

Drugs Payment Scheme

This is an important Scheme that covers families and individuals for the cost of their prescribed medication. Under the Drugs Payment Scheme, no individual or family will have to pay more than the approved monthly threshold amount in any calendar month for approved prescribed drugs, medicines and appliances for use by that person or his/her family in that month.

Definition of Family for the Purpose of the Scheme

Family expenditure covers the nominated head of household, who must be an adult, his/her spouse (including a person with whom he/she is living as husband or wife) and children under 18 years.

Dependants over 18 years and under the age of 23 years who are in full time education may also be included. (School/College stamp or other validation required)

A dependant with a physical disability or mental handicap or illness who cannot maintain himself/herself fully, who is ordinarily resident in their family home, may be included in the family expenditure under this Scheme regardless of age.

Eligibility

All those who are ordinarily resident in Ireland are eligible to apply for the Drugs Payment Scheme providing they **do not** hold a current medical card. You can use the Drugs Payment Scheme with a Long Term Illness Book.

Application Procedure

It is important to complete this registration form immediately to ensure that you/your family can use the Scheme.

Families should be registered by the nominated head of household, who must be an adult. Return the completed form to **your Local Health Office**. See list of address(es) on this form.

How to use the Scheme

Once your registration form has been processed each person named will receive a registration card. This card must be presented to the **Pharmacist** before a prescription is dispensed.

Pending the introduction of a facility whereby Pharmacists can access a central database to confirm amounts already paid, all members of a family should use the same Pharmacist throughout a calendar month to obtain prescribed medication.

School/College details

This section should be completed by the school/college if your child is between 18 and 23 and continuing in full time education.

I certify that \_\_\_\_\_ is in full time education at this school/college since **(state both dates)**

Date of entry

/

/

And is expected to continue until

/

/

Two/three year certificates are acceptable.

This student is in year  of a  year course.

(For and on behalf of the Principal)

Signed:

Tel:

Date:

School/College Official Stamp

Where there is more than one student in full time education please submit school/college details for each student. Additional application forms are available from your Local Health Office.

Address of Local Health Office:

Look at [www.hse.ie](http://www.hse.ie) or telephone 1850 24 1850

Drugs Payment Scheme

This Scheme covers families and individuals for part of the cost of their approved prescribed medication

INSTRUCTIONS FOR COMPLETION OF APPLICATION

- For new applications please complete Section A.
- To add a new family member e.g. child or spouse/partner to an existing DPS, family, please complete Section B (please provide details of existing card number as requested).
- Persons holding a current medical card should not complete this form.
- Anyone ordinarily resident in Ireland is entitled to apply for this scheme.
- This form should be completed nominating the head of household, who must be an adult.
- You must include each person’s Personal Public Service Number (PPSN) on this form.** This is the same as your RSI number and is available from the following sources:
  - Your Tax form/pay slip,
  - The registration section of the Department of Social and Family Affairs. To obtain your child’s PPS number from this Department please quote your Child Benefit Claim number.
- Any change in circumstances e.g. birth, death, medical card registration, dependant(s) leaving full time education should be notified to your Local Health Office.
- If there is not enough space on this form for your family details please complete and attach a second registration form. Additional copies are available from your Local Health Office.
- Use **Black Biro** to enter details.
- Use BLOCK CAPITALS.
- Write clearly and accurately within the boxes provided. Do not join your writing.
- Leave spaces where necessary in address.
- Supply area code in telephone number.
- Use DDMMYY in date boxes i.e. 170796 is 17th July 1996.
- Please make sure that the form is signed and dated.
- Completed application forms should be forwarded to your Local Health Office. See list of addresses on this form.

Address of Applicant/Family

Telephone area code

Number

Previous address if changed in last five years:

Do you currently hold a DPS card

Yes

No

If yes, please state with which Local Health Office

Enter existing Card number

(this number is in Bold print on the centre of your DPS Card)

For new applications please complete section 'A'.

To add a new family member to an existing DPS family group please complete section 'B'.

THIS SHOULD BE COMPLETED NOMINATING THE HEAD OF HOUSEHOLD, WHO MUST BE AN ADULT

(A) For new applications please complete this section

	Surname	First Name	PPS Number – A valid number must be entered for each family member								Gender (M/F)	Date of Birth						Dependants in Continuing Education		
	DD	MM	YY																	
Head of Household																				
Spouse/Partner																				
Dependant																		Yes	No	
Dependant																		Yes	No	
Dependant																		Yes	No	
Dependant																		Yes	No	
Dependant																		Yes	No	
Dependant																		Yes	No	
Dependant																		Yes	No	
Dependant																		Yes	No	

THIS SHOULD BE COMPLETED STATING THE HEAD OF HOUSEHOLD AS ORIGINALLY REGISTERED

(B) To add a new family member to an existing DPS family group complete this section

	Surname	First Name	PPS Number – A valid number must be entered for each family member								Gender (M/F)	Date of Birth						Dependants in Continuing Education		
	DD	MM	YY																	
Head of Household																				
Spouse/Partner																				
Dependant																		Yes	No	
Dependant																		Yes	No	

A PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT, CONCEALS ANY MATERIAL FACT OR PRODUCES FALSE DOCUMENTS IS LIABLE TO A FINE OR TO IMPRISONMENT OF UP TO THREE MONTHS, OR BOTH.

Signature of Applicant:

Date:

FORWARD COMPLETED APPLICATION TO THE DRUGS PAYMENT SECTION OF THE APPROPRIATE COMMUNITY CARE OFFICE

For Local Health Office Official Use: Health Office Number

Administrative Area Code

District Electoral Division