Application form for

Carer's Allowance





You need a Personal Public Service Number (PPS Number) before you apply.

How to complete this application form.

- Please use this page as a guide to filling in this form.
- Please use **BLACK** ballpoint 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. If no income, please enter **0** in each box.

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 6. 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 and Part 10. When the form is completed, read Part 9 and sign declaration in Part 1.

Carer:

You also must complete Section 1 in Part 10 of the medical report and get the person you are caring for to sign Section 2 in Part 10 of the medical report.

Doctor:

Please fill in Section 3 of Part 10, which is the Medical Report section of the Care 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 Branch Office.

For more information, visit www.gov.ie/CA

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 Number:	1	2	3	4	5	6	7	Т	
•••	rour i i o italibor.	•	_	_		_	•	-	1 .	ı

 $M \mid U \mid R \mid P \mid$

- Title, insert an X or specify:
- 3. Surname:
- 4. First names:
- **5.** Your first name as it appears on your birth certificate:
- 6. Birth surname:
- 7. Your date of birth:
- **8.** Your mother's birth surname:

L										
ľ	Mr		Mrs	X	Ms	;		Other		

- M A U R E E N
 - M A R Y
- D Ε R Μ 0 Т Т M C 2 8 0 2 1 9 7 0
- D D M M Y Y Y Y

 $H \mid Y$

K E L L Y

Contact Details

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W N

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L

2

9. Your address:

0	L	D		Т	C
D	0	N	Е	G	Α
D	0	N	Е	G	Δ
Α	6	5	F	4	Е

Ν

EW

County

Eircode/Postcode

10. Your telephone number:

TOWN

MOBILE

1

O N E N U M B E R P E R B O X

LANDLINE

- 11. Your email address:
- Ε C Н R Α C Ε R R Ν Α Τ Ε 0 Χ 0 В

SAMPLE

Application form for

Carer's Allowance





Pa	nrt 1	Y	01	ur (ow	'n (de	tail	S	(Ca	are	r's	D	eta	ails	s)					
1.	Your PPS Number:																				
2.	Title, insert an X or specify:	Mr]	Mrs	; [Ms	; [C	Othe	er							
3.	Surname:																				
4.	First names:																				
5.	Your first name as it appears on your birth certificate:																				
6.	Birth surname:																				
7.	Your date of birth:		Ļ																		
8.	Your mother's birth surname:	D	D		M	M		Y	Y	Y	Y										
					Co	nta	act	De	eta	ils											
9.	Your address:																				
	County																				
	Eircode/Postcode												l				1	1			
10.	Your telephone number:															М	0	ВΙ	LΕ		
																L	ΑN	1 D	LΙ	N E	
11.	Your email address:															, 					
					Г)e	cla	rati	ior				L							ı	
any tha pro wh	eclare that the information go of the information I provide t I will be required to repay a secuted. I undertake to imm ich may affect my continued ou cannot sign your name,	e is u any nedia I ent	untr pay atel title	rue o yme ly ao mer	on or n ent I dvis nt.	this nisle rec e th	s for ead eive ne d	rm is ing e fro lepa	s tri or it om t ortm	uthformath of the state of the	ail to dep of a	dis artr any	sclo nen cha	se a it ar	any nd t e in	rele hat my	evai I ma ciro	nt in ay b cum	nfori be nsta on-r	mat nce	ion, s
									L	Date) :	D	D		M	M]	2 Y	0 Y	Υ	Y
S	ignature not block letters													1			1				
									[Date	e:	Г			B.#	8.4		2	0	\ <u>\</u>	
	ignature of witness not block letter											ט	ט		M	M		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
40 16		that has since been dissolved)
13. If you are married, in a civil	D D M M Y Y	
•	orced, if your marriage or civilition has recently ended, from	
If true, are you living at sep	oarate addresses? Yes No	
15. If you are a parent of childr household?	ren aged less than 23 years o	of age, are you in a single parent
16. If you previously lived or we	orked in the UK, please state	your UK Social Security Number:
Part 2	Details of person y	ou are caring for
17. Their PPS Number:18. Title, insert an X or specify:19. Surname:	Mr Mrs Ms	Other
20. First names:		
21. Birth surname:		
22. Their date of birth:		
ZZ. Trion date of birth.	D D M M Y Y	YY
23. Their mother's birth surname:		
24. Their address:		
County		
Postcode		

Part 2 continued	Details of person you are caring for
25. Are you related to the cared	for person?
	Yes No
26. What is the relationship:	
27. How long have you been pr	oviding care for this person (approximately)? Years Months Weeks
28. Do you live with this cared f	or person?
If No , please state:	Yes No
What system of communica	tion exists between the households?
	Community Alert Alarm Landline Phone Mobile Phone Other
If Other , please specify:	
	an value hame and the hame of the narrow valuers carring for?
what is the distance between	en your home and the home of the person you are caring for? Miles OR Kilometres
29. How many days each week	
23. Flow many days cach week	days
30 . How many hours each day	do you provide care? – insert the hours for each day:
[Monday Tuesday Wednesday
	Thursday Friday Saturday
	Sunday
31 If you share the provision of	care with someone else, when do you mostly provide care?
Jr. If you share the provision of	Morning Afternoon Evening
	Night-time All Day
32. Does anyone else help you respite care? – if so, what	with the provision of care other than home-help, home support, do they help you with:

Part 2 continued	Details of person you are caring for
33. Are you taking over the proof or Benefit?	ovision of care from someone else who is getting Carer's Allowance Yes No
If Yes , please state the pre	evious carer's:
Surname:	
First names:	
34. State the date from which t	the responsibility for care has transferred to you:
	D D M M Y Y Y Y
	Please supply a letter from the previous carer confirming this.
35. Is the cared for person curr	rently in a hospital or nursing home? Yes No
36. Is the cared for person atte	ending a day care or rehabilitative centre?
or io and carea for person and	Yes No
	parded as receiving full-time care and attention while attending a day time. If the person stays overnight, you must state this clearly.
If the cared for person stay	s 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 nights they attend a week
Please attach a letter of co	onfirmation from the care centre.
37. Does anyone else live with If Yes , give details below:	the person you are caring for? Yes No
ii 100, givo dotalio solow.	

Part 2 continued	Details of person you are caring for
·	home to live with the person you are caring for? Yes No your home is rented, occupied by other people or otherwise being
used:	your nome is remed, occupied by other people or otherwise being
your absence for the care i	r satisfaction that adequate care has been or will be provided in recipient, you can work or be self-employed or engage in training or maximum of 18.5 hours per week outside your home.
20 5	
39. Do you intend to:	
•	ours a week outside your home? Yes No
Be self-employed for up to	18.5 hours a week outside your home? Yes No
Be engaged on a training o	r education course for up to 18.5 hours a week outside your home? Yes No
from what date will you be	and/or studying outside your home, in excess of 18.5 hours a week, reducing the combined hours on these activities to 18.5 or less? D D M M Y Y Y Y made for the care of the person you care for, while you are working
or on a training course?	
42 . Are you currently employed	d or self-employed inside your home? Yes No

Part 2 continued	D)et	ail	s (of p	oer	SO	'n	yo	u a	are	Cá	ariı	ng	fo	r				
43 . If you answered Yes at Qu	estic	ons	39	or 4	42 ·	fill in	n th	e re	elev	ant	det	ails	bel	OM.						
Employer's name:																				
Employer's address:																				
Type of work:																				
Employer's phone number:															M	0	B I I	LE		
															L	ΑN	I D	LΙ	ΝE	
Employer's email address:																				
audiess.																				
Type of self-employment:																				
Title of course:																				

If you are employed or are on a training or education course outside your home, enclose a statement from your Employer or Training provider showing the number of hours a week you will be working or attending and the date the hours were reduced to a maximum of 18.5 a week.

Also include your latest payslip, if employed.

Part 3

Location of course:

Your financial resources (means) details

Carer's Allowance is a means tested payment. You are obliged by law to declare all your means (financial resources) which includes 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.

Part 3 continued

Your financial resources (means) details

	Please complete the rema If no income, please enter													
44.	Are you receiving maintena	ance?		No										
	If Yes , please state: Amount: €	, Please pro	ovide a c	opy of	a w		enance	e ag	greem	ent.				
45.	Are you paying maintenand If Yes , please state: Amount: €	ce? Yes		No	a w	eek								
40		Please pro		opy of	the m	naint	enanc	e aç	greem	ent.				
46.	Are you or have you been	self-emplo Yes	yed?	No										
	If Yes , please state: Type of work you do or did:													
	Date self-employment started:	D D	M M	Y	YY	Υ								
	Net yearly income: €],			ау	ear							
	Net yearly income is monoperating expenses.	ey you hav	ve made f	rom s	elf-em	nploy	/ment a	afte	r dedı	ıctinç	3			
	Are you still self-employed:	Yes		No										
	If No , please state date self-employment ended:	D D	M M	Υ	Y Y	Υ								
47.	(a) Do you own, share in th	ne ownersh	nip, work o	or rent No	: a farı	m or	land?							
	If Yes , please state: Size of farm or land:		Acres	OR [Hecta	res						
	Herd or flock number:													
	Net yearly income from farm or land: Net yearly income is mon expenses. You must enclo Agriculture. €											ent	of	
47.	(b) If your farm or land is le	t, please s	tate net y	early i	ncom	e fro	m letti	ng:						
	Net yearly income: €	,_		•										

Part 3 continued	Your financial resources (means) details
48. Are you getting a social sec	urity payment from another country?
	Yes No
If Yes , please state:	
Name of country:	
Your claim or reference number:	
Amount: €	a week
	ent payslip or letter from the Social Security Agency confirming the vide a 3 month bank statement for the account to which this payment
49. Are you getting an occupation	
If Vee places state:	Yes No
If Yes , please state:	
Employer's name:	
Amount: €	a week
	ent payslip or letter from the employer or pension fund confirming the
above amount and also provise made.	vide a 3 month bank statement for the account to which this payment
	y of the following courses or schemes?
	applies to you and give the date you started:
	Community employment: Rural Social Scheme:
	Area-Based Initiative: Back to Work Scheme:
	Vocational Training □ Back to Education Opportunities Scheme: Allowance:
	SOLAS course or schemes: School or college:
	—
	Other course or scheme:
Name of course or scheme:	
Date course: Started:	
Due to finish:	
Due to linish.	D D M M Y Y Y Y
50 (h) Please state what you d	et paid for doing this scheme or course:
€	a week
	(including shares in a creamery or Co-op, annuities, bonds,
insurance policies) or invest	ments in Ireland or another country?
If Yes , please state:	Yes No
Name of company:	
Number of shares held:	
Their value: €	
Please attach a statement to	o show details and current market value.

Part 3 continued

Your financial resources (means) details

52. Do you have savings or according of the other financial institution in							bu	ildin	ig s	ocie	ety,	cre	dit u	ınio	n o	r an	у	
16 W 1		Yes		L	\	No												
If Yes , please state:	Fina	ancia	l Ins	titu	tion	1												
Name of financial institution:	:																	
Bank Identifier Code (BIC):																		
International Bank Account Number (IBAN):																		
Current balance: €						٦.												
Is this a joint account?		Yes	_,,		N	No												
Names of account holders: Name 1:																		
Name 2 (if any):																		
	Fina	ancia	l Ins	titu	tion	2	,	,	,				'					
Name of financial institution:	:																	
Bank Identifier Code (BIC):																		
International Bank Account																		
Number (IBAN):														'	,			
Current balance: €													•					
Is this a joint account?		Yes			N	lo Vo												
Names of account holders:								1	1	1			ı	I	1			T
Name 1:																		
Name 2 (if any):																		
	Fina	ancia	l Ins	titu	tion	3												
Name of financial institution:	:																	
Bank Identifier Code (BIC):																		
International Bank Account																		
Number (IBAN):																		
Current balance: €						7.												
Is this a joint account?		Yes	,		N	 Vo												
Names of account holders:	_																	
Name 1:																		
Name 2 (if any):																		

Part 3 continued	Your	rına	ncia	ai r	es	ou	rce	es	(m	ea	ns) d	eta	alls	5		
	Einanaial	lnoti	tutio	n 1													
Name of financial institution:	Financial	IIISU	lutio	11 4													
										l]							
Bank Identifier Code (BIC):														1			
International Bank Account Number (IBAN):																	
Current balance: €		,															
Is this a joint account?	Yes			No													
Names of account holders:				,	r r				r								
Name 1:																	
Name 2 (if any):																	
Attach an original statemen	t for each	accoi	unt sł	nowi	ng t	he l	ast	3 n	non	ths	trar	ısac	ctio	ns.			
If you have other accounts, of paper.	you must	give	detail	s of	the	m to	thi	is d	ера	ırtm	ent	on :	a se	ера	rate	sh	eet
53.(a) Do you own or share in	the owners	ship (of pro	pert	y ap	oart	froi	m y	our	hoı	ne?)					
	Yes			No													
If Yes , please state:				1										1			
Type of property:				<u> </u>									<u></u>				
Address of property:																	
Property would be an apartment, business																	
property, another house				İ		Ì											
or land other than that				1						<u> </u>			_	<u> </u>			
mentioned at question 47.													<u> </u>				
Ownership percentage:				%													
Current market value: €],														
	Please pro	ovide	a va	luati	on f	rom	an	au	thoı	rise	d au	uctio	one	er o	r va	alue	r.
Rent from this property: €].		а	we	ek										
Outstanding mortgage €]									
on property:	If mortgag	ed ple	ease	atta	 ch a	rece	ent	₋ stat	em	ent	fron	ı ler	ndin	ıg in	stitu	ıtior	١.
Note: A separate sheet of p you have.	aper shou	ld be	used	d for	deta	ails	of a	any	ado	ditio	nal	pro	per	ties	tha	t	
53.(b) If you have a room let in	the prope	rty y	ou are	e liv	ing i	n no	οw,	ple	ase	sta	ate:						
Weekly income: €	,].		а	we	ek										
54. Is a separated or former speaccommodation costs by comaintenance?			ur re													our	
If Yes , please state:																	
Amount: €					а	ı we	ek										

Part 3 continued	Your financial resources (means) details
other sources? For example of property.	ny additional income or money in the coming 12 months from any e, a claim for compensation arising out of an accident or injury, sale Yes No n the space below. If in doubt, you should disclose it here and we will entitlement.
determine in it affects your e	Tuuement.
56. Do you have any other inco	ome from Ireland or another country? Yes No
If Yes , please give details in determine if it affects your e	n the space below. If in doubt, you should disclose it here and we will entitlement.
	perty or business in the last three years? Yes No
If Yes , please give details in	n the space below and attach a copy of the deed of transfer.
	Yes No rcumstances in the space provided and attach supporting
documentary evidence from	n your solicitors regarding the financial transaction.

Pa	rt 4	Habitual Residence Condition
59.	What country were you born in?	
60.	What is your nationality?	
61.	When did you come to live in Ireland?	D D M M Y Y Y Y
62.	If you are not an EEA Natio	onal, 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
	•	rea (EEA) comprises of the member states of the European Union yay and Liechtenstein and Croatia.
	If Yes , please give details i	n the space provided.
	_	please enclose your original permit and your original letter from the ch sets out the reasons you have been granted permission to reside
63.	Do you have an Irish Resid	ency Permit (IRP) ? Yes No
	•	fied copy of same (your local Intreo Centre or your local Social photocopy it for you and verify that they saw the original).

Part 4 continued	Habitual Residence Condition							
64. How long do you intend to	stay in Ireland? 0-1 year 1-2 years over 5 years							
65. Have you lived outside of Ireland for any period longer than 3 months within the last 5 years? Yes No								
If Yes , please give details of	of where you lived in the space provided.							
Country:	Country 1							
From:								
То:	D D M M Y Y Y Y							
The reason that you lived t								
Country:	Country 2							
From: To:								
10.	D D M M Y Y Y Y							
The reason that you lived t	here:							

Part 5

Your payment details

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

		ŀ	-ın	an	CIS	al II	nst	Itui		า										
You will find the following de	etail	s pı	rint	ed	on	sta	tem	ent	s fı	rom	yo	ur 1	ina	nci	al ir	nsti	tuti	on.		
Name of financial institution:																				
Bank Identifier Code (BIC):																				
International Bank Account Number (IBAN):]					
Names of account holders: Name 1:																				
Name 2 (if any):																				
				Р	os	t C	Offic	се												
Please enter below the name payment.	an	d ac	ddr	ess	of	the	ро	st c	offic	ce v	vhe	re y	ou/	wis	sh t	O C	olle	ct y	⁄oui	r
Post office name and address:																				
Part 6	D)et	ail	s (of y	yoı	ur (chi	ild	rer	1									
66. Do you have children living	with	yo Ye:					No													
If Yes , how many are unde	r 18	and			bet ag			8 -	22								me	edu	ıcat	ion
You must attach written cor	nfirm	atic	n f	rom	the	e sc	hoc	ol or	col	lleg	e fo	r th	e cł	hildr	en a	age	d 1	8 - 2	22.	
Please state child's:	Chi	ld 1																		
Surname:																				
First names:																				
PPS Number:																				
Date of birth:	D	D		M	M		Y	Y	Y	Y										
Do they normally live with y	ou?	Ye	S				No													

Part 6 continued	Details of your children
	Child 2
Surname:	
First names:	
PPS Number:	
Date of birth:	D D M M Y Y Y Y
Do they normally live with	
	☐ Yes ☐ No
Surname:	Child 3
First names:	
PPS Number:	
Date of birth:	D D M M Y Y Y Y
Do they normally live with	
	Yes No
Surname:	Child 4
First names:	
PPS Number:	
Date of birth:	
Date of birtin.	D D M M Y Y Y Y
Do they normally live with	you? Yes No
	Child 5
Surname:	
First name(s):	
PPS Number:	
Date of birth:	D D M M Y Y Y Y
Do they normally live with	
	Yes No
Note: A separate sheet of	paper can be used for details of other children you have.

Part 7			ır sp ails	ou	se	's,	Civ	∕il	pa	rtne	er's	S C	rc	: o l	ha	bi	tar	ıt's	•
67.Their PPS Number:																			
68. Title, insert an X or specify:	Mr.		Mr	s. [Ms				Ot	her								
69. Their surname:																			
70. Their first names:																			
71. Their birth surname:																			
72. Their date of birth:																			
	D	D	M	M	<u> </u>	Y	Y	Y	Y										
73. Their address:		<u> </u>		<u> </u>							<u> </u>		<u> </u>	<u> </u>					
Only provide this if you are married or in a civil				<u> </u>							_	_	<u> </u>				 		
partnership and do not live together.																			
74. Their mother's birth surname:																			
Part 8			ır sp rk an			•			-	rtne	er's	s c	r c	:ol	ha	bi	tar	ıt's	5
If no income, please enter € 75. Are they receiving maintena If Yes, please state: Amount: €						No	a	a we	eek										
	Ple	ase	provi	de	ас	ору	of t	the	mai	nter	nand	ce a	agre	en	ner	nt.			
76. Are they paying maintenant If Yes , please state: Amount: €	ce?	Ye	s	[]_[No	a	a we	eek										
	Ple	ase	provi	de	a c	ору	of t	the	mai	nter	nand	ce a	agre	en	ner	nt.			
77. Are they currently employed? If Yes , please state:		Ye	s			No													
Their employer's name:																			
Their employer's address:																			
												<u> </u>		<u> </u>					
												<u> </u>		<u> </u>					
Their gross weekly earnings: €	Ple	, ase	attac	_]. h la	ites	at na		a we in.	eek										

Part 8 continued

payment is made.

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

78. Are they or have they been	self-	•	loye	d? r															
If Yes , please state:		Yes		L		No													
Type of work they do or did:																			
Date self-employment					1					1									
started:			10.0	. B./I		Y	Y	V	V										
	D	D	M	M			Y	Y	Y										
Net yearly income: €			,_						_	/eai		. .	_	_				_	
Net yearly income is mone expenses.	∍у ус	ou ha	ve n	nade	e fro	m s	elf-e	em	ploy	/me	nt a	ifter	de	duc	ting	op	erat	ing	
Are they still self-employed:		Yes				No													
If No , please state date self-employment ended:	D	D	M	M		Υ	Y	Y	Y										
79.(a) Do they own, share in th	he o	wners			rk o	-		far	m o	r la	nd?								
		Yes		, 	_	No													
If Yes , please state:			┐.	_		_				1									
Size of farm or land:			A	cres	O	R				Hε	ecta	res							
Herd or flock number:																			
Net yearly income from farm or land: Net yearly income is mone You must enclose their mos	•	•										•			_				
79.(b) If their farm or land is le							•						0		' ' '9	,,,,,	ii Cai (
Net yearly income: €					_ [J							
80. Are they getting a social se	curit	y pay	mer	nt fr	m a	anot	her	CO	untr	у?									
ICW I		Yes				No													
If Yes , please state: Name of country:																			
·															Ш				
Their claim or reference number:																			
Amount: €		,		[а	We	eek										
Please attach their most red above amount and also pro is made.		-	-									_	_		-			_	
81. Are they getting an occupat	tiona	ıl pen	sior	າ? _															
If Vac places state:		Yes				No													
If Yes , please state: Employer's name:																			
Amount: €	!	,					а	₩€	eek										
Please attach their most red			-						-	-		-							g

Part 8 continued

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

82.(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:
Community employment: Rural Social Scheme:
Area-Based Initiative: Back to Work Scheme:
☐ Vocational Training ☐ Back to Education
Opportunities Scheme: Allowance: SOLAS course or schemes: School or college:
Other course or scheme:
Name of course or scheme:
Date course: Started:
Due to finish:
D D M M Y Y Y Y
82.(b) Please state what they get paid for doing this scheme or course:
€, a week
83. Do they own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments in 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.
84. Do they have savings or accounts in a bank, post office, building society, credit union or any
other financial institution in 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):
Number (IDAN).
Current balance: € ,
Is this a joint account?
Names of account holders:
Name 1:
Name 2 (if any):

Part 8 continued Your spouse's, civil partner's or cohabitant's work and claim details Financial Institution 2

Financial Institution 2
Name of financial institution:
Bank Identifier Code (BIC):
International Bank Account Number (IBAN):
Current balance: € ,
Is this a joint account?
Names of account holders: 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 a joint account?
Names of account holders:
Name 1:
Name 2 (if any):
Financial Institution 4
Name of financial institution:
Bank Identifier Code (BIC):
International Bank Account
Number (IBAN):
Current balance: € , , , , , , , , , , , , , , , , , ,
Is this a joint account?
Names of account holders:
Name 1:
Name 2 (if any):

Attach an original statement for each account showing the last 3 months transactions.

If you have other accounts, you must give details of them to this department on a separate sheet of paper.

Part 8 continued

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

85.(a) Do they own or share in	the o	wner	rship	o of I	prope	rty a _l	par	t fro	m y	/oui	r ho	me	?					
	Y	es			No													
If Yes , please state:		1	1			1 1		ı	1		ı	1	1			- 1	1	
Type of property:																		
Address of property:																		
Property would be an																		
apartment, business property, another house		1	<u> </u>								<u> </u>	<u> </u>	<u> </u>					
or land other than that		<u> </u>																
mentioned at question 79.																		
Ownership percentage:			_		%													
Current market value: €	,			,_														
	Pleas	e pro	vid	e a v	aluati	on fr	om	an	aut	hor	ised	l au	ctio	nee	r or	val	uer.	'
Rent from this property: €	,_					а	we	eek										
Outstanding mortgage € on property:				,														
on property.	If mor	tgag	ed p	leas	e attac	ch a r	ece	ent s	state	eme	nt f	rom	len	ding	j ins	stitu	tion	-
Note: A separate sheet of p they have.	paper s	shou	ld b	e us	ed for	deta	ails	of a	any	ado	ditio	nal	pro	per	ties	tha	t	
85.(b) If they have a room let in	n the p	rope	erty	they	/ are li	ving	in I	now	ı, pl	eas	e s	tate	:					
Weekly income: €	,					а	we	eek										
86.Is a separated or former speaceommodation costs by comaintenance?	ontribu																eir	
If Yes , please state:	ш '	00			_ 140													
Amount: €						а	we	eek										
87. Do they expect to receive a other sources? (For exampl of property, etc.)?	•						-				_						-	е
	Y	es			No													
If Yes , please give details in determine if it affects your e				elow.	If in o	doub	t, y	ou s	sho	uld	disc	clos	e it	her	e ar	nd w	/e w	/ill

Part 8 continued

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

88.Do they have any other income from Ireland or another country?
Yes No
If Yes , please give details in the space below. If in doubt, you should disclose it here and we will determine if it affects your entitlement.
89.Did they sell or transfer property or business in the last three years?
Yes No
If Yes , please give details in the space below and attach a copy of the deed of transfer.
in 196, produce give details in the space zeron and attach a copy or the decard interior.
90. Did they 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.

Have you enclosed the following?

Tick (√)	Checklist
	Have you signed the Declaration in Part 1 ?
	If you were born, married or entered a civil partnership or union outside of Ireland, have you enclosed your birth certificate, your marriage certificate or civil partnership or union registration certificate, the birth certificate of a spouse, civil partner or cohabitant (if any) and your children's (if any) birth certificate(s) if you are not getting Child Benefit for them?
	If the cared for person stays overnight in a Care Facility/Centre, have you enclosed a letter of confirmation from the Care Facility/Centre?
	If you or a spouse, civil partner or cohabitant are working, have you enclosed your latest payslips?
	If you intend to be working outside your home while getting the allowance, have you enclosed a letter from your employer showing the number of hours you will be working and the date the hours were or will be reduced to 18.5 or less a week?
	If you are engaged on an Education or Training course, have you enclosed a letter from the Training Provider showing that the number of hours you will be engaged on the course outside your home is or will be 18.5 hours a week of less?
	Have you disclosed the balance in every account you or a spouse, civil partner or cohabitant have in a financial institution and enclosed statements showing the last 3 months' transactions?
	If you or a spouse, civil partner or cohabitant are getting a Social Security payment from another Country, have you included payment slips?
	If you or a spouse, civil partner or cohabitant are getting an Occupational Pension, have you included payment slips?
	If you or a spouse, civil partner or cohabitant own or share in the ownership of stocks or shares, have you enclosed a statement showing their details and their current market value?
	If you or a spouse, civil partner or cohabitant own or share in the ownership of any property apart from your home, have you enclosed a valuation from an authorised auctioneer or valuer? If the property is mortgaged, have you enclosed a recent statement from the lending institution?
	If you or a spouse, civil partner or cohabitant is receiving maintenance, have you enclosed a copy of the maintenance agreement?
	If you or a spouse, civil partner or cohabitant are paying maintenance, have you enclosed a copy of the maintenance agreement?
	If you or a spouse, civil partner or cohabitant have sold or transferred a property or business in the past 3 years, have you enclosed a copy of the deed of transfer?
	If you or a spouse, civil partner or cohabitant have sold a home to buy another, have you attached supporting documentary evidence from your solicitors about the financial transaction?

Checklist

Tick (√)	Checklist continued
	If you have an Irish Residency Permit (IRP), have you attached a verified copy?
	Have you attached written confirmation from a school/college to confirm the attendance in full-time day education of any child aged between 18 and 22?
	If you or a spouse, civil partner or cohabitant are self-employed, have you enclosed the most recent set of accounts of the business or farm.
	If you or a spouse, civil partner or cohabitant are involved in farming, have you enclosed the most recent Statement of Receipts from the Department of Agriculture?
	If you are taking over care from another carer, have you enclosed a letter from the previous carer confirming the date that your responsibility for the care will start?

Note: Original certificates/documentation are required in most cases. These can be brought directly to your local Intreo office along with your application form. The staff in the Intreo will copy the certificates and return the originals to you.

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 Branch 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

If you are calling from outside of Ireland please call + 353 43 3340000

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

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government departments/agencies where provided for by law. Our data protection policy is available at **www.gov.ie/dsp/privacystatement** or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

32K 03-21 Edition: March 2021

Note to carer

Important

The following Care Report is in three parts.

You should complete **Section 1** which allows you to tell us about the care requirements of the person you are caring for.

Then have **Section 2** completed and signed by the person being cared for (care recipient).

We understand that there are times when the care recipient cannot sign Section 2 for example in some cases of intellectual disability, mental illness or physical incapacity. In these cases the form can remain unsigned by the care recipient as long as the evidence from the doctor supports that they are unable to sign or that it would be detrimental to them to sign it.

You must then pass this entire Care Report (Part 10) to the doctor of the person being cared for. The doctor completes **Section 3** and may return the form to you in a sealed envelope to keep their patient's medical details confidential.

Section 3 must be completed and signed by a doctor who is a medical practitioner registered with the Irish Medical Council

Please make sure you return the Care Report (**Part 10**) form along with your application.

Care Report for

Carer's Allowance





Part 10 continued	Care Report						
Please state carer's:							
PPS Number:							
Surname:							
First names:							
Please state care recipient's:							
Surname:							
First names:							
	Section 1						
Please tell us about the care	needs of the person being cared for in the following sections.						
	Mental Health						
Does the person have a menta	I health condition?						
	Yes No						
Does the person have impaired	l level of consciousness?						
	Yes No						
Does the person have an intelle							
	Yes No						
Does the person have memory	impairment or dementia? Yes No						
If Yes to any of the above, desc	cribe their difficulties and what help they require.						
	Communication						
Does the person have difficulty	Does the person have difficulty with communication?						
	Yes No						
Does the person have difficulty hearing?							
	Yes No						
If Yes to any of the above, desc	cribe what help they require.						

Part 10 continued	Care Report							
	Violon							
	Vision							
Does the person have difficulty with vision?								
Yes No If Yes to the above, describe what help they require.								
if tes to the above, describe w	nat help they require.							
	Feeding							
Does the person have difficulty	with eating or drinking?							
	Yes No							
If Yes, describe what help they	require.							
	Bathing or Showering							
Does the person have difficulty	•							
Does the person have difficulty	Yes No							
If Yes , describe what help they								
Troo, accompc what holp they	Toquilo.							
	Dressing							
Does the person have difficulty	with dressing?							
	Yes No							
If Yes, describe what help they	require.							

Part 10 continued	Care Report							
	Toileting and Continence							
Does the person need help to ι								
	Yes No							
Does the person have loss of b	oladder control? Yes No							
Does the person have loss of bowel control? Yes No								
Does the person use continent	ce aids or equipment? Yes No							
If Yes to any of the above, des	cribe what help they require.							
	Mobility							
Does the person have difficulty If Yes to any of the above, des	Yes No							
	Sleeping							
Does the person have difficulty	v sleeping? Yes No							
If Yes , describe what help they require.								

Part 10 continued	Care Report							
	Additional needs							
Please detail any additional care needs that the person has and which you provide, including how often and for how long.								
Examples might include:								
— Use of specialist equipment.								
— Dialysis.								
— Dressing of chronic wounds.								
— Preparation of and/or admini	istration of medication.							
Describe what help they require	e							
Is there any other relevant infor any area of concern not addres	rmation you wish to provide in support of your application or raise seed in previous pages?							

If you want to provide further information, add sheets of paper with your PPS Number on. Please put the appropriate heading before each piece of additional information, for example "mental health", "dressing", "mobility" and so on.

Part 10 continued	Care Report							
Section 2								
	Carer's details							
Applicant details (details o	f person providing full-time care)							
Surname:								
First name:								
PPS Number:								
	Previous carer's details							
If there has been a carer in name of the last carer below	receipt of carer's allowance for this care recipient, please provide the							
Surname:								
First name:								
Care reci	ipient's declaration and authorisation							
hereby confirm that I need full-time care and attention and the carer named above is providing ull-time care and attention to me. I will inform the Department of Social Protection if this changes.								
permit my doctors to provide you, the Department of Social Protection, with medical information hat you need for this application for Carer's Allowance.								
understand that I may need to attend a medical examination, from time to time, and 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 per	son receiving care							
f you cannot sign, make a mark and have it witnessed. A witness cannot be the carer or a nember of the carer's household.								
	Date: 2 0							
Signature not block letters	D D M M Y Y Y Y							
Note								
	above, you allow your medical professional to give us medical							
J J								

information that we need to decide your eligibility to the Carer's Allowance scheme.

A Medical Assessor will review the medical information and will treat it in strictest confidence. Although a confidential report, both medical and non-medical staff will need to handle this report in order to process your claim.

Section 3 - Medical Report

This section must be completed and signed by a doctor who is a medical practitioner registered with the Irish Medical Council.

Dear Doctor,

To enable us to accurately assess the level of care and attention your patient requires, please complete Section 3, Medical Report. The medical information provided will be reviewed by a doctor (Medical Assessor), who will treat it in strictest confidence. Although a confidential report, both medical and non-medical staff will need to deal with this report in order to process the claim.

You will be paid 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, without potential inspection by a third party, you may wish to send the medical report to the department's Chief Medical Advisor. If you have any questions on this matter, please contact the department at the telephone number below.

Please return the completed medical report to the Carer in a sealed envelope if necessary, to keep the patient's medical details confidential.

Note:

The term "age appropriate" applies to young children who would normally, by reason of age, be dependent for care in this activity.

If you have any queries, please contact Carer's Allowance Section at:

Telephone: (043) 334 0000

If you are calling from outside of Ireland please call + 353 43 334 0000

Part 10 continued	C	are	Re	epo	rt											
	C	t	i o 10	2	N // .	a al:	امما		.	4						
			ion					K	ep	ort						
Patient details	Plea	se u	se E	BLO	CK	lett	ers				 					
Surname:																
First name:																
Address:																
Date of birth:																
	D	D	M	M		Y	Υ	Y	Y							
PPS Number:																
Your patient since:																
	D	D	M	M		Y	Y	Y	Y							
Diagnosis																
Diagnosis:		D	ate:			Diag	nos	sis:					D	ate:	, •	
1.					5	5.										
2.					6).										
3.					7	·.										
4.					8	3.										

Diagnosis:	Date:	Diagnosis:	Date:
1.		5.	
2.		6.	
3.		7.	
4.		8.	
Please give details of the followi Relevant medical or surgical history and clinical findings:	ng:		
Hospital admissions: Recent or relevant dates and approximate duration			

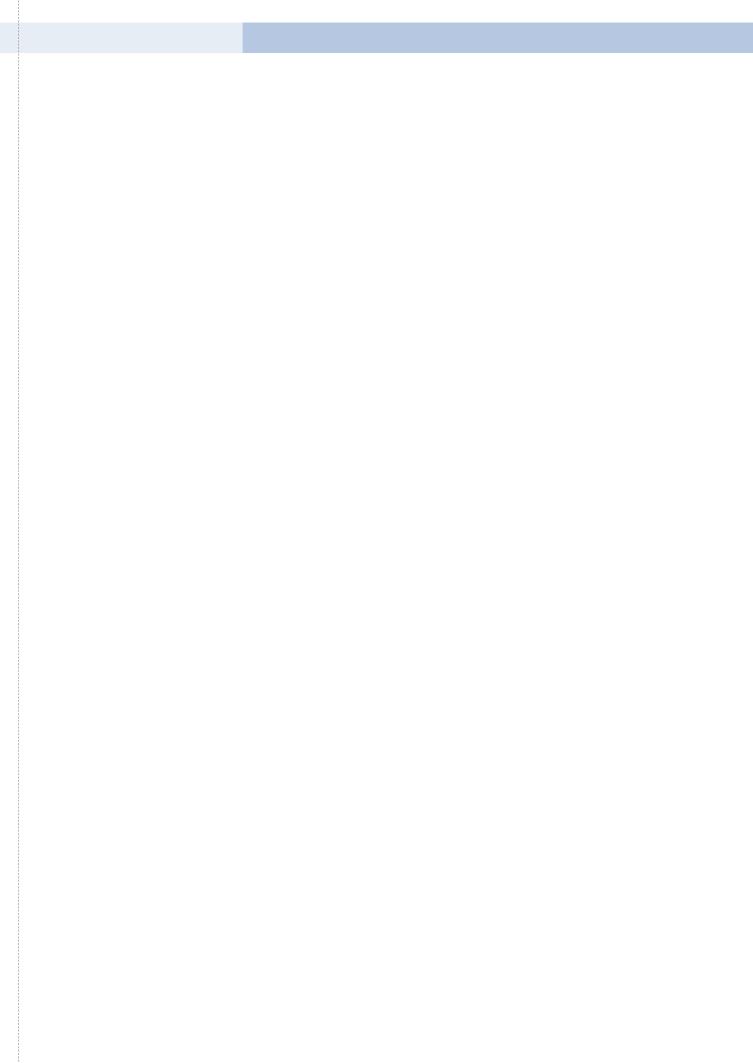
Part 10 continued	Ca	re Repor	t	
	Sec	ction 3 - M	ledical Report	
Attending Specialists: Name, speciality and frequency of attendance				
Other treatments:				
Current medications:				
Medication:		Dose:	Medication:	Dose:
1.			8.	
2.			9.	
3.			10.	
4.			11.	
5.			12.	
6.			13.	
7.			14.	
Please describe your patient's dependent.	care n	eeds under	the following headings if they are im	paired or
dependent.	Co	gnition		
	☐ No	ormal] Impaired	
Dementia:	Ye	es] No	
General learning disability:	Ye	es] No	
Results of MMSE, MOCA or equivalent:				
State full scale IQ:				
Other – please state:				

Part 10 continued	Care Report
	Section 3 - Medical Report
	Mental Health
	Normal Impaired
Please state the level of care a	nd support required and any specific concerns:
	Consciousness or Seizures
Epilepsy:	Normal Impaired Yes □ No
If Yes , please state what type:	
,, <u>,,</u>	
Please describe any	
other causes of impaired consciousness:	
Frequency:	
Date of last episode:	D D M M Y Y Y Y
	Speech and hearing
	Normal/Age appropriate Impaired
Describe impairment and pleas	se state the support and care required:

Part 10 continued	Care Report						
Section 3 - Medical Report							
	Vision						
Registered Blind (NCBI): Visually impaired: Corrected visual acuity: Visual fields: Other:	Normal Impaired Yes No No Right: Left:						
Please describe, for example,	Feeding Independent/Age appropriate Dependent prescribed diet / assisted feeding / NG / PEG:						
	Bathing or showering						
Please describe:	☐ Independent/Age appropriate ☐ Dependent						
	Dressing						
Please describe:	☐ Independent/Age appropriate ☐ Dependent						

Part 10 continued	Care Report		
	Section 3 - Medical Report		
	Continence or toileting		
Please describe bowel, bladde continence aids:	Independent/Age appropriate Dependent function. For example, double incontinence, stoma or		
	Mobility		
Please describe care required. wheelchair dependent:	Independent/Age appropriate Dependent For example, needs assistance, walking aids, immobile or		
	Specific conditions		
Is your patient receiving palliati	ve care or terminally ill? Yes No		
Other Information / Care Needs / Concerns:			
How long do you expect these care needs to continue?			
	Less than 12 months 12-24 months		
	Indefinitely Unknown		
Please attach any relevant repo	orts / staging / results of investigations, if available.		

Part 10 continued	Care Report	
	Section 3 - Medical Report	
Doctor's name:		
DSP panel number:	IMC number:	
Address:		
Doctor's official stamp		
Doctor's Signature not block letters		
Date: D D M M Y	2 0	



Data Protection Statement		
required to provide personal da data may be exchanged with of	ection administers Ireland's social protection system. Customers are atta to determine eligibility for relevant payments/benefits. Personal ther Government Departments/Agencies where provided for by law. railable at www.gov.ie/dsp/privacystatement or in hard copy.	
Explanations and terms used in t	this form are intended as a guide only and are not a legal interpretation. Edition: March 2021	