



# Application form for Carer's Allowance

**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 strikethrough 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](http://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.

1. Your PPS No.:	1	2	3	4	5	6	7	T											
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other												
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name as it appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D		M	M		Y	Y	Y	Y									
8. Your mother's birth surname:	K	E	L	L	Y														

## Contact Details

9. Your 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			T	O	W	N														
	County										D	O	N	E	G	A	L			Postcode							
10. Your telephone number:	O	N	E			N	U	M	B	E	R			P	E	R			B	O	X						
	MOBILE																										
	O	N	E			N	U	M	B	E	R			P	E	R			B	O	X						
	LANDLINE																										
11. Your email address:	O	N	E			C	H	A	R	A	C	T	E	R			P	E	R								
	B	O	X																								

# SAMPLE

# Application form for Carer's Allowance

A699208E

Social Welfare Services

**CR 1**

Data Classification R



## Part 1

## Your own details (Carer's Details)

1. **Your PPS No.:**

2. **Title:** (insert an 'X' or specify) Mr.  Mrs.  Ms.  Other

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      M M      Y Y Y Y

8. **Your mother's birth surname:**

## Contact Details

9. **Your address:**

County      Postcode

10. **Your telephone number:**

MOBILE

LANDLINE

11. **Your email address:**

## Declaration

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.

Signature (not block letters)

Date:

D D      M M      2 0      Y Y Y Y

Signature of witness (not block letters)

Date:

D D      M M      2 0      Y Y Y Y

**Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.**



## Part 1 continued

## Your own details (Carer's Details)

12. Are you?

- Single  
 Married  
 Separated  
 Divorced  
 Widowed

- Cohabiting  
 In a Civil Partnership  
 A surviving Civil Partner  
 A former Civil Partner  
 (you were in a Civil Partnership that has since been dissolved)

13. If you are married, in a civil partnership or cohabiting, from what date?

D	D	M	M	Y	Y	Y	Y		

14. If you previously lived or worked in the UK, please state your UK Social Security Number:

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## Part 2

## Your work and claim details

**Carer's Allowance is a means tested payment. You are legally obliged to declare all your means which include money in cash or in a financial institution, savings, shares, bonds, funds, property (other than your own home), foreign pensions etc. Please include written evidence such as statements and payslips with your application. Failure to do so could result in a delay in processing your application.**

**You must also declare the means of your spouse, civil partner or cohabitant.**

15(a). Are you employed at present?

- Yes       No

If 'Yes', please state:

Employer's name:

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Employer's address:

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Type of work:

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Gross weekly earnings:

€ , .  a week**Please attach 3 of your most recent payslips.**

15(b). You can work for up to 15 hours a week outside the home. Do you intend to....?

(a) remain at work for up to 15 hours a week:

- Yes       No

or

(b) return to work for up to 15 hours a week:

- Yes       No



## 16. Are you or have you been self-employed?

Yes  No

## If 'Yes', please state:

Type of work you do/did:

Dates of self-employment: From:

To:

D D M M Y Y Y Y

Net yearly earnings: €    ,    .   a year

This is the money you have made from self-employment after deducting operating expenses.

## 17. Are you getting a social security payment from another country?

Yes  No

## If 'Yes', please state:

Name of country:

Your claim or reference number:

Amount: €  ,    .   a week

Please attach the most recent payslip or letter from the Social Security Agency confirming the above amount and also provide a 6 month bank statement for the account to which this payment is made.

## 18. Are you getting any other pension or allowance from the Republic of Ireland or from another country?

Yes  No

## If 'Yes', please state:

Who pays this pension:

Your claim or reference number:

Amount: €  ,    .   a week

Please attach the most recent payslip or letter from the people who pay you confirming the above amount and also provide a 6 month bank statement for the account to which this payment is made.

## 19(a). Do you own, share in the ownership, work or rent a farm or land?

Yes  No

## If 'Yes', please state:

Size of farm or land:    acres

Herd or flock number:

Net yearly income or rent from farm or land: €  ,    .

'Net yearly income' is money you have made from the farm after deducting operating expenses.

## 19(b). If your farm or land is let, please state net yearly income from letting:

Net yearly income: €  ,    .



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.

			Date you started:																	
Community employment:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
					D	D	M	M	Y	Y	Y	Y								
Rural Social Scheme:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
					D	D	M	M	Y	Y	Y	Y								
Area-Based Initiative:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
					D	D	M	M	Y	Y	Y	Y								
Back to Work Scheme:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
					D	D	M	M	Y	Y	Y	Y								
Vocational Training Opportunities Scheme:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
					D	D	M	M	Y	Y	Y	Y								
Back to Education Allowance:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
					D	D	M	M	Y	Y	Y	Y								
Solas/FÁS course or schemes:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
					D	D	M	M	Y	Y	Y	Y								
School or college:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
					D	D	M	M	Y	Y	Y	Y								
Other course or scheme:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																

If 'Yes', please state:

Name of course or scheme:

Date you started: From:

To:

D D M M Y Y Y Y

20(b). Please state what you get paid for doing this scheme or course:

€ ,  .  a week

21. Do you own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments in the Republic of Ireland or another country?

Yes  No

If 'Yes', please state:

Name of company:

Number of shares held:  ,

Their value: €  ,  .

Please attach a statement to show details and current market value.



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:

### Financial Institution 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):

### Financial Institution 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):

### Financial Institution 3

Name of financial institution:

Bank Identifier Code (BIC):

International Bank  
Account Number (IBAN):

Current balance: € ,  .

Is this account a joint account?  Yes  No



**Financial Institution 3 continued**

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

23(a). Do you own or share in the ownership of property apart from your 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 19.

Current market value: € , ,  .

Rent from this property: € ,  .  a week

Please provide a valuation from an authorised auctioneer or valuer.

Outstanding mortgage on property: € , ,  .

If mortgaged please attach a recent statement from lending institution.

**Note:** A separate sheet of paper can be used for details of any additional properties that you have.

23(b). If you have a room let in the property you are currently residing in, please state:

Weekly income: € ,  .  a week

24. Are you receiving maintenance?  Yes  No

If 'Yes', please state:

Amount: € ,  .  a week

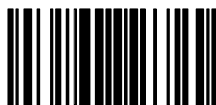
Please provide a copy of the maintenance agreement.

25. Are you paying maintenance?  Yes  No

If 'Yes', please state:

Amount: € ,  .  a week

Please provide a copy of the maintenance agreement.





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.)?

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:

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 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 supporting documentary evidence from your solicitors regarding the financial transaction.







**Part 4****Your payment details**

The Department recommends direct payment to your current, deposit or savings account in a financial institution. This is the best payment option for you as you can receive your payment at a time and place that suits you. The account must be in your name or jointly held by you.

**Financial Institution**

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

**Post Office**

If you do not have an account in a financial institution please indicate the Post Office where you wish your payment to be made.

Post Office address:

**Part 5****Details of your qualified child(ren)**

37. Do you have children living with you?  Yes  No

If 'Yes', how many are under 18 and between 18-22 in full time education.

under age 18  aged 18 - 22 in full-time education

You must attach written confirmation from the school or college for the children aged 18 - 22.

Please state child's:

**Child 1**

Surname:

First name(s):

PPS No.:

Date of birth:

D D M M Y Y Y Y

Are they living with you?  Yes  No





**Part 6**

**Your spouse's, civil partner's or cohabitant's details**

**38. Their PPS No.:**

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**39. Title:** (insert an 'X' or specify)

Mr.  Mrs.  Ms.  Other 

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**40. Their surname:**

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**41. Their first name(s):**

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**42. Their birth surname:**

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**43. Their date of birth:**

D	D	M	M	Y	Y	Y	Y		

**44. Their mother's birth surname:**

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**45. Their address:**

Only answer this question if you are married or in a civil partnership and do not live together.


**Part 7**

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

**Please complete fully the remainder of this section.  
Do not leave any question blank.  
If no income, please enter 0 in each box.**

**46. Are they employed at present?**

Yes  No

**If 'Yes', please state:**

Their employer's name:

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Their employer's address:


Their gross weekly earnings:

€ 

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 , 

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 a week

**Please attach 3 of their most recent payslips.**



**Part 7 continued**

**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 D M M Y Y Y Y

Net yearly earnings: €          a year

**This is the money they have made from self-employment after deducting operating expenses.**

**48. Are they getting any other pension or allowance from the Republic of Ireland or another country?**

Yes  No

**If 'Yes', please state:**

Who pays this pension:

Their claim or reference number:

Amount: €       a week

**Please attach the most recent payslip or letter from the people who pay them confirming the above amount and also provide a 6 month bank statement for the account to which this payment is made.**

**49. Are they getting a social security payment from another country?**

Yes  No

**If 'Yes', please state:**

Name of country:

Their claim or reference number:

Amount: €       a week

**Please attach the most recent payslip or letter from the Social Security Agency confirming the above amount and also provide a 6 month bank statement for the account to which this payment is made.**

**50(a). Do they own, share in the ownership, work or rent a farm or land?**

Yes  No

**If 'Yes', please state:**

Size of farm or land:    acres

Herd or flock number:

Net yearly income or rent from farm or land: €

**'Net yearly income' is money they have made from the farm after deducting operating expenses.**







## 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:

**Financial Institution 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):

**Financial Institution 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):



## 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: € , . 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: € , , . Rent from this  
property: € , .  a week**Please provide a valuation from an authorised auctioneer or valuer.**Outstanding mortgage  
on property: € , , . **If mortgaged please attach a recent statement from lending institution.****Note: A separate sheet of paper can be used for details of any additional properties that they have.****54(b). If they have a room let in the property they are currently residing in, please state:**Weekly income: € , .  a week

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

### Part 7 continued

55. Are they receiving maintenance?

Yes  No

If 'Yes', please state:

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.

57. Do they 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.)?

Yes  No

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



58. Do they have any other income from the Republic of Ireland or another country?

Yes  No

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

59. Did they 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 of transfer:

60. Have they moved from their home?

Yes  No

If 'Yes', please outline the circumstances in the space provided. If their home is rented, occupied by other people or otherwise being used, please give details:

61. Did they recently sell their home to buy another?

Yes  No

If 'Yes', please outline the circumstances in the space provided and attach supporting documentary evidence from their solicitors regarding the financial transaction.



## Part 8

## Details of person you are caring for

62. Their PPS No.:

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63. Title: (insert an 'X' or specify)

Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Other							
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64. Their surname:

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65. Their first name(s):

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66. Their birth surname:

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67. Their date of birth:

D	D	M	M	Y	Y	Y	Y

68. Their address:


69. Their mother's birth surname:

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70. Have you or anyone applied for Domiciliary Care Allowance for them?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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71. What other type of payment are they getting, if any?


Please name only the social welfare payment(s) from Ireland or another country.

72. Is the person being cared for currently in a hospital or nursing home?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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73. Is the person named above attending a day care or rehabilitative centre?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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**Note:** A person is regarded as receiving full-time care while attending a day care centre during the daytime only. If the person stays overnight at the care facility, you must state this clearly.

74. If the person stays overnight at a care facility or centre, please state:

Name of centre:

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Address of centre:


Telephone number of centre:

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LANDLINE

Number of days they attend:  a weekNumber of nights they attend:  a week

Please attach letter of confirmation from day care centre.



75. Has anyone else ever applied or received Carer's Allowance for this person?

Yes  No

76. Does the person you are 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 with the person you are caring for?

Yes  No

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

The distance between the households:   kilometres

Is there a direct communication link between the households (ie landline, mobile phone or Community Alert alarm)?

Yes  No

If 'No', please give details of other direct link in the space provided.

Details of daily duties you perform looking after this person:

Have you moved from your home to live with the person who you are caring for?

Yes  No

If 'Yes', please give details in the space provided if your home is rented, occupied by other people or otherwise being used:

### Note

If you are caring for more than one person, also complete form CR 2 and send it to Carer's Allowance Section, Social Welfare Services, Ballinalee Road, Longford. You can get form CR 2 online at [www.welfare.ie](http://www.welfare.ie) or from your local Social Welfare Office. If you are caring for more than two people please complete a CR 2 form for each additional person.



**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.**



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 0000

LoCall: 1890 92 77 70

If 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.







## 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 Carer's Allowance

BB7FAE8F

Social Welfare Services

**Med Rpt CR1**

Data Classification R



## Part 10

## Medical Report

### Section A

#### Applicant details (details of person providing full-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 M M Y Y Y Y

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:        
D D M M Y Y Y Y

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.**





Hospital admissions

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Date of discharge:

--	--

D D

--	--

M M

--	--	--	--

Y Y Y Y

Relevant investigations

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**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:

--	--

D D

--	--

M M

--	--	--	--

Y Y Y Y

**Please attach any relevant reports/results of investigations.****Additional Information:**

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## For Official use Only

(i) **Eligible for Carer's Allowance:**

(ii) **Review:**

(iii) **DNRA:**

(iv) **Not eligible for Carer's Allowance:**

**Give reasons:**

**Signed** \_\_\_\_\_ **Medical Assessor**

**Date:**

D D

M M

2 0

Y Y Y Y

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