Application form for Carer's Allowance

Social Welfare Services CR 1 Data Classification R



You need a Personal Public Service Number (PPS No.) before you apply.

How to complete this application form.

- Please use this page as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions** that apply to you.
- Please do not strike through any of the boxes. Leave boxes blank if they do not apply to you.

You should apply for Carer's Allowance as soon as you start caring for someone.

If you do not have a spouse, civil partner or cohabitant:

If you do not have a spouse, civil partner or cohabitant, fill in **Parts 1 to 5 and Part 8**. When the form is completed, read **Part 9** and sign declaration in **Part 1**.

If you have a spouse, civil partner or cohabitant:

If you have a spouse, civil partner or cohabitant, fill in **Parts 1 to 8**. When the form is completed, read **Part 9** and sign declaration in **Part 1**.

Carer:

Please complete **Section A** in **Part 10** of the medical report and get the person you are caring for to sign **Section A** in **Part 10** of the medical report.

Doctor:

Please fill in **Section B** in **Part 10** of the medical report. Please make sure you sign and stamp this part of the form.

If you need any help to complete this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.

For more information, log on to **www.welfare.ie**.

How to fill this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

		2	3	4	5	6	7	Τ												
(insert an 'X' or y)	Mr.]	Mrs	5. X	$\langle $	Ms				C	Othe	er							
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name(s):	Μ	Α	U	R	Ε	Ε	Ν													
ars on your birth	Μ	A	R	Y																
surname:	Μ	С	D	Ε	R	Μ	0	Т	Т											
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T T date of birth: 2 B O 2 1 9 7 O $D D M M Y Y Y Y$ mother's birth ime: Contact Details address: 1 N E W S T R E E T $O L D T O W N$ $D O N E G A L$ $Postcode$ $D O N E G A L$ $Postcode$ $D O N E O A L$ $D O A E O A C$ $A A C T E B P E B O A$ $A A C T E B P E B O A$ $A A C T E B P E B O A$ $A A C T E B P E B O A$ $A A C T E B P E B O A$ $A A C T E B P E B O A$ $A A C T E B P E B O A$ $A A C T E B P E B O A$ $A A C T E B P E B O A$ $A A C T E B P E B O A$ $A A C T E B P E B O A$ $A A C T E B O A$ $A A C T E B O A$ $A A C T E B O A$ $A A C T E B O A$ $A A C T E B O A$ $A A C T E B O A$ $A A C T E B O A$ $A A C T E B O A$ $A A C T E B O A$ $A A C T E B O A$ $A A C T E B O A$ $A A C T E B O A$ $A A C T E B O A$ $A A C T E A$</td> <td>y) ame: M U R P H Y ame: M U R P H Y ame: M A U R E E N first name as it ars on your birth icate: surname: M C D E R M O T T date of birth: 2 B O 2 1 9 7 O $D D M M Y Y Y Y$ mother's birth ime: Contact Details address: 1 N E W S T R E E T $O L D T O W N$ $D O 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Application form for Carer's Allowance

A699208E

Social Welfare Services **CR 1**

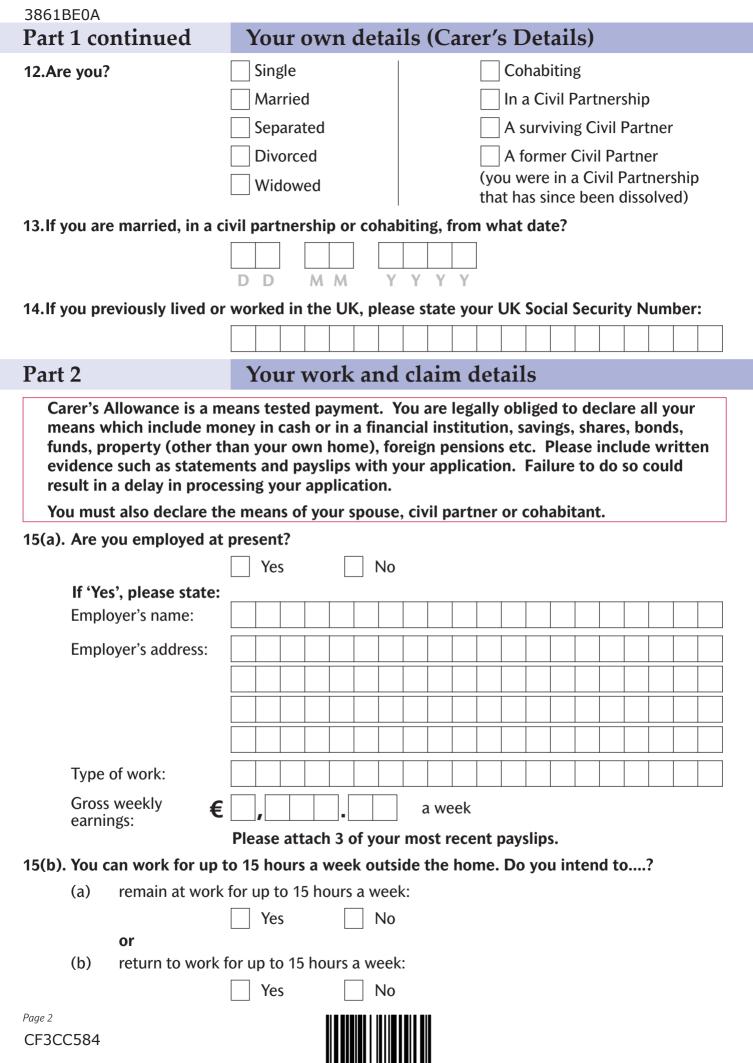
Data Classification R



Part 1	You	1r 0	wn	de	tai	ls	(Ca	are	r's	5 D	et	ail	s)					
1. Your PPS No.:																		
2. Title: (insert an 'X' or specify)	Mr.] N	Ars.		Ms	•			С	the	r							
3. Surname:																		
4. First name(s):																		
5. Your first name as it appears on your birth certificate:																		
6. Birth surname:																		
7. Your date of birth:	D D		MM		Y	Y	Y	Y										
8. Your mother's birth surname:																		
		С	onta	ict]	Det	tail	S											
9. Your address:																		
County								P	osi	tcod	le							
10. Your telephone number:													Μ	0	BII	Ε.		
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11. Your email address:																		
			Dec	lara	atic	n												

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement. If you cannot sign your name, make a mark, such as an X and have it witnessed.

Date:			2	0		
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Date:			2	0		
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, a prison	term or b	ooth.				Pag
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Part 2 continued

Your work and claim details

16. Are you or have you been self-employe

	Yes	-	No											
If 'Yes', please state:														
Type of work you do/did:														
Dates of self- employment: From:														
To:														
	DD	MM	Y	YY	-									
Net yearly earnings: $\mathbf{\epsilon}$,	•		a	i yea	ar							
This is the money you hav			-	•				uctin	g op	erat	ing	ехр	ens	es.
17.Are you getting a social s	ecurity pay	yment	_	nother	cou	Intry	y?							
If (Vac) where states	Yes		No											
If 'Yes', please state: Name of country:														
Your claim or reference number:														
Amount: €				a w	eek		·		·					
Please attach the most rece amount and also provide a														
18.Are you getting any other another country?	r pension o	or allov	vance f	rom th	ne Re	epul	blic	of Ir	elano	d or	fro	m		
If 'Yes', please state: Who pays this pension:														
Your claim or reference number:														
Amount: €				a w	eek									
Please attach the most rec o amount and also provide a														
19(a). Do you own, share in	the owner	rship, w	ork or	rent a	farr	n or	lan	nd?						
	Yes		No											
If 'Yes', please state:]	~~											
Size of farm or land:														
Herd or flock number:														
Net yearly income €														
or land:	'Net year deducting					hav	/e m	nade	from	n the	e fa	r m a	lfte	r
19(b). If your farm or land is	let, please	e state	net yea	arly ind	como	e fro	om l	ettir	ng:					
Net yearly income: \in														
610BB3F2													Pa	age 3

Part 2 continued

20(a). Are you taking part in any of the following courses or schemes, insert an X in the box as it applies to you and give the date you started if you insert an X in the Yes box.

								Da	te yo	ou s	sta	ted	•					
Community employment:	Y	es	[No													
								D	D	г	Μ	Μ	i	Υ	Υ	Υ	Υ	
Rural Social Scheme:	Y	es			No													
								D	D	г	Μ	Μ		Υ	Υ	Υ	Υ	
Area-Based Initiative:	Y	es			No													
								D	D	r	Μ	Μ		Υ	Υ	Υ	Υ	
Back to Work Scheme:	Y	es			No													
								D	D	г	Μ	Μ		Υ	Υ	Υ	Υ	
Vocational Training Opportunities Scheme:	Y	es			No			D	D		Μ	M		Y	Y	V	V	
Back to Education			[No					[141		1				-	
Allowance:		es	l		No			D	D		Μ	M		Y	Y	Y	Y	
Solas/FÁS course or schemes:		es	[No					[-	-	-	-	
solus, into course or schemes.		0	l		140			D	D	L	Μ	Μ		Y	Y	Y	Y	
School or college:		es	[No					[
	·	00	l					D	D	L	Μ	Μ		Y	Y	Y	Y	
Other course or scheme:	Y	es	[No													
If 'Yes', please state:																		
Name of course or scheme:																		
Date you started: From:				7								·					·	
2																		
To:																		
	DD		MM		Y	Υ	Υ	Y										
20(b). Please state what yo	u get p	oaid f	or do	ing	this	sche	eme	or	coui	rse								
€						а	wee	ek										
21.Do you own stocks, shar	es (inc	ludir	ng sha	ires	in a	crea	ame	rv (or Co	0-0	n. a	anni	iitie	es l	hon	ds		
insurance policies) or in																чэ,		
	Y	es	[No													
If 'Yes', please state:																		
Name of company:																		
Number of shares held:						<u> </u>	I			I		I		I	I		I	
Their value: €																		
			/└─└		•													
	Pleas	e att	ach a	sta	tem	ent t	:o sł	10 W	v det	ails	s ai	nd c	urre	ent	ma	rke	t va	lue



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Part 2 continued

22.Do you have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the Republic of Ireland or another country?

		Yes			No							
If 'Yes', please state:	Fin	ancial	Insti	itutio	n 1							
Name of financial institution:												
Bank Identifier Code (BIC):												
International Bank Account Number (IBAN):												
Current balance: €],									
Is this account a joint account?		Yes			No							
Name(s) of account holder	(s):											
Name 1:												
Name 2 (if any):												
	Fina	ancial	Insti	itutio	n 2							
Name of financial institution:												
Bank Identifier Code (BIC):												
International Bank Account Number (IBAN):												
,												
Current balance: €			,									
Is this account a joint account?		Yes			No							
Name(s) of account holder	(s):						 					
Name 1:												
Name 2 (if any):												
	Fina	ancial	Insti	itutio	n 3							
Name of financial institution:												
Bank Identifier Code (BIC):												
International Bank Account Number (IBAN):												
Current balance: €],[I	1				
Is this account a joint account?		Yes			No	 						



F63D760E Part 2 continued

Your work and claim details

		Finan	cial	Inst	titul	tion	3 c	ont	inu	ed										
Name(s) of account ho	older	(s):				1														
Name 1:																				
Name 2 (if any):																				
Please attach an origi months.	inal	stater	nen	t fo	or ea	ich (acc	oun	t, s	hov	ving	g tra	insa	actio	ons	for	the	las	t 3	
If you have any other separate sheet of pap		ounts	you	m	ust g	give	de	tail	s of	the	em t	to tl	nis	Dep	bart	me	nt o	n a		
23(a). Do you own or sha	are i	n the	owr	ner	ship	of	pro	per	ty a	pai	rt fr	om	γοι	ır h	omo	e?				
	[Ye	es				No													
If 'Yes', please state:	ī					1	1										·			
Type of property:																				
Address of property:																				
'Property' would be a apartment, business	n																			
property, another	ĺ																			
house or land other than that mentioned	at																			
question 19.	at																	<u> </u>		
Current market value:	€																			
Rent from this	€								a we	ek										
property:	- 1		e pro	ovi	⊡•∟ de a	val	uat				ın a	uth	oris	ed	auc	tio	nee	r or	va	luer.
Outstanding	ſ																			
mortgage on	€																			
property:		lf mor		-	-												-			
Note: A separate you have.	shee	et of p	ape	r ca	an b	e u	sed	for	det	tails	s of	any	ad	diti	ona	l pi	ope	ertio	es t	hat
23(b). If you have a room	n let	in the	e pro	ope	erty	you	are	e cu	rre	ntly	/ res	sidir	ng i	n, p	lea	se s	tate	e:		
Weekly income:	€				_			â	a we	eek										
24.Are you receiving maintenance?	[Ye	es				No													
If 'Yes', please state:	ſ																			
Amount:	€							â	a we	eek										
		Please	e pr	ovi	de a	co	ру с	of th	ne n	naiı	nter	nano	ce a	gre	em	ent	•			
25.Are you paying maintenance?	[Ye	es				No													
If 'Yes', please state:	_ [-		—															
Amount:	€							ĉ	a we	eek										
		Please	e pr	ovi	de a	co	ру с	of th	ne n	naiı	nter	nano	ce a	gre	em	ent	•			
Page 6																				



0ABD57BC Part 2 continued

Your work and claim details

26.Do you expect to receive any additional income or money in the coming 12 months from any other source(s) (that is for example a claim for compensation arising out of an

accident/injury, sale of property, etc.)?	an
Yes No	
If 'Yes', please give details in the space provided:	
27.Do you have any other income from the Republic of Ireland or another country?	
Yes No	
If 'Yes', please give details in the space provided:	
וו וכש , פוכמשט בואט מטנמוש ווו נווט שמטט פוטאומטע.	
28.Did you sell or transfer property or business in the last three years?	
Yes No	
If 'Yes', please give details in the space provided and attach a copy of the deed o	of transfer:
29. Did you recently sell your home to buy another?	
Yes No	
If 'Yes', please outline the circumstances in the space provided and attach suppo	orting
documentary evidence from your solicitors regarding the financial transaction.	
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Part 3

Habitual Residence Condition

30.What country were you born in?										
31.What is your nationality?										
32.When did you come to live in the Republic of Ireland?	D D	M M	Y Y	Y Y]					
33.If you are not an EEA Na	tional, do	you hold a	curren	t:						
Irish Residence Permit (Stamp 4):	Yes		No							
Irish Employment Permit (Stamp 1):	Yes		No							
Student Visa (Stamp 1A, Stamp 2A or Stamp 3:	Yes		No							
Other?	Yes		No							
								_		

The European Economic Area (EEA) comprises of the member states of the European Union together with Iceland, Norway and Liechtenstein and Croatia.

If 'Yes', please give details in the space provided.

If 'Yes', to any of the above, please enclose your original permit and your original letter from the Department of Justice which sets out the reasons you have been granted permission to reside in the Republic of Ireland.

No

34.Do you have a GNIB (Garda National Immigration Bureau) card?

Yes

If 'Yes', please attach a verified copy of same (your local Intreo Centre or your local Social Welfare Office can photocopy it for you and verify that they saw the original).

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1649D90E Part 3 continued

Habitual Residence Condition

						~								
		0-1 y				2 yea								
		3-5 y					year		_					
6.Have you lived within the last	d outside the t five years?	e Republi	ic of Irelai	nd for an	y perio	od lo	onger	tha	n th	ree	mo	nth	S	
	-	Yes		No										
lf 'Yes', please	give details	of where	e you live	d in the s	pace p	provi	ded.							
		Country	1							1				
Country:														
	From:													
	To:]								
		DD	ΜΜ	ΥY	YY	_								
Why you lived	there:													
			2											
Country:		Country	2							1				
Country:		Country	2											
Country:	From:	Country	2											
Country:		Country	2											
Country:	From:	Country	2		Y Y									
Country: Why you lived	From: To:			Y Y	Y Y									
	From: To:			Y Y	Y Y									
	From: To:				Y Y									
	From: To:			Y Y	YY									
	From: To:			Y Y	YY									
	From: To:			Y Y	Y Y									
	From: To:			Y Y	Y Y									
	From: To:			Y Y	Y Y									
	From: To:			Y Y	Y Y									



99FA4760

Part 4

Your payment details

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below.

			F11	na	ncı	all	Ins	t1ti	1t10	on										
You will find t	the	follo	owir	ng d	etai	ls pi	rinte	ed o	n st	ate	mer	nts f	rom	γοι	ur fir	nan	cial	insti	ituti	on.
Name of financial institution:																				
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):																				
Name(s) of account holder(s)	:				1	1						1								
Name 1:																				
Name 2 (if any):																				
					Po	st (Off	ice												
Please enter below the nam payment.	e ar	nd a	add	ress	s of	the	po	st o	ffic	e w	her	e y	ou v	wisł	ו to	col	lect	: yoı	ur	
Post office name and address:																				
Part 5	Ι	De	tai	ls	of	yo	ur	qı	ıal	ifi	ed	cł	nil	d(1	en)				
37.Do you have children living with you?		Ye	S			1	No													
If 'Yes', how many are un	der	18	and	l be	etwe	een	18-	22 i	n fı	ull t	ime	e ed	uca	tio	n.					
			un	der	age	e 18					ag	ged	18 -	22	in fı	ull-t	ime	edı	Jcat	ion
You must attach written	con	firn	nati	on	froi	n th	ne s	cho	ol c	or c	olle	ge	for	the	chi	ldre	en a	ged	18	- 22
Please state child's:	Chi	ld 1	I																	
Surname:																				
First name(s):																				
PPS No.:																				
Date of birth:]																	
	D	D		Μ	Μ		Υ	Υ	Υ	Υ										

Are they living with you?

Page 10 BBD99FEA



No

Yes

7256F929 Part 5 continued

Details of your qualified child(ren)

	Chil	d 2												
Surname:														
First name(s):														
PPS No.:														
Date of birth:														
		D	Μ	Μ	┐.	Y	Y	Y	Y					
Are they living with you?		Yes			[No								
Surname:	Chil													
First name(s):														
PPS No.:]					
Date of birth:														
	D	D	Μ	Μ		Y	Y	Y	Y					
Are they living with you?		Yes			1	No								
	Chil	d 4												
Surname:														
Surname: First name(s):														
First name(s):														
First name(s): PPS No.:		D		M		Y	Y	Y	Y					
First name(s): PPS No.:		D Yes	M	M	1	Y	Y	Y	Y					
First name(s): PPS No.: Date of birth:		Yes	M		1		Y	Y	Y					
First name(s): PPS No.: Date of birth:		Yes	 		1		Y	Y	Y					
First name(s): PPS No.: Date of birth: Are they living with you?		Yes		M	1		Y	Y	Y					
First name(s): PPS No.: Date of birth: Are they living with you? Surname:		Yes		M	1		Y	Y	Y					
First name(s): PPS No.: Date of birth: Are they living with you? Surname: First name(s):		Yes			1		Y	Y	Y					
First name(s): PPS No.: Date of birth: Are they living with you? Surname: First name(s): PPS No.:	Chil	Yes		M	1			Y						

Note: A separate sheet of paper can be used for details of other children you have.



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Part 6		Yoi	ır s	spo	us	e's,	, ci	vil	pa	rtn	er	's (or c	coh	ab	oita	nť	s c	leta	ails
38.Their PPS No.:																				
39.Title: (insert an 'X' or specify)	Mr	•]	Mrs	5.		Ms	•			C)the	er							
40. Their surname:																				
41.Their first name(s):																				
42. Their birth surname:																				
43.Their date of birth:																				
44.Their mother's birth	D	D		Μ	Μ		Υ	Y	Y	Y					1		1		1]
surname:																				
45. Their address:																				
Only answer this question if you are																				
married or in a civil partnership and do not																				
live together.																				
ive together.																				
Part 7										par		er	's	or	CO	ha	bit	tar	nt's	5
Part 7 Please complete fully th Do not leave any question If no income, please ent	te re on b er 0	wo ema lan in d	rk ind k.	an er o	of th	cla	im	d d	eta			er	's	or	co	ha	bi	tar	nt's	5
Part 7 Please complete fully th Do not leave any question	te re on b er 0	wo ema lan in d	rk ind k. eac	an er o	of th	cla is s	im	d d	eta			er	's (or	co	ha	bit	tar	nt's	5
Part 7 Please complete fully th Do not leave any question If no income, please ent	te re on b er 0	wo ema lan in nt?	rk ind k. eac	an er o	of th	cla is s	im	d d	eta			er	'S (or	CO	ha	bit	tar	nt's	5
Please complete fully th Do not leave any question If no income, please ent 46.Are they employed at pr	te re on b er 0	wo ema lan in nt?	rk ind k. eac	an er o	of th	cla is s	im	d d	eta			ler	's (or	CO	ha	bit	tar	nt's	
Please complete fully th Do not leave any question If no income, please ent 46.Are they employed at pro-	e re on b er 0 esei	wo ema lan in nt?	rk ind k. eac	an er o	of th	cla is s	im	d d	eta			er	's	or	co	ha	bit	tar		
Please complete fully th Do not leave any question If no income, please ent 46.Are they employed at pro- If 'Yes', please state: Their employer's name:	e re on b er 0 esei	wo ema lan in nt?	rk ind k. eac	an er o	of th	cla is s	im	d d	eta			er	's	or	CO	ha		tar		
Please complete fully th Do not leave any question If no income, please ent 46.Are they employed at pro- If 'Yes', please state: Their employer's name:	e re on b er 0 esei	wo ema lan in nt?	rk ind k. eac	an er o	of th	cla is s	im	d d	eta											
Please complete fully th Do not leave any question If no income, please ent 46.Are they employed at pro- If 'Yes', please state: Their employer's name:	e re on b er 0 esei	wo ema lan in nt?	rk ind k. eac	an er o	of th	cla is s	im	d d	eta											

Please attach 3 of their most recent payslips.



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Part 7 continued

Your spouse's, civil partner's or cohabitant's
work and claim details

47. Are they or have they been self-employed?

		Yes			No													
If 'Yes', please state:] -													
Type of work they do/did:																		
Dates of self- employment: From:																		
To:		D	M	M			Y	V										
Net yearly earnings: €							1	-	a ye	ar								
This is the money they have	ave n	nade f	from	self	-emp	oloyi	men	t af	ter	dec	luc	ting	; ор	era	ting	gex	per	nses
48.Are they getting any othe country?	er pe	e <mark>nsion</mark> Yes	or a	llow	ance No		m tł	ne R	lepi	ubli	c of	Ire	lan	d o	r ar	oth	er	
If 'Yes', please state:		105																
Who pays this pension:																		
Their claim or reference number:																		
Amount: €		,					a we	ek										
Please attach the most re the above amount and al payment is made. 49.Are they getting a social If 'Yes', please state:	so pr	rovide	a 6	mon	ith b	ank ano	stat	em	ent	for								
Name of country:																		
Their claim or reference number:																		
Amount: €		,] ,	a we	ek										
Please attach the most re the above amount and al payment is made.																		
50(a). Do they own, share ir	ו the	owne	ershi	p, w	ork o	or re	nt a	far	mo	or la	nd	?						
		Yes] No													
If 'Yes', please state:			-															
Size of farm or land:				acre	S													
Herd or flock number:																		
Net yearly income or rent from farm or land:		,																
'Net yearly income' is expenses.	s mor	ney th	ey h	ave	mad	e fro	om t	he	farn	n af	ter	de	duc	ting	g op	oera	tin	g



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Part / continue	Part 7	continu	ed
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Your spouse's, civil partner's or cohabitant's work and claim details

50(b). If their farm or land is let, please state net yearly income from letting:

Net yearly income: a	€			,					
----------------------	---	--	--	---	--	--	--	--	--

51(a). Are they taking part in any of the following courses or schemes, insert an X in the box as it applies to them and give the date they started if you insert an X in the Yes box.

				ate the	<u>y sla</u>	rieu.				
Community employment:	Yes	No								
			D	D	Μ	Μ	Y	Y	Y	Y
Rural Social Scheme:	Yes	No		D	M	M				v
Area-Based Initiative:	Yes	No			191	/~1				_
Area-Dased Initiative.			D	D	M	Μ	Y	Y	Y	Y
Back to Work Scheme:	Yes	No								
			D	D	Μ	Μ	Υ	Υ	Υ	Υ
Vocational Training	Yes	No								
Opportunities Scheme:			D	D	Μ	Μ	Υ	Υ	Y	Y
Back to Education Allowance:	Yes	No		D	M	M	V	V		V
Solas/FÁS course or schemes:	Yes	No			///	/ * 1				<u> </u>
			D	D	M	Μ	Y	Y	Y	Y
School or college:	Yes	No								
			D	D	Μ	Μ	Y	Υ	Y	Υ
Other course or scheme:	Yes	No								
If 'Yes', please state:										
Name of course or scheme:										
Date they started: From:										
To:										
	DD	M M Y	YYY							
51(b). Please state what the	ey get pai	d for doing thi	s scheme o	or cours	se:					
€			a week							
52.Do they own stocks, sha		ding shares in		or Co	on	annui	tion	hou	adc	
insurance policies) or inv	vestment	s in the Repub	lic of Irelan	d or an	oth	er cou	intry	?	ius,	
	Yes	No								
If 'Yes', please state:										
Name of company:										
Number of shares held:										
Total value of these ϵ										
shares:		, ttach a statem	ent to sho	w detai	ls ar	nd cur	ront	ma	rkot	value
Page 14	r icase a			w ucial	is al		Tent	ma	INCL	value.
74A53AD2										

Part 7 continued

Your spouse's, civil partner's or cohabitant's work and claim details

53.Do they have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the Republic of Ireland or another country?

		Yes			No							
If 'Yes', please state:	Fina	ancial	Inst	itutio	on 1							
Name of financial institution:												
Bank Identifier Code (BIC):												
International Bank Account Number (IBAN):												
Current balance: €			,									
Is this account a joint account?		Yes			No							
Name(s) of account holder	(s):											
Name 1:												
Name 2 (if any):												
	Fina	ancial	Inst	itutic	on 2							
Name of financial institution:												
Bank Identifier Code (BIC):												
International Bank												
Account Number (IBAN):												
Current balance: €			,									
Is this account a joint account?		Yes			No							
Name(s) of account holder	(s):					 						
Name 1:												
Name 2 (if any):												



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Part 7 continued	Your spouse's, civil partner's or cohabitant's work and claim details
	Financial Institution 3
Name of financial institution:	
Bank Identifier Code (BIC):	
International Bank Account Number (IBAN):	
Current balance: $\mathbf{\in}$	
Is this account a joint account?	Yes No
Name(s) of account holder	(s):
Name 1:	
Name 2 (if any):	

Please attach an original statement for each account, showing transactions for the last 3 months.

If they have any other accounts you must give details of them to this Department on a separate sheet of paper.

54(a). Do they own or share in the ownership of property apart from their home?

	Yes	No					
If 'Yes', please state:							
Type of property:							
Address of property:							
'Property' would be an apartment, business							
property, another house or							
land other than that mentioned at question 50.							
Current market value: ϵ	,	,					
Rent from this € property:	I		a week				
	Please provide	e a valuatio	n from an a	uthorised a	auctionee	r or val	uer.
Outstanding mortgage € on property:	T	_	•				
,	If mortgaged p	lease attac	h a recent st	atement fr	om lendin	institu	ution
Note: A separate sheet of pa	per can be use	d for details	s of any add	itional prop	perties that	at they h	nave.
54(b). If they have a room le	t in the prope	rty they are	e currently r	esiding in,	please sta	ate:	
Weekly income: €	,		a week				



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Part 7 continued	Your spouse's, civil partner's or cohabitant's work and claim details
55. Are they receiving maintenance? If 'Yes', please state:	Yes No
Amount:	€ , a week
	Please provide a copy of the maintenance agreement.
56.Are they paying maintenance?	Yes No
If 'Yes', please state: Amount:	€ , a week
	Please provide a copy of the maintenance agreement.
	eive any additional income or money in the coming 12 months from hat is for example a claim for compensation arising out of an of property, etc.)?
	Yes No
If 'Yes', please give de	tails in the space provided:



C54A96C5	
Part 7 continued	Your spouse's, civil partner's or cohabitant's work and claim details
58.Do they have any other in	ncome from the Republic of Ireland or another country?
[Yes No
If 'Yes', please give details	s in the space provided:
59.Did they sell or transfer p	property or business in the last three years?
	Yes No
If 'Yes', please give details	s in the space provided and attach a copy of the deed of transfer:
60. Have they moved from th	
If 'Vac' places outling the	Yes No
	e circumstances in the space provided. If their home is rented, e or otherwise being used, please give details:
61.Did they recently sell the	ir home to buy another?
	Yes No
	e circumstances in the space provided and attach supporting om their solicitors regarding the financial transaction.
Page 18	



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Part 8	Ι	Def	tai	ls	of	pe	erso	on	yo	ou a	are	e ca	ari	ng	; fo	r				
62.Their PPS No.:																				
63.Title: (insert an 'X' or specify)	Mr.			Mrs	•		Ms				(Dthe	er							
64. Their surname:																				
65.Their first name(s):																				
66.Their birth surname:																				
67.Their date of birth:	D	D		Μ	Μ		Y	Y	Y	Y										
68. Their address:																				
69.Their mother's birth surname:																				
70. Have you or anyone appli	ed f	or I	Don	nici	liar	y C	are	Alle	owa	nce	e fo	r th	em	?						
		Yes	5				No													
71. What other type of payment are they getting, if any?																				
Please nan	le o	nlv	the	soc	rial y	wel	fare	nav	/me	ent(s) fr	om	Irel	and	or	ano	the	r co	unt	rv
72.1s the person being cared															0.		circ		arre	
		Yes		-		_	No				-									
73.Is the person named above	e at	ter	din	g a	day	y ca	ire o	or r	eha	bili	tati	ve d	ent	tre?						
		Yes	5				No													
Note: A person is regarded a the daytime only. If the person	on s	tay	s ov	vern	igh	t al	t the	e ca	re f	faci	l ity ,	yo	u m	-						-
74. If the person stays overnig	gnt a	αια	Ca	reia	acii	lly		ent	re,	piea	ase	รเล								
Name of centre:																				
Address of centre:																				
Talanhana numbar of							 								1					
Telephone number of centre:															L	AN	D		NE	
Number of days they attend:		a١	wee	k					Nu	mbe	er o	f nig	hts	they	/ att	end	:	á	a we	eek
	Plea	ase	atta	ach	lett	er o	of co	onfir	ma	tion	fro	m c	lay	care	e ce	ntre			Do	10



EA5EA795	
Part 8 continued	Details of person you are caring for
5.Has anyone else ever ap	oplied or received Carer's Allowance for this person?
	Yes No
6.Does the person you are	e caring for live with you?
	Yes No
If 'No', please state: Number of hours you provide care:	a day
Number of days you provide care:	a week
Does anyone else live wi	th the person you are caring for?
	Yes No
If 'Yes', please give detail	s in the space provided.
The distance between the households:	kilometres
Is there a direct commun Community Alert alarm)	ication link between the households (ie landline, mobile phone or
-	Yes No
If 'No', please give details	s of other direct link in the space provided.
Details of daily duties yo	u perform looking after this person:
Have you moved from y	our home to live with the person who you are caring for?
	Yes No
people or otherwise be	ils in the space provided if your home is rented, occupied by other ing used:
Allowance Section, Socia online at www.welfare.i	re than one person, also complete form CR 2 and send it to Carer's al Welfare Services, Ballinalee Road, Longford. You can get form CR 2 e or from your local Social Welfare Office. If you are caring for more complete a CR 2 form for each additional person.
Page 20	



BCE0C6F7 Part 9

Checklist

Have you enclosed the following?

- You and your spouse's, civil partner's or cohabitant's most recent payslips (if you or your spouse, civil partner or cohabitant were employed during the last 12 months)
- Statements from all financial institutions showing the last 3 months transactions (internet printouts are not accepted)

(if you or your spouse, civil partner or cohabitant have money or investments in a financial institution)

- Your last P60 or P45 if you have left work
- A copy of the most recent accounts of the business or farm if you or your spouse, civil partner or cohabitant is self-employed. If none is available a statement from your/their accountant
- Letter from school or college
 (if you are claiming for child(ren) aged between 18 and 22 who are in full-time education)
- Copy of GNIB (Garda National Immigration Bureau) card or other relevant Visa(s) or permit(s)

If you were born, married or entered into a civil partnership or a civil union outside the Republic of Ireland:

- Your birth certificate
- Your marriage certificate or civil partnership or civil union registration certificate
- Your spouse's, civil partner's or cohabitant's birth certificate
- Your child(ren)'s birth certificate(s) (if applying for an increase for them) Note: No birth certificate is needed if you are already getting Child Benefit.

Original certificates only. We do not accept photocopies.

Remember to send in all the certificates and documents with this application, or say that you will send them later. You must ensure you attach your PPS Number to any certs so that we can associate them to your application.

Make sure that you supply all information required in this form.

Please remember your claim cannot be processed without the medical part being completed and decision on your claim will be delayed.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Office.



F17B0C10 Part 9 continued

Checklist

Send this completed application form to:

Carer's Allowance Section

Department of Social Protection Social Welfare Services Government Buildings Ballinalee Road Longford

Telephone:(043) 334 0000LoCall:1890 92 77 70If you are calling from outside the Republic of Ireland please call + 353 43 3340000

Important: If you do not claim within 7 days you could lose benefit.

Note

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

Data Protection Statement

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation. 180K 07-15 Page 22 HILLING INCOMPARING IN A CONTROL OF A CONTROL A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF

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Note to carer

Important

You do not need to send a medical report at this stage for a child for whom Domiciliary Care Allowance is being paid by this Department.

The following medical forms are in two parts. Have Section A completed and signed by the person being cared for.

You must then pass the entire medical form to the doctor of the person being cared for. The doctor may return the form to you in a sealed envelope to keep their patient's medical details confidential.

Please make sure you return the medical form along with your application.



Medical Report for	
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BB7FAE8F

Social Welfare Services Med Rpt CR1 Data Classification R



Carer's Allowance

Part 10

T

Medical Report

Section A

Applicant details (details of person providing full-time care)

represent actuals (actuals of person providing fair time care)																	
Surname:																	
First name:																	
PPS No.:																	

Declaration by person receiving full-time care and attention

Section A

Authorisation

I need **full-time care** and **attention** and the person named in Part 1 is providing full-time care and attention to me. I will tell the Department of Social Protection if this changes.

I permit my doctor to provide you, the Department of Social Protection, with medical information that you may need for this application for Carer's Allowance.

I understand that I may need to attend a medical exam from time to time and that my right to care under the Carer's Allowance scheme may be reviewed at any time.

	Date:					
		D	D	Μ	Μ	

Signature (not block letters) of the person receiving care

If you cannot sign, make a mark and have it witnessed. A witness cannot be the carer or a member of the carer's household.

	Date:					2	0			
		D	D	Μ	Μ	Y	Y	Y	Y	
h la al datta										

Signature (not block letters)

Note

In signing the authorisation above, you allow your doctor to give us the medical information we need to decide if you qualify for care under the Carer's Allowance scheme.

One of our Medical Assessors will review the medical information and will treat it in strictest confidence. Although a confidential document, both medical and non-medical people will need to deal with this report.



Section B

Section B

Dear Doctor,

To enable us, on behalf of your patient, to accurately assess if they qualify for care under the Carer's Allowance scheme, please complete the medical report across. The medical information provided will be reviewed by one of our Medical Assessors, who will treat it in strictest confidence. Although a confidential document, both medical and non-medical people will need to deal with this report.

You can get a special fee for fully completing and returning this report. To ensure payment please enter your DSP panel number in the box provided.

For reasons of medical confidentiality, you may wish the medical evidence for your patient to be passed to the Department's Chief Medical Adviser, without potential inspection by other people. If you have any questions on this matter, please contact the Department at the telephone number given below.

If you have any queries, please contact the Carer's Allowance Section at LoCall: 1890 92 77 70.

Note:

The carer should already have filled Parts 1 and 8 of the application form. The person(s) being cared for must have completed Section A of this medical report.

THE COMPLETED MEDICAL REPORT FORM SHOULD BE RETURNED BY THE DOCTOR TO THE CARER WHO WILL SEND IT, ALONG WITH HIS / HER APPLICATION FORM, TO THE CARER'S ALLOWANCE SECTION.



F67A20CC Part 10 continued

Medical Report

Section B																				
1. Patient details	(ple	ease	e us	еB	locl	k ca	pita	als)												
Surname:																				
First name:																				
Address:																				
Date of birth:																				
	D	D		Μ	Μ		Υ	Υ	Υ	Y										
PPS No.:											1	1	1	1	1					
Mobile telephone No.:																				
The patient	ma	y be	e co	nta	ctec	l by	tex	t m	essa	age	in r	elat	ion	to a	a me	edic	ala	asse	ssm	ent.
Occupation:																				
2(a). Your patient since:																				
2(b). How often does the	D	D			Μ		Y	Υ	_	Y										
patient visit your surgery?		We	eekl	У					N	lon	thly					Le	ess (ofte	n	
3. Diagnosis(es) (use BLOCK CAPITALS):																				
4. ICD10 Code(s):]				
5. Date condition started:																				
	D	D			Μ			Y	Υ	Y										
6. How long do you expect this condition to					3 m		hs					onth				6-	12	mor	ths	
continue?		12	-24	moi	nths	5				inc	lefi	nite	ly							
7. Please give: Medical history																				
medical mistory																				
Surgical/Obstetrical history																				
	Att	ach	rel	leva	nt i	ep	orts	/te	st r	esu	lts/	refe	erra	ls					Po	ige 27
21B835F4																			, u	3521

3EF0FDD8 Part 10 continued	Medical Report
Hospital admissions	
Date of discharge:	
	DD MM YYYY
Relevant investigations	
8. Please give details if any	of the following apply:
Attending a specialist	
On medication	
Other treatment	
Clinical findings	
9. Pregnant:	Yes No
If 'Yes', give EDD:	
	eports/results of investigations.
Additional Information:	
Page 28	



FA797257

Part 10 continued

Medical Report

	A	BILITY/	Disa	BILITY P F	ROFILI	Ξ:						
10.Indicate the degree to w following areas.	hich you	ır patie	ent's	conditio	on ha	s affe	ected	their	ability	in A	LL o	of the
		Norm	al	Mild	Ν	Node	rate	Se	vere	Pr	rofou	ind
Mental Health/Behaviour	\longrightarrow											
Learning/Intelligence —												
Consciousness/Seizures –												
Balance/Co-ordination —												
Vision ———												
Hearing —												
Speech												
Continence ———												
Reaching												
Manual Dexterity ———												
Lifting/Carrying												
Bending/Kneeling/Squatt	ing 🔶											
Sitting/Rising												
Standing												
Climbing Stairs/Ladders –												
Walking												
11.A Medical Assessment by determine eligibility.	one of	the De	epart	tment's	Medi	cal A	ssess	ors m	ay be	requi	ired	to
Is your patient fit to attend	da med	ical ass	essm	nent?	· ·	Yes			No			
If 'No', give details here:												
Doctor's name:												
DSP panel number:					IM	C nui	mber	:				
Address:												
						l						
							Do	ctor's	officia	al sta	imp	
Doctor's Signature (not block lett	ers)											
Date: D D M M	20 YY	Y Y										
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(i)	Eligible for Carer's Allow	vance:	
(ii)	Review:		
(iii)	DNRA:		
(iv)	Not eligible for Carer's	Allowance:	
	Give reasons:		
	L		

Signed			Me	dic	al A	ssess	or
Date:			2	0			
	DD	MM	Υ	Υ	Υ	Υ	

Data Protection Statement

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation. 180K 07-15 Page 30 Edition: December 2014

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