, chronic respiratory diseases (for example asthma or cystic fibrosis), spinal and back abnormalities (for example scoliosis), skin conditions (for example neurodermatitis), neurological diseases, allergies, as well as metabolic diseases (for example diabetes mellitus).

* TERMS HIGHLIGHTED IN ITALICS ARE EXPLAINED IN THE GLOSSARY

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Medical rehabilitation for children and adolescents



An illness is called chronic if it lasts for a long time and in many cases can't be cured completely. It may severely limit children and adolescents – in everyday life as well as at school, in vocational training, employment or study.

Medical rehabilitation ('Reha') can help in these cases. The goal is to improve patients' physical and *mental* health so that they may lead the best life they can despite their illness.

The treatment provided during medical rehabilitation for children and adolescents is more varied than in a hospital. In addition to medical treatment, patients learn to better understand their illness, and to practice how to deal with it better in everyday life.

Typical health conditions warranting medical rehabilitation include mental health issues such as ADHD, depression, severe stress reactions and adjustment disorders, developmental language disorder, asthma, obesity, skin conditions, spinal deformities,

cancer, and post-COVID syndrome or long COVID. Other types of chronic illness can also benefit from medical rehabilitation. Rehabilitation facilities can treat a wide range of conditions. What's important is that your child meets the personal criteria for medical rehabilitation.

INPATIENT REHABILITATION

There are many *inpatient* rehabilitation facilities for children and adolescents. Patients usually stay for four weeks and, apart from the treatment, also continue their schoolwork in important subjects. Children under the age of 12 years and older children with special needs may be accompanied by a caregiver (one of the parents in most cases), who is also accommodated at the facility. Siblings up to the age of twelve who cannot be cared for at home can be brought along under certain conditions. Inpatient rehabilitation is rarely available near patients' place of residence.

OUTPATIENT REHABILITATION

More *outpatient* rehabilitation services that can be accessed near where children and adolescents' live are planned for the future. In this mode of service provision, patients receive treatment at the facility for a number of hours during the day, then return home overnight.

These outpatient services are especially suited to conditions and problems that require parents' close involvement in the rehabilitation process. Only a few outpatient facilities are available until now, but these services are being expanded.

FOLLOW-UP CARE BENEFITS

Medical rehabilitation can promote positive developments, especially in case of chronic illnesses such as obesity, *dependency disorders*, and mental health conditions.

Follow-up care services are available in all federal states to ensure long-term behaviour change in day-to-day life, and improved health. If required, the facility can prescribe follow-up care to begin immediately after rehabilitation. German Pension Insurance covers the cost of these services.

DAY-TO-DAY LIVING AFTER MEDICAL REHABILITATION

During medical rehabilitation, children and adolescents with chronic illness learn about action they can take themselves in order to feel better. What they have learned, for example an adapted diet or more physical activity, should continue to be applied at home after rehabilitation. Sometimes, the family needs to make some adjustments to their daily routine. Together with the professionals, they can develop a plan for this during rehabilitation.

There are several state institutions that cover the cost of medical rehabilitation for children and adolescents. These agencies are called 'Kostenträger'. The most important are German Pension Insurance (DRV) and the statutory health insurance funds. In this guide, we focus on the DRV as one of the statutory agencies that can cover the cost of medical rehabilitation.

Conditions treated



According to parents, almost every sixth underage young person in Germany (ca. 16%) suffers from a chronic illness. This is equivalent to more than two million children and adolescents. Normally, paediatricians and medical specialists treat these conditions near where patients live. If this treatment is not sufficient, medical rehabilitation for children and adolescents is an additional option.

Conditions often treated during medical rehabilitation include asthma, Type 1 diabetes, obesity (severe overweight), neurodermatitis, and behavioural disorders such as ADHD. Other chronic conditions such as anorexia, cardiovascular disease, and neurological disorders can also be treated. The determining factor is that medical treatment is appropriate, and that there is a good chance that medical rehabilitation will help your child – which often turns out to be the case!

If you want to apply for medical rehabilitation for your child based on their illness, or if you are unsure whether medical rehabilitation is an option for your child, please consult your paediatrician or family doctor.

Mental health conditions

Mental illness is very stressful for children and adolescents, and for their families. Often, these kinds of conditions don't just disappear by themselves, and can persist into adulthood. Rehabilitation facilities treat many different types of mental health conditions, including ADHD, depression, post-traumatic stress disorder and dependency disorder.

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common

mental health disorders in childhood and adolescence.

Intensive psychotherapeutic training interventions and targeted treatment can promote largely normal social and educational development in the affected children and adolescents.

Apart from behavioural disorders such as ADHD, affective disorders such as depression are also common among children and adolescents, and can significantly impact their wellbeing.

DEPRESSION

Depression can be caused by a range of factors, including genetic predisposition and traumatic experiences (see Fig. 1). In children and adolescents, it shows in different ways depending on age. In younger children, depression tends to manifest in physical symptoms such as lack of

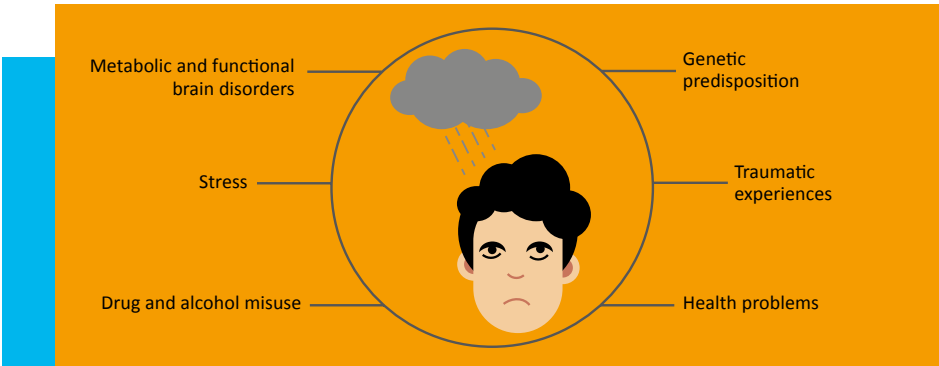


FIG. 1: CAUSES OF DEPRESSION

appetite, sleep disorders, and recurring stomach ache. In older children, it manifests as persistent sadness, listlessness, and negative thoughts.

Depression must be diagnosed carefully, as it is not always easy to distinguish it from other disorders. Depression must also be distinguished from age-related mood swings such as those occurring during puberty. An important criterion for diagnosis is the persistence of *symptoms* for at least 14 days.

After traumatic experiences, children and adolescents can develop post-traumatic stress disorders that require special treatment.

POST-TRAUMATIC STRESS DISORDER (PTSD)

Post-traumatic stress disorder (PTSD) is a psychological response to stressful events such as accidents, violent crimes, and natural disasters. It is accompanied by psychological and psychosomatic symptoms.

Trauma-centred behavioural therapies in particular can help children and adolescents affected by PTSD.

Physical conditions

Physical conditions can severely affect quality of life for children, adolescents, and their families. Rehabilitation facilities treat a range of physical conditions including developmental language disorder, cancer, neurodermatitis, and scoliosis. Apart from metabolic diseases such as obesity, respiratory diseases are also common in childhood and adolescence.

OBESITY AND MORBID OVERWEIGHT

The development of obesity cannot be attributed to a single cause. The development of obesity can, for example, be aided by genetic predisposition, a lifestyle that includes little physical exercise, high media consumption, and a diet high in

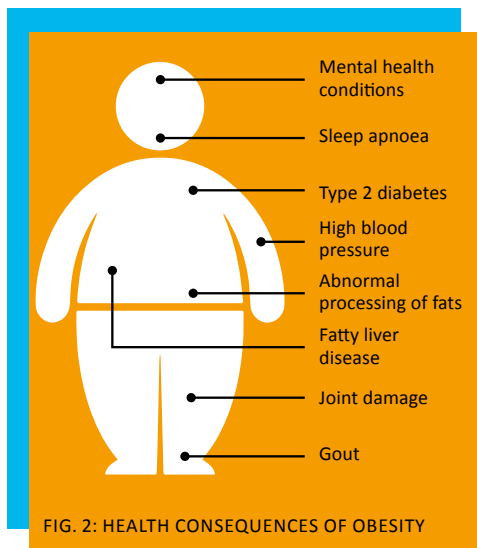


FIG. 2: HEALTH CONSEQUENCES OF OBESITY

sugar and fat. Those affected often suffer from back and joint pain, frequently experience derogatory comments by classmates, and have a markedly higher risk of developing additional conditions such as diabetes mellitus and high blood pressure. As some of these secondary diseases (Fig. 2) only emerge later in life, timely assistance is very important.

RESPIRATORY DISEASE: ASTHMA

This chronic inflammation of the respiratory tract can severely affect quality of life for the affected children and adolescents. Early detection is very important in this disease.

Early, high-quality, and reliable treatment can offer one in three children with asthma the chance of a cure by the time they reach adulthood, if not earlier. However, the underlying potential for an overactive immune response persists lifelong. Diseases that affect the immune system can also impact the skin and lead to chronic complaints.

NEURODERMATITIS

Rehabilitation facilities for children and adolescents treat a variety of skin conditions, including neurodermatitis, psoriasis, and hives (urticaria). The most frequently treated skin condition is neurodermatitis. The disease appears on different parts of the body depending on age (Fig. 3).

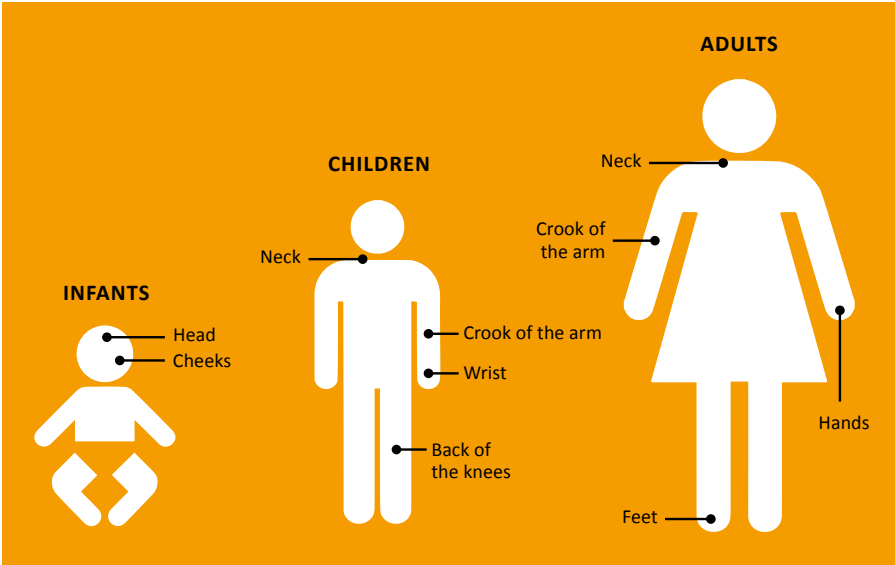


FIG. 3: BODY PARTS FREQUENTLY AFFECTED BY NEURODERMATITIS, BY LIFE STAGE

Children with neurodermatitis are exposed to many stressors and frequently show mental health symptoms. To improve the situation for the children and their families, it is important to access psychological as well as medical assistance. This is also included in medical rehabilitation interventions.

Apart from physical symptoms, developmental disorders can also severely affect children's quality of life.

DEVELOPMENTAL LANGUAGE DISORDER

Developmental language disorder can cause far-reaching social and mental health problems. It can permanently limit the affected children's educational opportunities and quality of life. If language development appears abnormal, it is important to access therapeutic assistance early.

Diseases of the musculoskeletal system pose further challenges during childhood and adolescence.

SCOLIOSIS

Scoliosis is a disease affecting the spine and back. The name denotes a lateral curvature and twisting of the spine. This misalignment can lead to permanent muscle contractions. These can in turn cause back, shoulder, and neck pain, and even headaches. Joint pain in the knees and ankles can also occur.

If scoliosis is detected early in childhood, and the curvature is not very pronounced yet, special exercises and *physiotherapy* can prevent the curvature from progressing further. The earlier scoliosis is detected in children and adolescents, the better are their treatment options.

Medical rehabilitation is useful because it offers targeted support in the form of individually tailored exercises, as well as training sessions for parents and their children.

Some physical conditions require especially intensive medical care and rehabilitation.

CANCERS

Children and adolescents who suffer from cancer are exposed to a great deal of physical and mental stress. The disease also presents a great challenge to parents, siblings, and other loved ones – a challenge that requires a lot of strength and support.

Medical rehabilitation can help children and adolescents regain their strength after such stressful times, thus reducing the impact of the illness.

POST-COVID-SYNDROME AND LONG COVID

The COVID-19 pandemic also had long-term consequences for children and adolescents. Post-COVID-Syndrome and Long COVID refer to symptoms that persist, or occur for the first time, after the period of acute infection.

Affected children report persistent fatigue, headaches, difficulty concentrating, and disturbed sleep – all of which affect school performance. Physical complaints such as shortness of breath, chest pain, and joint pain are also not uncommon. As these symptoms can lead to severe stress for children and their families, medical rehabilitation is recommended in many cases.

At the rehabilitation facility



STAYING WITH THE CHILD AT THE REHABILITATION FACILITY

Children up to the age of 12 years may be accompanied by one other person (one of the parents in most cases). The accompanying person actively participates in the treatment process. If medically indicated, older children may also be accompanied.

The aim of rehabilitation with an accompanying adult is to sustainably strengthen the family in handling the challenges of everyday life through attending treatment

interventions, training courses, and exercise classes together. The focus, however, is always on the young patient. This means that accompanying adults do not receive treatment for their own health conditions. Joint activities for all accompanying adults (e.g. discussion groups and leisure activities) are also available. Being in contact with other parents in similar situations helps to deal with the child's illness.

Children and adolescents remain at the facility for around four weeks. Treatment focuses not on the chronic illness alone,

but on the children and adolescents' and their families' entire life situation.

Rehabilitation teams consisting of medical and therapeutic staff, nursing staff, education specialists, and other experts care for the young patients.

Apart from physical exercise classes, treatment may also comprise *psychotherapeutic interventions*, cooking classes, training courses for family members, as well as counselling sessions regarding future educational and employment options.

Therapeutic interventions and training are conducted individually as well as in groups. This gives the children and adolescents the opportunity for exchange with their peers.

To ensure they don't fall behind in their school work, patients also attend lessons at the facility. Every child receives comprehensive and individually tailored support.

The following two examples show how rehabilitation facilities implement a holistic approach using individual treatment plans.

Rehabilitation facilities typically treat the behavioural disorder ADHD by offering the following interventions:

- Family and behavioural therapy
- Disease-specific training courses for patients and their relatives
- Counselling sessions for relatives
- *Psychological interventions* and art therapy
- Self-awareness and life skills training
- Relaxation training
- Social work interventions for educational and social integration

Rehabilitation facilities typically treat asthma by offering the following interventions:

- Breathing exercises
- How to use inhaler ('puffer') and peak flow meter
- Movement therapy
- Illness-specific training courses for patients and their relatives
- Psychological interventions and art therapy

PACKING LIST

Facilities send parents a packing list ahead of time. Additional questions can be discussed with facility staff before arrival.

Important to bring:

- Electronic health care card, ID card (Personalausweis) or passport
- Medical reports, X-ray images, and important emergency documents
- Regularly taken medications and personal hygiene items
- Personal medical aids (for example glasses, hearing aid) and personal items
- Sportswear and swimwear, weather-proof clothing, and comfortable shoes

TRAVEL

You must organise travel to and from the facility yourself, either by car or by public transport. German Pension Insurance will reimburse you at the rate of the cost of public transport.

For car travel, reimbursement is set at 20 cents per kilometre. The upper limit for reimbursement is 130 euros for travel to and from the facility, including associated fees such as car parking.

ACCOMMODATION

Younger children share accommodation with their accompanying adult, in most cases one of the parents. Unaccompanied older children and adolescents mostly share rooms in single sex groups with other children of a similar age and with similar medical histories. This is a very important aspect of rehabilitation.

In everyday life, many children and adolescents with chronic illness often feel left alone with their situation. Talking with peers in similar situations can boost strength and help to better deal with the illness.

You can discuss all questions regarding accommodation and daily routines – such as your child's meals, sporting activities, or religious observance – with the staff at the facility in advance. The staff will consider your requests as far as possible.

THE INTAKE CONSULTATION

After arriving at the rehabilitation facility, the treating doctor will have a detailed conversation with you and your child in order to get a more accurate picture of their health status.

At the beginning of medical rehabilitation, the child or adolescent will undergo a medical examination. Parents can ask in advance what exactly this will include, so that they can explain it to their child and alleviate potential anxieties.

TREATMENT PLAN

After the intake consultation and medical examination, the rehabilitation team will put together an appropriate treatment plan. This is structured like a timetable at school, and includes all rehabilitation interventions, therapy, and exercises for the young patients as well as their accompanying persons.

This ensures that doctors, therapists, nursing and care personnel know the treatment goals and can work towards them collaboratively. Parents, or the respective accompanying adult, will be closely involved from the beginning so that they can later continue the activities in day-to-day life at home.

DAILY ROUTINE

During the day, the young patients participate in scheduled therapeutic interventions, lessons, meals, and leisure activities.

Therapeutic interventions include:

- Movement-based interventions such as *occupational therapy*, physiotherapy and sports sessions
- Relaxation training to promote wellbeing
- Creative methods such as design and music
- Psychological and social interventions such as individual and group therapies, as well as information sessions

How to use medical aids such as a prosthesis can also be practiced. This is called *adaptation training* (Hilfsmitteltraining). Therapeutic interventions are distributed over the course of each day, and each intervention is scheduled several times per week. Outdoor education methods and leisure activities are interwoven with therapeutic interventions. How to deal with limitations within a group is explored during joint activities, which also serve to practice social and motor skills.

The young patients and their accompanying persons also attend training sessions. Here, they obtain information about medications and other forms of treatment, as well as practicing how to deal with the illness.

SCHOOL LESSONS

If your child is at school, they will attend weekday lessons throughout the rehabilitation period. School holiday periods follow those of the federal state in which the facility is located. School-age accompanying siblings also attend lessons at the facility. Lessons are closely coordinated with the teachers at the children's usual school. Moreover, test papers and exams can also be taken at the facility so that the young people don't fall behind.

An example of a timetable for child and adolescent medical rehabilitation can be found in the appendix.

During rehabilitation, the team regularly reviews the treatment plan and adjusts it if necessary. Before the end of the rehabilitation period, the doctor will conduct another examination and detailed consultation with the child and accompanying person. This includes a discussion about how the rehabilitation went, as well as recommendations to follow up on when returning home. The aim is to support patients and their families with the resumption of their daily routine at home.

A SPECIAL CASE: FAMILY-ORIENTED REHABILITATION

Very serious conditions such as cancer, cystic fibrosis, or a child's organ transplantation can strongly impact the family's entire life. In such cases, there is an option for family-oriented rehabilitation (familienorientierte Rehabilitation, FOR). Here, the child living with the illness, as well as parents and siblings are admitted to the rehabilitation facility together.

In contrast to classic medical rehabilitation for young people, where treatment focuses on the children and adolescents, FOR includes therapeutic care also for family members. The aim is to strengthen the family as a whole.

DISTINCTION FROM PARENT-CHILD REHABILITATION (ELTERN-KIND KUR)

Medical rehabilitation for children and adolescents focuses on the child living with the illness. The accompanying person receives training and guidance to learn and improve how they are dealing with the illness. Rehabilitation for children and adolescents should not be confused with inpatient parent-child rehabilitation. Parent-child rehabilitation is about parents with health challenges.

Reasons for parent-child rehabilitation include stress-related exhaustion, family separations, and parenting problems. Children up to the age of twelve years (in exceptional circumstances up to 14 years) may accompany them. Parent-child rehabilitation is not a German Pension Insurance (DRV) benefit. Only health insurance funds cover the costs.

Rights and entitlements



Costs-covering agencies

Cost-covering agencies pay for medical rehabilitation stays and process the applications for medical rehabilitation. In this guide, we focus on German Pension Insurance as the relevant cost-covering agency. Additional agencies who may cover rehabilitation costs are introduced in the section titled 'Other agencies'.

IMPORTANT: Applications for medical rehabilitation can be lodged with any of the listed cost-covering agencies. If

the selected cost-covering agency is not responsible, the agency is obliged to forward the application to the cost-covering agency they consider responsible.

GERMAN PENSION INSURANCE (DRV) AS COST-COVERING AGENCY

As long as personal requirements and the requirements relating to insurance law are met, DRV must approve the application for medical rehabilitation for children and adolescents.

Personal requirements include:

- Positive rehabilitation prognosis: there must be a good chance that medical rehabilitation will help the child and have a positive impact on later employment. In case of severe illness or disability likely to preclude employment, the application should be lodged with another cost-covering agency, for example statutory health insurance.
- Rehabilitation need: the child's health must be at risk or impacted by chronic illness in particular. Medical rehabilitation must be required to improve or restore the child's health.
- Rehabilitation capacity: the child must be physically, mentally, and socially capable of participating in medical rehabilitation.

The requirements relating to insurance law are about the social insurance status of the person who is lodging the application (a mother or father in most cases). The requirements related to insurance law are usually met if:

- the person is in employment subject to compulsory social insurance,
- has been in such employment until recently,
- is in vocational training,
- is in receipt of a DRV state pension or
- if the child is a single or double orphan.

Many other persons may meet the requirements related to insurance law through pension-relevant child-rearing periods, informal care work for relatives, or minimal employment covered by compulsory social insurance. It may be worthwhile to clarify your status in relation to the requirements related to insurance law with the DRV, as parents may be unexpectedly entitled to cost coverage for medical rehabilitation for children and adolescents.

Other cost-covering agencies

STATUTORY HEALTH INSURANCE (GKV)

Statutory health insurance funds also cover the costs of medical rehabilitation for children and adolescents. All children and adolescents covered by statutory health insurance who meet the personal and insurance law-related requirements are entitled to these benefits.

PRIVATE HEALTH INSURANCE FUNDS

Children with private health insurance are not automatically entitled to cost coverage for medical rehabilitation. Whether medical rehabilitation for children and adolescents is covered depends on the respective insurance policy.

HEALTH ALLOWANCE (BEIHILFE)

Public officials should contact their 'Beihilfe' office in relation to questions regarding medical rehabilitation for children and adolescents.

STATUTORY ACCIDENT INSURANCE

Statutory accident insurance covers the costs of rehabilitation treatment for children and adolescents after accidents at a day-care centre (Kita), at school, at the workplace, or on the way to or from one of these places. In contrast to statutory pension insurance and statutory health insurance, statutory accident insurance acts as soon as it has been notified of an accident. The insured person does not need to lodge an application.

CHILDREN'S AND YOUTH SERVICES

The most important cost-covering agencies for mental health conditions are German Pension Insurance (DRV) and statutory health insurance funds (GKV).

Within the remit of integration assistance (Eingliederungshilfe), offices for youth affairs (Jugendämter) may under certain conditions also cover the costs of medical rehabilitation in cases of actual or imminent mental disability. These include mental health conditions such as personality and behavioural disorders, schizophrenia, persistent depression, and anxiety disorders.

Offices for youth affairs cover the costs of rehabilitation for all, regardless of parents' statutory pension or health insurance status. The legal basis is § 35a SGB 8: 'Integration assistance for children and adolescents with current or imminent mental disability'.

Families should contact integration assistance specialists at the respective office for youth affairs (Jugendamt). Many offices for youth affairs also offer guidance officers who can support individual families with lodging applications. Integration assistance comprises a range of interventions, including medical rehabilitation.

Additional legal provisions

AGE LIMIT AND REQUIREMENTS

In principle, children up to the age of 18 years can receive medical rehabilitation. Young adults up to 27 years of age can access medical rehabilitation for children and adolescents if they are still at school, in vocational education, or serving in one of the German government-sponsored volunteer and civil engagement schemes for young adults. These include the voluntary social or ecological service (Freiwilliges Soziales oder Ökologisches Jahr) and the Federal Voluntary Service (Bundesfreiwilligendienst). People with a disability who are unable to support themselves independently are, under certain circumstances, also entitled to medical rehabilitation for children and adolescents up to the age of 27 years.

Older adolescents who have already made sufficient statutory insurance contributions can apply for medical rehabilitation for children and adolescents or adult medical rehabilitation through their own statutory pension fund (Rentenversicherung). Required are at least six months of contributions in the preceding two years. Because these types of rehabilitation differ, it is best to seek advice at one of the German Pension Insurance (DRV) service points.

DEFINITION OF THE TERM ‘CHILD’

An application for medical rehabilitation for children and adolescents can also be lodged for non-biological children. These include stepchildren, foster children, grandchildren, and siblings who caregivers have taken into their household.

COSTS

In contrast to adult medical rehabilitation, medical rehabilitation for children and adolescents through German Pension Insurance (DRV) is free from co-payments. All costs are fully covered by DRV.

NO COSTS FOR ACCOMPANYING PARENTS OR CAREGIVERS

The accompanying person and accompanying siblings receive accommodation and meals. DRV also covers the cost of travel to and from the facility. If one parent

cannot stay for the whole period, then several persons – for example the parents – can divide the role of accompanying person amongst themselves.

CARE FOR SIBLINGS

Siblings up to the age of twelve who cannot be cared for at home can be brought along to the facility. If they can only be partially cared for at home because one parent is working, household assistance can be applied for on an hourly basis. Applications for accompanying siblings and household assistance or childcare costs are lodged together with the application for medical rehabilitation for children and adolescents.

REIMBURSEMENT FOR LOST EARNINGS

The accompanying adult can apply for compensation of any lost earnings. This application must be lodged after completion of medical rehabilitation.

Accompanying persons on income support benefits such as unemployment benefit (Arbeitslosengeld) or social security benefit (Bürgergeld) generally continue to receive them.

The DRV application process



REQUIRED FORMS AND IMPORTANT INFORMATION

The following three forms are required to lodge the application:

- 1. Application for medical rehabilitation benefits for children and adolescents (Antrag auf Leistungen Zur Rehabilitation für Kinder und Jugendliche)
> Form G0200
- 2. Medical report (ärztlicher Befundbericht)
> Form G0612

- 3. Fee statement for the medical report (Honorarabrechnung zum ärztlichen Befundbericht)
> Form G0600

SIMPLIFIED APPLICATION FORM

IMPORTANT: From spring 2025 to winter 2026, a simplified application form will be introduced for German Pension Insurance (DRV) members in Hamburg, Schleswig-Holstein and Mecklenburg-Vorpommern. It replaces Form G0200. The aim

is to simplify the application process for families. Please use the simplified form during this period.

THE RIGHT TO 'PREFERENCE AND CHOICE' (WUNSCH- UND WAHL-RECHT)

As part of their right to preference and choice ('Wunsch- und Wahlrecht'), applicants may select up to three rehabilitation facilities that specialise in their child's specific disease.

If the applicant does not indicate a preference, German Pension Insurance (DRV) will select suitable facilities and make a list of up to four suggestions. Applicants may then select a facility from this list. It takes approximately four weeks to process the application.

APPLICATION FORMS AND INFORMATION ON THE INTERNET

You can find all information and forms for medical rehabilitation for children and adolescents, including the simplified application form, for easy download on the German Pension Insurance (DRV) website at



www.deutsche-rentenversicherung.de/kinder-jugend-reha

This easy-to-navigate website provides you with information on the following topics:

- Chronic illness and medical rehabilitation – information in German and additional languages
- Finding a suitable rehabilitation facility
- Dealing with lost earnings, household assistance, and childcare
- Lodging applications online

Sample treatment plan

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
07:30 – 08:00	Laboratory tests & weight check						
08:00 – 08:30	Shared breakfast						
08:30 – 09:00	School lessons	School lessons	School lessons	School lessons	School lessons	Cardio exercise	Leisure activities
09:00 – 09:30						Leisure activities	
09:30 – 10:00						Psycho-educational group work: motivational training	
10:00 – 10:30						Leisure activities	
10:30 – 11:00	Endurance swimming	Leisure activities	Leisure activities	Dance therapy	Guided grocery shopping	Endurance swimming	Leisure activities
11:00 – 11:30							
11:30 – 12:00	Leisure activities	Cooking school	Cooking school	Leisure activities	Leisure activities	Leisure activities	
12:00 – 12:30	Shared lunch			Shared lunch			
12:30 – 13:00							
13:00 – 13:30	Leisure activities	Leisure activities	Leisure activities	Leisure activities	Leisure activities	Excursion to Maritime Museum	Leisure activities
13:30 – 14:00	Group training: nutrition	Individual nutrition counselling		Group ballgames			
14:00 – 14:30	Leisure activities	Leisure activities	Leisure activities	Follow-up care planning			
14:30 – 15:00	Leisure activities	Dance therapy	Psychological group work: stress management	Leisure activities			
15:00 – 15:30	Individual psychotherapy session		Leisure activities	Group ballgames			
15:30 – 16:00	Leisure activities	Endurance swimming					
16:00 – 16:30	Cardio exercise	Weight training	Leisure activities	Leisure activities			
16:30 – 17:00	Leisure activities	Leisure activities					
17:00 – 17:30			Shared evening meal				
17:30 – 18:00							

FIG. 4: SAMPLE TREATMENT PLAN FOR ZAHRA (14 YEARS, UNACCOMPANIED, LIVES WITH OBESITY)

Testimonials

The following two testimonials are intended to illustrate how accompanying parents experienced medical rehabilitation with their children.

MOTHER AND DAUGHTER AT THE REHABILITATION FACILITY

Susanna Hansen and her 16-year-old daughter Paula are spending time at the 'Satteldüne auf Amrum' specialist rehabilitation facility.*

Shortly after Paula's birth, she was diagnosed with cystic fibrosis, an incurable lung disease. As a paediatric nurse myself, I was very shaken at first.

We realised early how important it is to find out about treatment options, support services, and living with the disease day to day. With the support of grandparents and a great day-care centre, we were able to integrate Paula's illness into our everyday life.

Cystic fibrosis causes a lot of viscous mucus to form in the airways, making Paula susceptible to dangerous infections that can significantly reduce her lung function. This is why we pay strict attention to infection control. This includes, for example, that Paula cannot swim in the lake with her friends, and that she has to wash hands regularly.

During medical rehabilitation, Paula learns to protect herself from pathogens. The doctors and therapeutic staff show her how she can live a self-determined life despite her illness. Her treatment is intensified, and she learns to integrate exercise and a healthy diet into her everyday life.

At the facility, Paula also understands her illness better, and learns to mentally cope with potential limitations and problems. In order for me to better support Paula, I participate in parent training sessions as part of medical rehabilitation. As a mother whose daily routine is shaped by Paula's illness, this training offers me valuable support and helps me to better deal with the situation.

At the rehabilitation facility, Paula is meeting other children and adolescents with similar problems, which is helping her a lot. We parents

exchange experiences, swap advice, and support each other. Shared moments, such as watching sunsets and relaxed conversations, give us strength. For me, medical rehabilitation also represents a welcome break from everyday life – to recharge my batteries.

All forms of medical rehabilitation, whether in outpatient mode or, like now, as an inpatient, have benefited Paula and our family. We feel relieved by the support we receive at the facility and have got to know new therapeutic approaches. I am grateful that such services exist.

FATHER AND SON AT THE REHABILITATION FACILITY

Together with his seven-year-old son Buba, Modou Darboe stayed at the specialist facility ‘Satteldüne auf Amrum’ for four weeks of medical rehabilitation in November 2023.*

Buba had a difficult start in life. He received too little oxygen during his birth. The doctors said he would experience developmental problems for a long time to come. Shortly afterwards, my then wife and I separated, and she moved to Bremen with Buba. He was isolated there and didn’t go to day-care.

One year later, Buba moved back in with me in Hamburg. At day-care, he never played with other children. In preschool, his behaviour worsened: he always wanted to have the other children’s toys, and became aggressive when he didn’t get them. He was not allowed to go on excursions because he was acting too wild. Speech therapy was discontinued because the therapist could not work with him, even though his hearing was normal. I constantly got calls from the school, asking me to pick up my son. I had to quit my job because Buba had run away from school twice, and we had to look for him using a large police contingent. This period really was hell for us.

I didn’t know that medical rehabilitation for children even existed. I heard about it at an information event and thought: we have to try this! When his medical rehabilitation was approved, I told him about our trip together. We googled the facility, and I showed him pictures of the swimming pool, the beach, and the sea. He was really excited and asked every evening if we were going the next day. I felt torn, I could not picture what

lay ahead of us, and I was afraid that rehabilitation would not be able to help him.

We were greeted warmly at the facility. We got to see the treatment rooms, the dining room, and the swimming pool. All children with similar conditions received a coloured wristband indicating the group they belonged to. At preschool, Buba had been teased. At rehabilitation, he met other children who were like him, which helped him a lot. Among us parents, we found others with similar problems. In our free time, we exchanged experiences and supported each other.

At the start, we were given a weekly schedule. Buba received therapy for his emotional and behavioural disorders. His language development disorder was not yet an issue. I also had counselling sessions with a therapist. He explained to me that the separation of his parents was very stressful for Buba. That Buba needed a lot of love and attention at this time. I realised that I hadn't been able to give Buba enough of it while dealing with the stress of everyday life.

I sent my ex-wife photos and videos, and I wrote to her about what I learned here so that she would also be able to respond better to Buba.

We had a lot of time together during the rehabilitation – just the two of us. He participated in all therapeutic activities and made friends with other children. He was a totally different child. Whenever possible I do things together with him, listen to him awarely, and praise him often. We took a lot away with us from rehabilitation: Buba is coping much better in preschool now.

In a year and a half, I will apply for the next medical rehabilitation in order to continue to treat Buba's speech disorders.

* We have changed the names of the people in this testimonial on their request.

Frequently asked questions (FAQ)

When are children and adolescents entitled to medical rehabilitation?

Children and adolescents are entitled to medical rehabilitation paid for by German Pension Insurance (DRV) if the following criteria are met:

Health criteria: Your child's health is at risk or impacted, or they have a chronic illness that restricts future employment or makes it difficult.

Rehabilitation prognosis: there is a good chance that medical rehabilitation can help your child.

Rehabilitation capacity: Your child is physically, mentally, and socially capable of participating in medical rehabilitation.

In addition, prerequisites relating to insurance law must also be met in order for the costs to be covered by DRV. However, you can lodge the application with DRV in any case. If German Pension Insurance (DRV) is not the responsible agency, the staff will forward the application to another agency, which will process the application.

Who can I contact if I am interested in medical rehabilitation for children and adolescents?

The first point of contact is your child's treating doctor. However, support is also available from elsewhere. At the end of this guide, you will find contact information for additional services and agencies you can approach.

Can I choose the facility where rehabilitation will take place?

Yes, you have a right to 'preference and choice'. This means you can select up to three rehabilitation facilities that specialise in your child's specific disease. If no preference is indicated, German Pension Insurance (DRV) will select suitable facilities and make a list of up to four suggestions. Applicants may then select a facility from this list. It takes approximately four weeks to process the application.

Up to what age can a person access medical rehabilitation for children and adolescents?

In some cases, young adults up to 27 years of age can access medical rehabilitation for children and adolescents if they are serving in one of the German government-sponsored volunteer and civil engagement schemes for young adults. These include the voluntary social or ecological service (Freiwilliges Soziales oder Ökologisches Jahr) and the Federal Voluntary Service (Bundesfreiwilligendienst). In addition, people with a

disability who are unable to earn a living independently can also access medical rehabilitation for children and adolescents up to the age of 27 years.

Does it cost money to attend medical rehabilitation for children and adolescents?

No, medical rehabilitation for children and adolescents covered by DRV is free from co-payments. All costs are fully covered by DRV.

Will my child attend school lessons while staying at the facility?

Yes, lessons will be offered at the facility in order to ensure that your child doesn't fall behind while staying there.

Can I accompany my child to the rehabilitation facility?

Yes, children up to the age of 12 years may be accompanied by one other person (one of the parents in most cases). In certain cases where it is medically indicated, older children may also be accompanied.

As an accompanying person, will my salary continue to be paid for the duration of rehabilitation?

For the time you are staying at the facility, you can't go to work or look after your household and other children you may have. For you to still be able to accompany your child, German Pension Insurance will, if certain conditions are met, reimburse you for lost income. This application is made after the rehabilitation stay. Income support benefits such as unemployment benefit (Arbeitslosengeld) and social security (Bürgergeld) normally continue to be paid.

Who looks after the rest of my family while I am at the rehabilitation facility as an accompanying person for my child?

Upon application and if certain conditions are met, DRV will pay for household assistance and/or child care for your family. Alternatively, siblings may also be brought along to the facility.

Glossary of important terms

Adaptation training (Hilfsmitteltraining)

Training in how to use a medical aid (such as a prosthesis), in preparation for everyday life.

ADHD (ADHS)

Acronym for Attention-Deficit/Hyperactivity Disorder, a behavioural disorder that can occur in children, adolescents, and adults.

Cancer (Krebs)

Malignant development of certain body cells, resulting in unchecked growth and destruction of adjacent tissues.

Chronic (chronisch)

Long-lasting or developing slowly.

Dependency disorders (Abhängigkeitserkrankungen)

Diseases where people misuse certain substances such as alcohol, opiates, cocaine, and prescription medicines, or are dependent on certain behaviours. Those affected feel dependent physically as well as psychologically.

Depression

A mental health disorder characterised by persistent low mood.

Inpatient (stationär)

Treatment in a health care facility, such as a hospital or a rehabilitation facility, including overnight accommodation and food.

Medical report (ärztlicher Befundbericht)

A doctor's letter describing the patient's health status.

Mental (psychisch)

Concerning the mind (psyche).

Occupational therapy (Ergotherapie)

Occupational therapy supports people in carrying out everyday activities independently, and in a self-determined manner. It promotes physical, mental, and social skills to improve participation in everyday life.

Outpatient, outpatient treatment (ambulant, ambulante Therapie)

Treatment mode where patients do not stay overnight, but can return home on the same day.

Physiotherapy (Physiotherapie, Krankengymnastik)

A type of therapy to restore, improve or preserve mobility and the functioning of the musculoskeletal system.

Psychological intervention (psychologische Intervention)

Targeted psychotherapeutic interventions to prevent, treat, or limit the progression of mental disorders.

Psychomotor (psychomotorisch)

Concerning the link between mind and movement.

Psychosomatic (psychosomatisch)

Physical complaints caused by mental health problems.

Psychotherapeutic interventions (psychotherapeutische Maßnahmen)

Professional treatment of mental health disorders and/or the emotional consequences of physical complaints using psychological methods.

Symptom

A sign or indication for a disease or health disorder. A cough, for example, is a typical symptom of a cold.

Information sources and contact details

FEDERAL AND REGIONAL AGENCIES OF GERMAN PENSION INSURANCE (DEUTSCHE RENTENVERSICHERUNG)

Deutsche Rentenversicherung Bund (Federal German Pension Insurance Fund)

Ruhrstraße 2 | 10709 Berlin
Ph.: 030 8650
Email: drv@drv-bund.de

Deutsche Rentenversicherung Knappschaft-Bahn-See

Pieperstraße 14 – 28 | 44789 Bochum
Ph.: 0234 304 0
Email: zentrale@kbs.de

Deutsche Rentenversicherung Nord (German Pension Insurance, Northern Regional Fund, main office)

Ziegelstraße 150 | 23556 Lübeck
Ph.: 0451 485-0
Email: info@drv-nord.de

Kinder-Reha-Hotline der DRV Nord (children's rehabilitation helpline of German Pension Insurance's Northern Regional Fund)

Monday to Friday 9:00 am – 12:00 noon
Ph.: 0451 485-25999

Qualified DRV Nord counsellors answer questions on the topic of medical rehabilitation for children and adolescents. For families and physicians.

If staff are on another call, callers can leave a message including name and

telephone number on the answering machine. A DRV counsellor will call back on the next working day at the latest.

Auskunfts- und Beratungsstellen (Service Points) of Deutsche Rentenversicherung (German Pension Insurance)

www.deutsche-rentenversicherung.de/DRV/DE/Beratung-und-Kontakt/beratung-und-kontakt_node.html

Search option by postcode or city/town available.

ADDITIONAL INFORMATION SOURCES REGARDING MEDICAL REHABILITATION FOR CHILDREN AND ADOLESCENTS

Bündnis Kinder- und Jugendreha e. V. (Child and Adolescent Medical Rehabilitation Alliance)

www.kinder-und-jugendreha-im-netz.de

The Bündnis Kinder- und Jugendreha e.V. (BKJR) offers clear and comprehensive information on medical rehabilitation for children and adolescents. The website also includes an overview of rehabilitation facilities in Germany that specialise in child and adolescent rehabilitation.

COUNSELLING CENTRES ACROSS GERMANY

Social services associations

Arbeiterwohlfahrt (Worker's Welfare Organisation, AWO) – Childhood assistance services coordination
www.awo.org/themen/kinder-jugend-frauen-familie/

Caritas im Norden (Caritas Northern Section) – assistance and advice
www.caritas-im-norden.de/hilfe-beratung/kinder-jugend-familie

Diakonie – support for women, children, and families
www.diakonie.de/informieren/unsere-themen/frauen-kinder-familien

Social services associations offer information, counselling, and support services for families, children and adolescents who need medical rehabilitation. Specific service availability may vary by location. It is advisable to contact the respective organisation directly or visit their website for detailed information.

Berufsverband der Kinder- und Jugendärzte (Association of Child and Adolescent Physicians, BVKJ) – parent webportal
www.kinderaerzte-im-netz.de
This extensive and up-to-date website provides information about child and

adolescent health, and about the range of clinical presentations of chronic illness in children and adolescents. For parents, adolescents, relatives, and professionals.

EUTB – Ergänzende unabhängige Teilhabeberatung (Supplementary Independent Participation Counselling)
www.teilhabeberatung.de
Supports and advises free of charge all people with disabilities and people at risk of disability, but also their relatives, on all issues related to participation.
Search option for local counselling centres available.

Kindernetzwerk e. V. (Children's Network Inc., knw)
www.kindernetzwerk.de
Counselling and support services for families with a chronically ill or disabled child or young adult.
Search option for regional services available.

Nationales Zentrum Frühe Hilfen (National Centre for Early Intervention)
www.elternsein.info/fruehe-hilfen/was-sind-fruehe-hilfen/
Support services for families with children up to 3 years old
Search option for local counselling centres available.

**Neurologen und Psychiater im Netz
(Neurologists and Psychiatrists Online)**

www.neurologen-und-psychiater-im-netz.org/kinder-jugendpsychiatrie-psychosomatik-und-psychotherapie

This extensive website provides background articles and current reports on possible mental disorders and abnormalities in childhood and adolescence. For parents, adolescents, relatives, and professionals.

**Unabhängige Patientenberatung
Deutschland (Independent Patient
Advice Service Germany)**

Ph.: 0800 011 7722

www.patientenberatung.de/de/beratungsangebot

Germany-wide advice on a wide range of health issues, including rehabilitation. Free and anonymous counselling by phone.

**INFORMATION, COUNSELLING, AND
SUPPORT SERVICES IN HAMBURG**

**BBZ Bildungs- und Beratungszentrum
Pädagogik bei Krankheit/Autismus
(Education and Counselling Centre for
Illness/Autism and Schooling)**

<https://bbz.hamburg.de/paedagogik-bei-krankheit/>

Counselling and support services for parents and pupils who are unable to attend school for extended periods because of illness.

**Behörde für Arbeit, Soziales, Familie
und Integration Hamburg (Hamburg
Public Authority for Labour, Families
and Integration)**

www.hamburg.de/politik-und-verwaltung/behoerden/sozialbehoerde/themen/familie/familienwegweiser/beratung-36266

This website provides comprehensive information about all information, counselling, and support services in the city districts of Hamburg.

Die Sputniks e. V. (The Sputniks Inc.)

www.die-sputniks.de/hamburg

Association of Russian-speaking families with children with a disability in Hamburg.

**Elternlotsen Hamburg (Parenting Pilots
Hamburg)**

www.hamburg.de/politik-und-verwaltung/behoerden/sozialbehoerde/themen/familie/jugendhilfe/elternlotsen

Parenting Pilots support, advise, and work alongside families with a migration background.

Frühstart e. V. (Early Start Inc.)

www.fruehstart-hamburg.de

A parents' initiative for infants born prematurely or with increased health risks in the Hamburg region.

**INTENSIVkinder zuhause e. V.
(INTENSIVEchildren at Home Inc.)**

www.intensivkinder.de

A self-help network around home life with children with a disability or chronic illness.

KISS. Hamburg – Kontakt- und Informationsstellen für Selbsthilfegruppen (Contact and Information Points for Self-Help Initiatives)

www.kiss-hh.de

Contact and information source for self-help initiatives.

Search option by illness available.

Psychosoziale Kontakt- und Beratungsstellen Hamburg (Psychosocial Drop-in and Counselling Centres in Hamburg)

www.psk-hamburg.de

Counselling and a range of services in the neighbourhood, e.g. native language services, addiction counselling, services on the topics of mental illness and addiction, and regarding parents with a mental illness and their children.

Stiftung Kinderlotse (Children's Pilots Foundation)

www.kinderlotse.org

The Kinderlotse association supports families with premature babies and severely/chronically ill children in Hamburg and surroundings.

Universitätsklinikum (University Hospital) Hamburg-Eppendorf – Children for Tomorrow

www.children-for-tomorrow.com

Outpatient psychiatric, psychotherapeutic, and psychosocial care for refugee children in Hamburg.

Verfahrenslotsen (Bureaucracy Pilots) Hamburg

www.hamburg.de/politik-und-verwaltung/behoerden/sozialbehoerde/einrichtungen/verfahrenslotsen

Bureaucracy pilots are attached to Offices for Youth Affairs (Jugendämter). They guide and support young people with disabilities and their families in obtaining the benefits they are entitled to.

INFORMATION, COUNSELLING AND SUPPORT SERVICES IN SCHLESWIG-HOLSTEIN

Achse – Allianz Chronischer Seltener Erkrankungen (Axis Alliance for Rare Chronic Diseases)

www.achse-online.de/de/was_tut_ACHSE/unterstuetzen.php

Contact point for people with rare diseases and their relatives.

Der Paritätische (Equality Alliance) Schleswig-Holstein

www.paritaet-sh.org/themen/kinderjugend.html

Offers a wide range of information in the area of child and adolescent services, as well as on issues around families and health.

DRK-Schwesternschaften Kiel – Kinder und Familien zu Hause versorgen (German Red Cross Sororities Kiel – Caring for Children and Families at Home)
www.drk-schwesternschaften-kiel.de/bruckenteam

Care for pre-term infants and new-borns, children and adolescents with chronic, severe, and terminal illness, disabilities, and after lengthy hospitalisations.

Familienzentren (Family Centres) in Schleswig-Holstein
www.schleswig-holstein.de/DE/fachinhalte/K/kita/_downloads/familienzentren_uebersicht.pdf?__blob=publicationFile&v=1

List and contact details of all family centres funded by the Schleswig-Holstein Ministry of Social Affairs (MSJFSIG).

INTENSIVkinder zuhause e. V. (INTENSIVEchildren at Home Inc.)
www.intensivkinder.de

Self-help network around home life with children with a disability or chronic illness.

Landesarbeitsgemeinschaft für Erziehungsberatung Schleswig-Holstein e. V. (State Working Group for Parenting Support Schleswig-Holstein Inc.)
www.lag-eb-sh.de/?page_id=112

Regional parenting support and family counselling centre website. Information and services on a range of issues.

Landesportal Schleswig-Holstein – Migrationsberatung (Schleswig-Holstein State Internet Portal – Migration Counselling)
www.schleswig-holstein.de/DE/fachinhalte/I/integration/migrationsberatung

Diverse network of counselling centres for people with a migration background.

Kiss Lübeck – Kontaktstelle für Selbsthilfegruppen (contact point for self-help groups)
www.kiss-luebeck.de/selbsthilfegruppen?tag=

KIBIS Flensburg – Selbsthilfegruppen zu chronischen Erkrankungen (chronic illness self-help groups)
www.kibis-flensburg.de/hauser-familie/kibis-selbsthilfe/selbsthilfegruppen/chronische-erkrankungen-selbsthilfegruppen-in-flensburg

KIBIS Schleswig-Holstein – Informationen zur Selbsthilfe (information on self-help initiatives)
www.kibis-sl.de/selbsthilfe/gruppe/intensivkinder-zuhause-e-v.html

Self-help app of the Arbeitskreis der Selbsthilfekontaktstellen (Self-Help Contact Points Working Group, SASK)
www.selbsthilfe-sh.info

Affected families with chronically ill children and adolescents can find self-help groups in their region here.

Die Sputniks e. V. (The Sputniks Inc.)
www.die-sputniks.de/schleswig-holstein
Association of Russian-speaking families with children with a disability.

INFORMATION, COUNSELLING AND SUPPORT SERVICES IN MECKLENBURG-VORPOMMERN

**Deutsches Rotes Kreuz Kreisverband
Neubrandenburg e. V. (German Red
Cross District Association Neubranden-
burg Inc.)**
www.selbsthilfe-nb.de/kiss-in-mv.html
Overview of self-help contact points in
Mecklenburg-Vorpommern.

**Familieninfo (Family Information)
Mecklenburg-Vorpommern**
[www.familieninfo-mv.de/artikel/
chronisch-kranks-oder-behindertes-kind](http://www.familieninfo-mv.de/artikel/chronisch-kranks-oder-behindertes-kind)
Information and contact points for par-
ents with chronically ill children or ado-
lescents.

**Kinder-, Jugend- und Familienhilfe
Rügen e. V. (Rügen Child, Youth and
Family Support Inc.)**
www.jugendhilfe-ruegen.de/home.html
Mobile family counselling and assistance
services for children, adolescents, and
adults.

**Kreisdiakonisches Werk Greifswald
– Psychosoziales Zentrum (Diaconia
Greifswald – Psychosocial Centre)**
[https://kdw-greifswald.de/migration/
psychosoziales-zentrum/](https://kdw-greifswald.de/migration/psychosoziales-zentrum/)
Migrants receive assistance to deal with
applications and forms, and on the topic of
family and social support benefits.

**Kreisdiakonisches Werk Stralsund –
Migrationssozialberatung (Diaconia
Stralsund – Migrant Social Counselling)**
[www.kdw-hst.de/unsere-angebote/
integration-und-migration/
migrationssozialberatung](http://www.kdw-hst.de/unsere-angebote/integration-und-migration/migrationssozialberatung)
Counselling and integration promoting
services for migrants.

**QUERLEBEN – Beratung.Network.
Begleitung gGmbH (ACROSSLIFE –
Counselling.Network.Support)**
www.querleben.de
Support and respite options for families
with children or adolescents with disabili-
ties and/or chronic illness.

StrelaKIDS e. V.
www.strelakids.de
Counselling and care services for chroni-
cally ill children and adolescents, and their
primary caregivers.

**Verfahrenslotsen (Bureaucracy Pilots)
Nordwestmecklenburg**
[www.nordwestmecklenburg.de/de/
auskunft-und-leistungen/leistung/1295/
wohnot/1189/verfahrenslotsen.html](http://www.nordwestmecklenburg.de/de/auskunft-und-leistungen/leistung/1295/wohnot/1189/verfahrenslotsen.html)
Bureaucracy pilots provide advice, guid-
ance and support when children live with
or are at risk of a disability.

POCKET KNOWLEDGE: MEDICAL REHABILITATION FOR CHILDREN AND ADOLESCENTS

A German Pension Insurance benefit for children and adolescents with chronic illness

This guide offers important information on medical rehabilitation for children and adolescents. It answers the following questions:

- What does medical rehabilitation involve?
- Which types of illness are treated?
- What happens during a stay at a rehabilitation facility?
- Can I accompany my child?
- Who covers the costs?
- How and where can I lodge the application?

This health guide is available for download in a range of languages at www.mimi-bestellportal.de
www.deutsche-rentenversicherung.de/kinder-jugend-reha

Received from:

Gefördert durch:



Bundesministerium
für Arbeit und Soziales



UNIVERSITÄT ZU LÜBECK



aufgrund eines Beschlusses
des Deutschen Bundestages

Project partners: