Social Welfare Services
CR 1

Data Classification R

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 T

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

3. Surname: MURPHY

4. First name(s): MAUREEN

5. Your first name as it appears on your birth certificate: MARY

6. Birth surname: MCDERMOTT

7. Your date of birth: 28 02 1970

D D M M Y Y Y Y

8. Your mother's birth surname: KELLY

Contact Details

9. Your address: 1 NEW STREET

OLD TOWN

DONEGAL TOWN

County DONEGAL Postcode

10. Your telephone number: ONE NUMBER PER BOX

MOBILE

ONE NUMBER PER BOX

LANDLINE

11. Your email address: ONE CHARACTER PER BOX

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.

Date: D D M M 2 0 Y Y

Signature (**not** block letters)

Date: D D M M 2 0 Y Y

Signature of witness (**not** block letters)

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

6A44CF86

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:

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:

Employer's address:

Type of work:

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

Part 2 continued — Your work and claim details

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: D D M M Y Y Y Y

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: € , .

Part 2 continued — 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.

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

If 'Yes', please state:

Name of course or scheme:

Date you started: From: D D M M Y Y Y Y

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.

Part 2 continued — 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):

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

Part 2 continued — 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 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.

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.)?

☐ 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 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 National, 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

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.

34. Do you have a GNIB (Garda 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).

Part 3 continued — Habitual Residence Condition

35.How long do you intend to stay in the Republic of Ireland?

☐ 0-1 year ☐ 1-2 years

☐ 3-5 years ☐ over 5 years

36.Have you lived outside the Republic of Ireland for any period longer than three months within the last five years?

☐ Yes ☐ No

If 'Yes', please give details of where you lived in the space provided.

Country 1

Country:

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

Why you lived there:

Country 2

Country:

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

Why you lived there:

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 5 continued — Details of your qualified child(ren)

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:

First name(s):

PPS No.:

Date of birth: D D M M Y Y Y Y

Are they living with you? ☐ Yes ☐ No

Child 5

Surname:

First name(s):

PPS No.:

Date of birth: D D M M Y Y Y Y

Are they living with you? ☐ Yes ☐ No

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

Part 6 Your spouse's, civil partner's or cohabitant's details

38. Their PPS No.:

39. Title: (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other

40. Their surname:

41. Their first name(s):

42. Their birth surname:

43. Their date of birth:

D D M M Y Y Y Y

44. Their mother's birth surname:

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:

Their employer's address:

Their gross weekly earnings: € ,. a week

Please attach 3 of their most recent payslips.

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 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

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

Net yearly income: € , .

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.

			Date they started: D D M M Y Y Y Y
Community employment:	☐ Yes	☐ No	
Rural Social Scheme:	☐ Yes	☐ No	
Area-Based Initiative:	☐ Yes	☐ No	
Back to Work Scheme:	☐ Yes	☐ No	
Vocational Training Opportunities Scheme:	☐ Yes	☐ No	
Back to Education Allowance:	☐ Yes	☐ No	
Solas/FÁS course or schemes:	☐ Yes	☐ No	
School or college:	☐ Yes	☐ No	
Other course or scheme:	☐ Yes	☐ No	

If 'Yes', please state:

Name of course or scheme:

Date they started: From:

To:

D D M M Y Y Y Y

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

€ , . a week

52. Do they 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: ,

Total value of these shares: € , .

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

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:

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):

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

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

Part 7 continued

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

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:

Part 7 continued

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.

Part 8 Details of person you are caring for

62. Their PPS No.:

63. Title: (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other

64. Their surname:

65. Their first name(s):

66. Their birth surname:

67. Their date of birth:

D D M M Y Y Y Y

68. Their address:

69. Their mother's birth surname:

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

☐ Yes ☐ No

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?

☐ Yes ☐ No

73. Is the person named above attending a day care or rehabilitative centre?

☐ Yes ☐ No

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:

Address of centre:

Telephone number of centre: LANDLINE

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

Please attach letter of confirmation from day care centre.

Part 8 continued — Details of person you are caring for

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 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.

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.

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 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.

Part 10 Medical report

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.

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 2 0 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 2 0 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.

Part 10 continued Medical Report

Section B

1. Patient details **(please use Block capitals)**

Surname:

First name:

Address:

Date of birth:

D D M M Y Y Y Y

PPS No.:

Mobile telephone No.:

The patient may be contacted by text message in relation to a medical assessment.

Occupation:

2(a). Your patient since:

D D M M Y Y Y Y

2(b). How often does the patient visit your surgery? ☐ Weekly ☐ Monthly ☐ Less often

3. Diagnosis(es) (use BLOCK CAPITALS):

4. ICD10 Code(s):

5. Date condition started:

D D M M Y Y Y Y

6. How long do you expect this condition to continue? ☐ less than 3 months ☐ 3-6 months ☐ 6-12 months ☐ 12-24 months ☐ indefinitely

7. Please give:

Medical history

Surgical/Obstetrical history

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: D D M M Y Y Y Y

Please attach any relevant reports/results of investigations.

Additional Information:

Part 10 continued Medical Report

Ability/Disability Profile:

10. Indicate the degree to which your patient's condition has affected their ability in ALL of the following areas.

	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 one of the Department's Medical Assessors may be required to determine eligibility.

Is your patient fit to attend a medical assessment? ☐ Yes ☐ No

If 'No', give details here:

Doctor's name:

DSP panel number:

IMC number:

Address:

Doctor's Signature (**not** block letters)

Date: D D M M 2 0 Y Y Y Y

Doctor's official stamp

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

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.