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.

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	Т									
2.	Title: (insert an 'X' or specify)	Mr.			Mrs	s. [X		Ms				C)the	er				
3.	Surname:	M	U	R	P	Н	Y											
4.	First name(s):	M	A	U	R	E	E	N										
5.	Your first name as it														1			
	appears on your birth	M	Α	R	Y													
	certificate:																	
6.	Birth surname:	M	С	D	Ε	R	M	0	T	Т								
7.	Your date of birth:	2	8		0	2		1	9	7	0							
		D	D		M	M	•	Y	Υ	Y	Υ							
8.	Your mother's birth surname:	K	Ε	L	L	Y												
	Januarie.							D		• •								
					Cc	nt	act	D	eta	1ls								
					_	I		_		_	_	_	_			1		
9.	Your address:	1		Ν	Е	W		S	T	R	E	Е	Т					

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County

10. Your telephone number:

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Ε Ν U M В Ε R Ρ X 0 N Ε R В 0

LANDLINE

11. Your email address:



O W N

Postcode

A699208E

Social Welfare Services **CR 1**

Data Classification R



Part 1	Y	ou	r c	W	'n	de	tai	ls	(C	are	er's	s E)et	ail	ls)					
1. Your PPS No.:																				
2. Title: (insert an 'X' or specify)	Mr.		1	Mrs	S. [M	s. [_	C	Othe	er							
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		М	M		Y	Y	Y	Y										
8. Your mother's birth surname:																				
			C	or	nta	ct	De	tai	ls											
9. Your address:																				
County											Pos	tco	de							
10. Your telephone number:															М	0	ВІ	LΕ		
															L	ΑN	l D	LII	N E	
11. Your email address:																				
		·		D	ec	lar	ati	on		•										
I declare that the information give information I provide is untrue or to repay any payment I receive fro advise the Department of any cha If you cannot sign your name,	misle om th ange i	eadir ne De in m	ng c epa y ci	or if rtm ircu	I fa nen ims	il to t an tanc	disc d thates v	lose at I r vhic X a	any may h ma	rele be p ay af	evan prose fect	t inf ecut my	orm ed. con	natic I un Itinu	on, tl nder ned e	nat I take	wil to i	l be imm ent.	requ edia	irec
Signature (not block letters)												-			-					
								Da	ite:				N	1 1	Λ	2 Y	2 () / Y	Y	
Signature of witness (not block let	ters)																			

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 Cohabiting
	Married In a Civil Partnership
	Separated A surviving Civil Partner
	Divorced A former Civil Partner
	Widowed (you were in a Civil Partnership that has since been dissolved)
13.If you are married, in a ci	ril 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:
Part 2	Your work and claim details
funds, property (other th	ney in cash or in a financial institution, savings, shares, bonds, an your own home), foreign pensions etc. Please include written nts and payslips with your application. Failure to do so could sing your application.
You must also declare the	means of your spouse, civil partner or cohabitant.
15(a). Are you employed at p	resent?
	Yes No
<pre>If 'Yes', please state: Employer's name:</pre>	
Employer's address:	
Type of work:	
Gross weekly € earnings:	a week
	Please attach 3 of your most recent payslips.
·	o 15 hours a week outside the home. Do you intend to?
(a) remain at work f	or up to 15 hours a week: Yes No
or	ICS INU
(b) return to work for	or up to 15 hours a week:
	Yes No
Page 2	

Your work and claim details

16. Are you or have you bee	n self-empl	loyed?									
	Yes		No								
If 'Yes', please state:											_
Type of work you do/did:											
Dates of self- employment: From:											
То:]						
	D D	M M	YY	YY	_						
Net yearly earnings: €		,		- a	a year						
This is the money you ha	ve made fr	om self-e	mployn	nent aft	ter de	ductin	g ope	erating	exp	ense	s.
17. Are you getting a social	security pay	yment fro	m anot	her cou	untry?						
	Yes		No								
If 'Yes', please state:											_
Name of country:											
Your claim or reference number:											
Amount:				a week							
Please attach the most rec amount and also provide a											
18. Are you getting any other another country?	er pension o	or allowai	n <mark>ce fro</mark> r No	n the R	epubli	c of I	eland	l or fro	m		
If 'Yes', please state:											
Who pays this pension:											
Your claim or reference number:											
Amount: €				a week							
Please attach the most recamount and also provide a											
19(a). Do you own, share in	the owner	ship, wor	k or rer	nt a farı	m or la	and?					
	Yes		No								
If 'Yes', please state:		7									
Size of farm or land:		acres									
Herd or flock number:											
Net yearly income or rent from farm €			•								
or land:	'Net year deducting				have	made	from	the fa	rm a	after	
19(b). If your farm or land is			•		e from	ı letti	ng:				
Net yearly income: €						- 34.	J				



Your work and claim details

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 y	ou/	stai	rtec	l:					
Community employment:		Yes		No										2/		
Rural Social Scheme:		Yes		No		D	D	1	M	M]	Y	Y	Y	Y	
Rufai Sociai Scheme.		163		INO		D	D		M	M		Y	Y	Y	Υ	
Area-Based Initiative:		Yes		No												
B 1 / W 1 C 1						D	D	1	M	M	1	Y	Y	Y	Y	
Back to Work Scheme:		Yes		No		D	D		M	M		Y	Y	Y	Υ	
Vocational Training Opportunities Scheme:		Yes		No		D	D		M	M		Y	Y	Y	Y	
Back to Education		Yes		No					771	///			Ė			
Allowance:						D	D	_	M	M]	Y	Y	Y	Y	
Solas/FÁS course or schemes:		Yes		No					. A. A.	A 4				1/		
School or college:		Yes		No		D	D	1	M	M]	Y	Y	Y	Y	
School of College.		163		INO		D	D		M	M		Y	Y	Y	Y	
Other course or scheme:		Yes		No												
If 'Yes', please state:																
Name of course or scheme:																
Date you started: From:																
To:																
	D	D N	1 M	Y	YY	Y										
20(b). Please state what yo	u ge	t paid for	doing	this	schemo	e or	col	ırse	:							
€		,			a we	ek										
21.Do you own stocks, shar insurance policies) or in														ds,		
		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.



Your work and claim details

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):
Account Number (IB/AIV).
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):
Account Hamber (ID/ III).
Current balance: € ,
Is this account a joint account? Yes No



Your work and claim details

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 auestion 19. Current market value: **£** Rent from this a week property: Please provide a valuation from an authorised auctioneer or valuer. **Outstanding** € mortgage on property: If mortgaged please attach a recent statement from lending institution. A separate sheet of paper can be used for details of any additional properties that Note: 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 No Yes maintenance? If 'Yes', please state: Amount: a week Please provide a copy of the maintenance agreement. 25. Are you paying Yes No maintenance? If 'Yes', please state:

Please provide a copy of the maintenance agreement.

a week

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Amount:

DEA58676



€

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.)?
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.



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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 Nat	ional, do you hold a current:
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
	Area (EEA) comprises of the member states of the European Union rway and Liechtenstein and Croatia. n the space provided.
	ve, please enclose your original permit and your original letter from e which sets out the reasons you have been granted permission to Ireland.
•	da National Immigration Bureau) card? Yes No

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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Habitual Residence Condition

35.How long do you i	intend t	to stay in th	e Repul	olic of I	reland	d?								
		0-1 year	ır			1-2	yea	rs						
		3-5 year	ırs			ove	r 5 y	ears	5					
36.Have you lived ou within the last five	tside the years?	e Republic	of Irelai	nd for a	ny pe	erio	d lor	nger	thar	th:	ree	mo	nths	
		Yes		No										
If 'Yes', please give	e detail	s of where y	ou live	d in the	spac	e pr	ovio	led.						
		Country 1												
Country:														
	From:													
	To:													
Why you lived ther	e:	D D	M M	Y	Y	Y								
		Country 2												
Country:														
,	From:													
	To:	D D	M M	Y	/ Y	Υ								
Why you lived ther	e:	D D	/// ///		' '									



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.

			Fi	naı	nci	al]	[ns	titı	ati	on										
You will find	the f	follo	wir	ng d	etai	ls pi	rinte	ed o	n st	ate	mer	its f	rom	you	ır fi	nan	cial	inst	itut	ion.
Name of financial institution:																				
Bank Identifier Code (BIC):																				
International Bank Account																				
Number (IBAN):																				
Name(s) of account holder(s)	:																			
Name 1:						<u> </u>											<u></u>	<u></u>		
Name 2 (if any):																				
					Po	st (Off	ice												
If you do not have an accourgou wish your payment to b				nci	al ir	nstit	tuti	on p	olea	se	indi	cat	e th	ne P	ost	Of	fice	wh	iere	•
Post Office address:																				
Part 5	Ι	De f	tai	ls	of	yo	ur	qı	ıal	ifi	ed	cl	nil	d(1	en	1)				
37.Do you have children living with you?		Ye	S]	No													
If 'Yes', how many are un	der	18	anc	l be	twe	een	18-	22 i	n fu	ıll t	ime	ed	luca	tio	n.					
			un	der	age	e 18					ag	ed	18 -	22	in f	ull-t	ime	ed	uca	tion
You must attach written	con	firn	nati	on	fror	n th	ne s	cho	ol d	or c	olle	ge	for	the	chi	ldre	en a	ige	31 t	- 22
Please state child's:	Chi	ld 1	l																	
Surname:																				
First name(s):																				
PPS No.:																				
Date of birth:	D	D		M	M		Y	Y	Y	Y										
Are they living with you?		Ye	S			_ ı	٧o	-	-	-										

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Part 5 continued	Details of your q	ualified child(rer
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	Child 2												
Surname:													
First name(s):													
PPS No.:													
Date of birth:													
	D D	M	M	_	Y	Y	Y	Y					
Are they living with you?	Yes			\	No								
	Child 3												
Surname:													
First name(s):													
PPS No.:													
Date of birth:													
	D D	M	M		Y	Y	Y	Y					
Are they living with you?	Yes				No								
	Child 4												
Surname:	Child 4												
Surname: First name(s):	Child 4												
	Child 4												
First name(s):	Child 4												
First name(s): PPS No.:	Child 4	M	M		Y	Y	Y	Y					
First name(s): PPS No.:			M		Y	Y	Y	Y					
First name(s): PPS No.: Date of birth:			M			Y	Y	Y					
First name(s): PPS No.: Date of birth:	D D Yes		M	1		Y	Y	Y					
First name(s): PPS No.: Date of birth: Are they living with you?	D D Yes					Y	Y	Y					
First name(s): PPS No.: Date of birth: Are they living with you? Surname:	D D Yes			1		Y	Y	Y					
First name(s): PPS No.: Date of birth: Are they living with you? Surname: First name(s):	D D Yes Child 5				No								
First name(s): PPS No.: Date of birth: Are they living with you? Surname: First name(s): PPS No.:	D D Yes		M		No	Y							

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



Part 6)	ou	ır s	po	us	e's	, ci	vil	pa	rtr	ıer	's c	or (coh	ab	ita	mť	's d	leta	ails
38. Their PPS No.:																				
39.Title: (insert an 'X' or specify)	Mr.			Mrs	6.		Ms				C	Othe	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		M	M		Y	Y	Y	Y						1				
surname:																				
45. Their address:																				
Only answer this question if you are																				
married or in a civil																				
partnership and do not live together.																				
						•											•			
Part 7							s, c					er	's	or	CO	ha	bi	tan	ıt's	
Please complete fully the	e re	VO:	rk ind	an	ıd	cla	in	ı d	eta			ıer	's	or	CO	ha	bi	tan	ıt's	
Please complete fully the Do not leave any question	e re	VO: mai lank	rk indo	an er o	of th	cla	in	ı d	eta			ier	's	or	CO	ha	bi	tan	ıt's	
Please complete fully the Do not leave any question of the If no income, please entertains	e re on bl	WO: mai lank in e	rk indo	an er o	of th	cla	in	ı d	eta			ier	' S	or	CO	ha	bi	tan	ıt's	
Please complete fully the Do not leave any question	e re on bl	WO: mai lank in e	rk indo k. eacl	an er o	of th	cla	in	ı d	eta			ier	' 's	or	CO	ha	bit	tan	ıt's	
Please complete fully the Do not leave any question of the If no income, please entertains	e re on bl	wo: mai lank in e	rk indo k. eacl	an er o	of th	cla	ecti	ı d	eta			ıer	' S	or	co	ha	bi	tan	ıt's	
Please complete fully the Do not leave any question of the If no income, please enter the 46. Are they employed at present the present the present the If the Income, please enter the Income of the I	e re on bl	wo: mai lank in e	rk indo k. eacl	an er o	of th	cla	ecti	ı d	eta			ıer	' 'S	or	co	ha	bit	tan	ıt's	
Please complete fully the Do not leave any question of the If no income, please enter the 46. Are they employed at profit of 'Yes', please state:	e re on bl	wo: mai lank in e	rk indo k. eacl	an er o	of th	cla	ecti	ı d	eta			ner	's	or	co	ha	bit	tan	ıt's	
Please complete fully the Do not leave any question of the If no income, please entered. After they employed at profile if 'Yes', please state: Their employer's name:	e re on bl	wo: mai lank in e	rk indo k. eacl	an er o	of th	cla	ecti	ı d	eta			ier	's	or	co	ha	bit	tan	nt's	
Please complete fully the Do not leave any question of the If no income, please entered. After they employed at profile if 'Yes', please state: Their employer's name:	e re on bl	wo: mai lank in e	rk indo k. eacl	an er o	of th	cla	ecti	ı d	eta			ler	's	or	co	ha	bit	tan	nt's	
Please complete fully the Do not leave any question of the If no income, please entered. After they employed at profile if 'Yes', please state: Their employer's name:	e re on bl	wo: mai lank in e	rk indo k. eacl	an er o	of th	cla	ecti	ı d	eta			ler	's	or	co	ha	bit	tan	nt's	

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

47. Are they or have	they bee	n self	-emp	oloye	d?														
		Ye	es			No													
If 'Yes', please sta	ate:																		
Type of work they																			
Dates of self- employment:	From:																		
, ,	To:																		
		D D)	M N	M	Y	Y	Y	Y										
Net yearly earning	gs: €			,					a	ye	ar								
This is the money	they ha	ve ma	de fr	om s	elf-e	empl	oyn	nen	t af	ter	ded	duct	ting	ор	era	ting	gex	pen	ses
48.Are they getting country?	any othe	r pens		or all	lowa	nce No	fror	n th	ne R	ері	ıbli	c of	Ire	lan	d or	an	oth	er	
If 'Yes', please sta	ate:																		
Who pays this pen	ision:																		
Their claim or refe number:	erence																		
Amount:	€						а	a we	ek										
payment is made. 49. Are they getting		ecurit	_	ymeı	nt fro	om a No	not	her	COI	unt	ry?								
If 'Yes', please sta	ite:										1	1							
Name of country:																			
Their claim or refe number:	erence																		
Amount:	€				-		а	a we	ek										
Please attach the the above amoun payment is made.	it and als																		
50(a). Do they own,	share in	the ov	wnei	rship	, wo	rk or	rer	nt a	far	m c	r la	ınd	?						
•	I	Ye	es			No													
If 'Yes', please	state:																		
Size of farm or	land:			a	cres														
Herd or flock r	number:																		
Net yearly inco or rent from far or land:	rm €],				· ·	الد مد	h c 4	·	n -4	i.	مام	d c	4 :	ł e		4:	Ł
'Net yearly in	come' is	mone	y the	ey na	ve n	ıade	Tro	m t	ne t	arn	n ai	τer	ae	auc	ting	op	era	ting	3

expenses.

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

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				•													
							if yo	ou i	nse	rt a	n X	in					
	Yes			No]								
	Yes			No			D	D		M	M		Y	Y	Y	Y]
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	Yes			No			D	D		M	M		Y	Y	Y	Υ	
	Yes			No						A A	A A			V	V	V	
	Yes			No			D	D					Y	Y	Y	Y	
	Yes			No			D	D		M	M		Υ	Y	Υ	Y	
	Yes			No			D	D		M	M		Υ	Y	Υ	Y	
	Yes			No			D	D		M	M		Y	Y	Υ	Y	
	Yes			No													
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vestm	ents														nds	,	
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	in any and a sand a san	in any of tand give to and giv	in any of the for and give the date of the	in any of the follow and give the date	in any of the following of and give the date they see and give the date the	in any of the following courand give the date they star Yes No No Yes No No Yes No No Yes No N	in any of the following courses and give the date they started Yes No N	in any of the following courses or sand give the date they started if you have been seed in a seed of the following courses or sand give the date they started if you have been seed in a seed of the following courses or sand give the date they started if you have been sand give the date they started in your sand give the sand give the date they started in your sand give the sand	in any of the following courses or sche and give the date they started if you in the part of the part	in any of the following courses or scheme and give the date they started if you inse Date they Yes No	in any of the following courses or schemes, in and give the date they started if you insert a Date they star	in any of the following courses or schemes, insee and give the date they started if you insert an X Date they started Yes	and give the date they started if you insert an X in Date they started: Yes	in any of the following courses or schemes, insert an X and give the date they started if you insert an X in the Date they started: Yes No Date they starte	in any of the following courses or schemes, insert an X in the Yes Date they started: Yes	in any of the following courses or schemes, insert an X in the Yes boy Date they started: Yes No Date	in any of the following courses or schemes, insert an X in the box and give the date they started if you insert an X in the Yes box. Date they started: Yes No DD MM YYYYY Yes Indianate or course: In a week Yes (including shares in a creamery or Co-op, annuities, bonds, yestments in the Republic of Ireland or another country?

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

53.Do they have savings or a other financial institution										cre	dit	uni	on (or a	ny
	Ye	S			1	No									
If 'Yes', please state:															
	Financ	ial I	nst	itut	ion	1									
Name of financial institution:															
Bank Identifier Code (BIC):															
International Bank Account Number (IBAN):															
Current balance: €			,].[•					
Is this account a joint account?	Ye	S			1	No									
Name(s) of account holder	·(s):														
Name 1:															
Name 2 (if any):															
	Financ	ial I	nst	itut	ion	2									
Name of financial institution:															
Bank Identifier Code (BIC):															
International Bank															
Account Number (IBAN):															
Current balance: €			,												
Is this account a joint account?	Ye	S			1	No									
Name(s) of account holder	(s):														
Name 1:															
Name 2 (if any):															



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

	Fin	and	cial	Inst	itut	ior	3													
Name of financial institution:	:																			
Bank Identifier Code (BIC)	:																			
International Bank Account Number (IBAN):																				
Current balance:],[1	1					
Is this account a joint account?		Υe	es				No													
Name(s) of account holde	er(s)	:																		
Name 1:																				
Name 2 (if any):																				
Please attach an origina months.	l sta	aten	nen	t fo	r ea	ch	acc	oun	t, s	hov	ving	g tr	ansa	acti	ons	for	the	e las	st 3	
If they have any other ac separate sheet of paper. 54(a). Do they own or shar	•																ent	on	a	
						_			-,											
		Ye	25				Nο													
If 'Yes', please state:		Υe	es		L		No													
If 'Yes', please state: Type of property:		Ye	es		L		No													
· •		Υ ϵ	es				No													
Type of property: Address of property: 'Property' would be an		Ye	es				No													
Type of property: Address of property: 'Property' would be an apartment, business property, another house or		Y €	es				No													
Type of property: Address of property: 'Property' would be an apartment, business		Y €	2S				No													
Type of property: Address of property: 'Property' would be an apartment, business property, another house or land other than that		Y €	25				No													
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:		Ye	28				No		a we	eek										
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:											l l l l l l l l l l l l l l l l l l l	uth	ooris	sed	auc	tio	nee	r or	· val	luer.
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: Outstanding mortgage	Ple			ovid							l l l l l l l l l l l l l l l l l l l	uth	noris	sed	auc	tion	nee	r or	· val	luer.
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:	Ple	, , , , , , , , , , , , , , , , , , ,	e pro			va	luat	ion	fro	m a										luer.
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: Outstanding mortgage on property:	Ple	, mor	e pro	ged	, ple	va	luat	ion ach	fro a re	ecer	nt st	tate	me	nt fi	rom	len	din	g in	stit	ution
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: Outstanding mortgage	Ple If r	, , , , , , , , , , , , , , , , , , ,	e pro	ged e use	plea ed f	va	luat	ion ach	fro a re	ecer	nt st	ate itio	me nal	nt fi pro	rom per	len ties	din tha	g in t th	ıstit ney	ution

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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: Amount:	Yes No No a week Please provide a copy of the maintenance agreement.
	Yes No ■ No a week Please provide a copy of the maintenance agreement.
57.Do they expect to rece any other source(s) (th accident/injury, sale of	
If 'Yes', please give deta	Yes No ails in the space provided:



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

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.

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Part 8	Ι	Det	tai	ls	of	pe	rs(n	yo	u	are	e ca	ari	ng	fo	r				
62. Their PPS No.:																				
63.Title: (insert an 'X' or specify)	Mr.			Mrs	5.		Ms			•	(Othe	er							
64. Their surname:																				
65. Their first name(s):																				
66. Their birth surname:																				
67. Their date of birth:	D	D		М	М		Υ	Υ	Υ	Y										
68. Their address:																				
69. Their mother's birth surname:																				
70. Have you or anyone applied	ed f	or I	Oon	nici	liar	y C	are	Alle	owa	nce	fo	r th	ema	?						
		Yes	5		L	I	No													
71. What other type of payment are they getting, if any?																				
Please nan	∟ ne o	nlv	the	soc	ial	wel [.]	fare	pav	/me	nt(s	s) fr	om	Irela	and	or	 ano	the	r co	unt	rv.
72.Is the person being cared		-																		,
		Yes	5				No													
73.Is the person named abov	e at	tten	din	g a	da	у са	re o	or re	eha	bili	tati	ve c	ent	re?						
		Yes	5				No													
Note: A person is regarded a the daytime only. If the person stars are recorded as	on s	tay	s ov	err	nigh	t at	the	e ca	re f	faci	lity,	you	u m	-						_
74. If the person stays overnig	gnt	at a	ca	re i	acii	Ity	or c	ent	re,	pie	ase	Sta	te:				_			
Name of centre:																	<u></u>			
Address of centre:																				
Telephone number of centre:															L	AN	I D	LII	ΝE	
Number of days they attend:			wee atta		lett	er c	of co	nfir				Ū				end ntre			a we	eek

ASEA/95	
art 8 continued	Details of person you are caring for
5.Has anyone else ever app	olied or received Carer's Allowance for this person?
	Yes No
6.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 distance between the households:	kilometres
Is there a direct communic Community Alert alarm)?	cation link between the households (ie landline, mobile phone or 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 yo	ur home to live with the person who you are caring for?
	Yes No
If 'Yes', please give detail people or otherwise beir	s in the space provided if your home is rented, occupied by other g 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 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.

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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

(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.



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 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.

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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

BB7FAE8F





Carer's Allowance

Part 10	Medical Report
	Section A
Applicant details (details	of person providing full-time care)
Surname:	
First name:	
PPS No.:	
5 1 1 1	
Declaration by p	person receiving full-time care and attention
Section A	
Authorisation	
	attention and the person named in Part 1 is providing full-time care tell the Department of Social Protection if this changes.
	ide you, the Department of Social Protection, with medical information application for Carer's Allowance.
•	ed to attend a medical exam from time to time and that my right to wance scheme may be reviewed at any time.
	Date: 20
Signature (not block letters) of the	
If you cannot sign, make a man of the carer's household.	rk and have it witnessed. A witness cannot be the carer or a member
	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.



Medical 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.



Medical Report

					(Sec	ctio	n I	3												
1.	Patient details	(pl	eas	e us	e B	loc	k ca	pita	als)												
	Surname:																				
	First name:																				
	Address:																				
	Date of birth:																				
		D	D		M	M		Y	Y	Y	Y										
	PPS No.:															_					
	Mobile telephone No.:																				
	The patient	ma	y be	e co	nta	ctec	d by	tex	t m	essa	age	in r	elat	ion	to a	a mo	edic	cal a	sses	smo	ent.
	Occupation:																				
2(a	a). Your patient since:																				
		D	D	_	M	M		Y	Y	Y	Y										
2(k	o). How often does the patient visit your surgery?		W	eekl	ly] N	lon	thly					Le	ess c	ofter	1	
3.	Diagnosis(es) (use BLOCK CAPITALS):																				
	(use block carrials).																				
4.	ICD10 Code(s):																			,	
5.	Date condition started:																				
		D	D	1	M	M	1	Y	Y	Y	Y	1									
6.	How long do you expect this condition to		les	s th	ian	3 m	ont	hs			3-6	6 mo	onth	ıs			6-	12 r	non	ths	
			12	-24	mo	nths	5				ind	defir	nite	ly							
	continue?	\Box	. –																		
7.	Please give:																				
7.																					
7.	Please give:																				
7.	Please give:																				

Attach relevant reports/test results/referrals



Part 10 continued	Medical Report
Hospital admissions	
Date of discharge:	D D M M Y Y Y Y
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: Please attach any relevant i	D D M M Y Y Y Y reports/results of investigations.
Additional Information:	
, tadicional information.	

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Medical Report

ABILITY/DISABILITY PROFILE:

10.Indicate the degree to whic following areas.	th your patient's	condition	has affected	their ability	in ALL of the
	Normal	Mild	Moderate	Severe	Profound
Mental Health/Behaviour —					
Learning/Intelligence ———	→				
Consciousness/Seizures —					
Balance/Co-ordination ——					
Vision —					
Hearing ————	→				
Speech —					
Continence —					
Reaching —					
Manual Dexterity ———					
Lifting/Carrying —					
Bending/Kneeling/Squatting					
Sitting/Rising ————	→				
Standing —	→				
Climbing Stairs/Ladders —	→				
Walking —					
11.A Medical Assessment by o determine eligibility.Is your patient fit to attend a			edical Assess	ors may be	required to
If 'No', give details here:					
Doctor's name:					
DSP panel number:			IMC number		
Address:				<u> </u>	
Address:					
			Do	ctor's officia	al stamp
Doctor's Signature (not block letters)				
Date: D D M M Y	0 Y Y Y				



	Tor Official use Only						
(i)	Eligible for Carer's Allo	wance:					
(ii)	Review:						
(iii)	DNRA:						
(iv)	Not eligible for Carer's Allowance:						
	Give reasons:						
Sig	gned		_ Medical Assessor				
Da	ate:		2 0				
		D D M M	T T T T				

For Official use Only

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