Application form for Carer's Allowance



How to complete application form for Carer's Allowance.

- 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. If a question does not apply to you, please leave the answer area blank.
- You need a Personal Public Service Number (PPS No.) before you apply.

If you do not have a spouse or partner fill in **Parts 1, 2, 3, 4, 5 and 8** as they apply to you. The person you are caring for should sign **Part 10** confirming that they require care. You should then get the doctor to complete the medical report. When the form is completed, read **Part 9** and sign declaration in **Part 1**.

If you have a spouse or partner please fill in Part 1, 2, 3, 4, 5, 6, 7 and 8 as they apply to you. The person you are caring for should sign Part 10 confirming that they require care. You should then get the doctor to complete the medical report. When the form is completed, read Part 9 and sign declaration in Part 1.

If you need any help to complete this form, please contact your local Social Welfare Office or Citizens Information Centre.

For more information, log on to www.welfare.ie.

You should apply for Carer's Allowance as soon as you start caring for someone.

How to fill in first page of 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 | s. [X | | Ms | | | | C |)the | er | | | | |
| 3. | Surname: | M | U | R | P | Н | Y | | | | | | | | | | | |
| 4. | First name(s): | M | Α | U | R | Ε | Е | N | | | | | | | | | | |
| 5. | Your first name as it appears on your birth certificate: | M | A | R | Y | | | | | | | | | | | | | |
| 6. | Birth surname: | M | С | D | Ε | R | M | 0 | T | Т | | | | | | | | |
| 7. | Your mother's birth surname: | K | E | L | L | Y | | | | | | | | | | | | |
| 8. | Your date of birth: | 2 | 8 D | | 0 | 2 M | | 1 Y | 9 Y | 7 Y | 0 | | | | | | | |
| | | | | | Co | nt | act | D | eta | ils | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

| 9. Your address: | 1 | | N | E | W | | S | T | R | E | Е | Т | | | | |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|
| | 0 | L | D | | Т | 0 | W | N | | | | | | | | |
| | С | 0 | | D | 0 | N | Ε | G | Α | L | | | | | | |
| | | | | | | | | | | | | | | | | |
| 10.Your telephone number: | 0 | 1 | 7 | 0 | 4 | 3 | 0 | 0 | 0 | | | | | | | |

LANDLINE

0 8 6 1 2 3 4 5

MOBILE

11. Your email address:



6 7

SAMPLE

Social Welfare Services CR1

Carer's Allowance



| Part 1 Your own details | | | | | | | | | | | | | | | | | | |
|--|-----|-----|-----|-----|-----|------|------|------|----|---|---|------|----|--|-------|--|---|--|
| 1. Your PPS No.: | | | | | | | | | | | | | | | | | | |
| 2. Title: (insert an 'X' or specify) | Mr. | | | Mrs | 5. | | Ms | | | | C |)the | er | | | | | |
| 3. Surname: | | | | | | | | | | | | | | | | | | |
| 4. First name(s): | | | | | | | | | | | | | | | | | | |
| 5. Your first name as it appears on your birth certificate: | | | | | | | | | | | | | | | | | | |
| 6. Birth surname: | | | | | | | | | | | | | | | | | | |
| 7. Your mother's birth surname: | | | | | | | | | | | | | | | | | | |
| 8. Your date of birth: | | | | | | | | | | | | | | | | | | |
| | D | D | | M | | | _ | Y | | Y | | | | | | | | |
| | | | | Cor | nta | ct I | Def | tail | .S | | | | | | | | | |
| 9. Your address: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 10.Your telephone number: | | | | | | | | | | | | | | | | | | |
| | LA | NI | D L | ΙN | Е | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | M (|) B | I L | E | | | | | | | | | | | | | | |
| 11.Your email address: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | D | ecl | ara | atio | on | | | | | | | | | | |
| I declare that all the information I will tell the Department when | | | | | | | | | | | | | | | | | | |
| | | | | | | | | Dat | | | | | A/ | | 2 | | Y | |
| Signature (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.



| Part 1 continued | Your own details |
|--|--|
| 12.Are you? | Single Widowed Remarried Divorced Married Cohabiting Separated |
| 13.If you are married or cohabiting, from what date? | D D M M Y Y Y Y |
| Part 2 | Your work and claim details |
| 14.If you have ever claimed C | arer's Allowance or you are getting Carer's Allowance, please state: |
| Your claim or reference number: | |
| Your address when you claimed: | |
| | |
| 15.If anybody else has applied person who you are now co | I for Carer's Allowance or are they getting Carer's Allowance for the |
| | iring for, please state: |
| Their name: | |
| Their PPS No.: | |
| | nent from this Department or the Health Service Executive (for Velfare Allowance), please state: |
| Name of payment: | |
| Your claim or reference number: | |
| Amount: € | a week |
| 17.If you are separated and pa | aying maintenance, please state: |
| Amount: € | a week |
| | Please attach a copy of Maintenance Order or Separation Agreement |
| - | ceiving maintenance, please state: |
| Amount: € | Please attach a copy of Maintenance Order or Separation Agreement |
| | or allowance from another country, please state: |
| Name of country: | |
| Your claim or reference number: | |
| Amount: € | please attach your most recent payslip or letter from the Social |
| | Security Agency confirming the above amount. |
| | |

Your work and claim details Part 2 continued 20. If you are getting any other pension or allowance, please state: Who pays this pension: Your claim or reference number: € Amount: Please attach your most recent payslip or letter from the people who pay you confirming the above amount. 21. If your spouse or partner is getting paid for you on their pension or allowance, please state: Their PPS No.: 22. Are you taking part in No Yes any training course or further education? If 'Yes', please attach a letter from college giving details of your course and the hours you attend. 23. If you are employed at present, please state: Employer's name: Employer's address: € Gross weekly earnings: a week Please attach your most recent payslip. 24.If

| it you are seit-employe | a at present, please state: |
|-----------------------------------|-----------------------------|
| Type of work you do: | |
| Gross weekly earnings: | €a week |
| Date you started self-employment: | D D M M Y Y Y Y |

Please attach a statement of accounts from your accountant.

25. Have you given up this work to provide full-time care and attention for the person(s) named in Part 8?

| | Yes | | No |
|--|-----|--|----|
|--|-----|--|----|

If 'Yes', please attach your P45, if you have already stopped working.



Your work and claim details

| 26 You can work for up to 15 | hou | rs a | we | ek | out | side | e th | e h | om | e. D | o y | ou | inte | end | 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 | * | | | 1 | No | | | | | | | | | | | | | |
| * Please get a statement from show the number of hours w reducing your working hours If you are self-employed, plea income. | orke to 1 | d or 5, th | to e s | be ' tate | wor eme | ked nt s | eac hou | ch v uld i | veel nclu | k an ude | d tl the | ne v da | vag te o | es e on w | arn hicl | ed. h th | If yo | ou a akes | re s pla | ace. |
| 27. If you have savings or according other financial institution | | | | | k, p | ost | offi | ice, | bui | ldir | ig s | oci | ety, | cre | dit | uni | on | or a | ny | |
| | Fin | anci | al I | nst | itut | ion | 1 | | | | | | | | | | | | | |
| Name of financial institution: | | | | | | | | | | | | | | | | | | | | |
| Account number: | | | | | | | <u> </u> | | | | | | | | | | | | | |
| Current balance: € | | | | , | | | | | | | | | | | | | | | | |
| | Fin | anci | al I | nst | itut | ion | 2 | | | | | | | | | | | | | |
| Name of financial institution: | | | | | | | | | | | | | | | | | | | | |
| Account number: | | | | | | | | | | | | | | | | | | | | |
| Current balance: € | | | | , | | | | | | | | | | | | | | | | |
| | Fin | anci | al I | nst | itut | ion | 3 | | | | | | | | | | | | | |
| Name of financial institution: | | | | | | | | | | | | | | | | 1 | | | | |
| Account number: | | | | | | <u> </u> | | | | | | | | | | | | | | |
| Current balance: € | | | | , | | | | | | | | | | | | | | | | |
| | Fin | anci | al I | nst | itut | ion | 4 | | | | | | | | | | | | | |
| Name of financial institution: | | | | | | | | | | | | | | | | | | | | |
| Account number: | | | | | | | | | | | | | | | | | | | | |
| Current balance: € | | | | , | | | | | | | | | | | | | | | | |
| | Please attach a statement for each account, showing balance for the last three months. | | | | | | | | | | | | | | | | | | | |
| 28.If you own stocks, shares | or in | vest | tme | ents | s, pl | eas | e st | ate | : | | | | | | | | | | | |
| Their value: € | | | | , | | | | | | | | | | | | | | | | |
| | Ple | ase a | atta | .ch | a sta | aten | nen | t to | sho | W C | urre | ent i | mar | ket | valu | ie. | | | | |



Your work and claim details

| 29.If you own, work or rent a | farm or la | and, please | state: | | | | | |
|---|---------------------------------------|----------------------------|----------------------------|------------------------|------------------------|------------------------|----------------------------|-------|
| Size of farm or land: | | acres | | | | | | |
| Net yearly income or rent from farm or € | , | | | | | | | |
| land: | 'Net yearl' deducting | y income' is goperating | s money yo expenses. | ou have n Please at | nade froi ttach a c | n the far opy of Fa | m after arm Acco | ounts |
| 30.If you have property apart | from you | r home, pl | ease state | : | | | | |
| Type of property: | | | | | | | | |
| Address of property: | | | | | | | | |
| 'Property' would be an apartment, business property, another house or | | | | | | | | |
| land other than that mentioned at question 29. | | | | | | | | |
| Current market value: € | | | | | | | | |
| Rent from this property: € | | | a wee | ek | | | | |
| 31.If you have any other inco | me please | give deta | ils in this s | space pr | ovided: | | | |
| 32.If you sold or transferred a this space provided and at 33.If you have moved from yo | tach a cop | py of the d | eed of tra | nsfer. | | | | |
| details in the space provide being used: | ed if your | home is re | ented, occi | upied by | other | people o | r other | wise |
| | | | | | | | | |
| 34.If you have recently sold you space provided and attach | our home a copy of | to buy and the deed | other, plea of transfer | ase outli r. | ne the c | ircumsta | ances in | ı the |
| | | | | | | | | |
| 1111111 | 4 = 111 =1111 11 11 11 | | | | | | | |

Part 3

Habitual Residence Condition

| | tion that you must satisfy to qualify for Carer's Allowance. |
|--|---|
| For more information, log on 35.What country were you born in? | to www.weifare.ie. |
| 36.What is your nationality? | |
| 37.When did you come to live in the Republic of Ireland? | D D M M Y Y Y Y |
| 38.Have you lived in the *co | mmon travel area all of your life including the last 2 years? |
| | Yes No |
| If 'No', please complete q | |
| If 'Yes', please give detail | s of where you lived in the space provided. |
| | Country 1 |
| Country: | |
| From | |
| To: | |
| | D D M M Y Y Y Y |
| Why you lived there: | |
| | |
| | |
| | |
| | Country 2 |
| Country: | |
| From | |
| To: | |
| 10. | D D M M Y Y Y Y |
| Why you lived there: | |
| | |
| | |
| | |
| | |
| | |



| Country: Why you lived there | From: To: | Cou | D | ry 3 | M | M | | Y | Y | Y | Y | | | | | | | | | | |
|--|------------------|--------------|------------|------|------|------|------------|--------------|-------------|------------|------------|--------------|-------|------------|------------|-------------|------|-------------|-------------|-------|-----|
| Note The *common travel a | | | - 1 | | | | | | | | | | | | | | | | | | |
| can spend brief perio and still may be habit | | | | _ | | tuc | lyin | g o | r tra | ave | llin | g ol | ıtsio | de t | he | con | ımo | n t | rave | al aı | rea |
| If you live in Northern provide proof of resid card and one or more details of benefit pays authority charges. | ence. Roof the f | esid ollo | enc win | y m | ay l | be v | veri me | fied nt r | l by eco | pro rds | odu suc | ctic ch a | n o | f a 45, | pas P60 | spo , ba | rt o | r id sta | lent tem | ity | :S, |
| 39.Have you lived at t | he same | e ad | | | or t | he l | _ | - | ear | s? | | | | | | | | | | | |
| 16 (5) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | 1.4.9. | | Yes | | | | | No 11 | | | | • . | | | | | | | | | |
| If 'No', please give | details (| of w | her | e yo | ou I | ive | d in | the | e sp | ace | pro | OVIC | led. | | | | | | | | |
| Last address: | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | From: | | | | | | | | | | | l] | | | | | | | | | |
| | To: | | | | | |] | | | | |]] | | | | | | | | | |
| | 10. | D | D | | M | M | | Υ | Y | Y | Y | | | | | | | | | | |
| Previous address: | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | From: | | | | | | | | | | | | | | | | | | | | |
| | To: | | | | | | | | | | | | | | | | | | | | |
| | | D | D | | M | M | ı | Y | Y | Y | Y | J | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

Habitual Residence Condition

Part 3 continued

Part 3 continued

Habitual Residence Condition

| 40. Have you lived continuous | ly ir | ı Ire | lan | d si | nce | the | e da | ay y | ou | arri | ved | ? | | | | | | | | |
|--------------------------------|-------|-------|-----|------|-----|-----|------|------|-----|-------|-------|------|------|------|-------|------|-----|-----|----|--|
| | | Ye | S | | | 1 | Νo | | | | | | | | | | | | | |
| 41.Does any of your close fam | ily, | for | exa | amp | le, | par | ent | , br | oth | er, s | siste | er o | r ch | nild | , liv | e in | Ire | lan | d? | |
| | | Ye | S | | | 1 | Vο | | | | | | | | | | | | | |
| If 'Yes', please give their de | etail | s in | the | e sp | ace | pro | ovic | led. | | | | | | | | | | | | |
| | Per | son | 1 | | | | | | | | | | | | | | | | | |
| Their surname: | | | | | | | | | | | | | | | | | | | | |
| Their first name(s): | | | | | | | | | | | | | | | | | | | | |
| Their address: | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Their date of birth: | | | | | | | | | | | | | | | | | | | | |
| | D | D | | M | M | | Y | Y | Y | Y | | | | | | | | | | |
| Their relationship to you: | | | | | | | | | | | | | | | | | | | | |
| When they came to Ireland: | | | | | | | | | | | | | | | | | | | | |
| | D | D | | M | M | | Y | Y | Y | Y | | | | | | | | | | |
| | Per | son | 2 | | | | | | | | | | | | | | | | | |
| Their surname: | | | | | | | | | | | | | | | | | | | | |
| Their first name(s): | | | | | | | | | | | | | | | | | | | | |
| Their address: | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Their date of birth: | | | | | | | | | | | | | | | | | | | | |
| | D | D | | M | M | | Y | Y | Y | Y | | | | | | | | | | |
| Their relationship to you: | | | | | | | | | | | | | | | | | | | | |
| When they came to Ireland: | | | | | | | | | | | | | | | | | | | | |
| | D | D | | M | M | | Y | Y | Y | Y | | | | | | | | | | |



| Part 3 continued | Habitual Residence Condition |
|----------------------------|------------------------------|
| | Person 3 |
| Their surname: | |
| Their first name(s): | |
| Their address: | |
| | |
| | |
| | |
| Their date of birth: | |
| Their relationship to you: | D D M M Y Y Y Y |
| Their relationship to you. | |
| When they came to Ireland: | |
| | D D M M Y Y Y Y |
| | Person 4 |
| Their surname: | |
| Their first name(s): | |
| Their address: | |
| | |
| | |
| | |
| Their date of birth: | |
| | D D M M Y Y Y Y |
| Their relationship to you: | |
| When they came to Ireland: | |
| | D D M M Y Y Y Y |



| Part 3 continued | Habitual Residence Condition | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 42.Have you ever made an app | olication for refugee status? Yes No | | | | | | | | | | | | |
| If 'Yes', please answer both questions (a) and (b) and provide copies of all relevant documentation from the Department of Justice, Equality and Law Reform. (a) Are you awaiting a decision on an application for refugee status? | | | | | | | | | | | | | |
| Yes No | | | | | | | | | | | | | |
| Yes No (b) Have you been granted refugee status or leave to remain in the State? Yes No If 'Yes', to (b) please provide copies of all relevant documentation from the Department of Justice, Equality and Law Reform. | | | | | | | | | | | | | |
| Justice, Equality and Law K | For official use only | | | | | | | | | | | | |
| HRC satisfied HRC r | not satisfied HRC1 issued | | | | | | | | | | | | |
| Part 4 | Your payment details | | | | | | | | | | | | |
| | t at your local post office or direct to your current, deposit ancial institution. Please complete one option below. | | | | | | | | | | | | |
| | Post Office | | | | | | | | | | | | |
| Post Office address: | | | | | | | | | | | | | |
| | Financial Institution | | | | | | | | | | | | |
| | You will get the following details printed on statements from your financial institution. | | | | | | | | | | | | |
| Name of financial institution: | | | | | | | | | | | | | |
| Sort code: | | | | | | | | | | | | | |
| Account number: | | | | | | | | | | | | | |
| Bank Identifier Code (BIC): | | | | | | | | | | | | | |
| International Bank Account Number (IBAN): | | | | | | | | | | | | | |
| Name(s) of account holder(s): Name 1: | | | | | | | | | | | | | |
| Name 2 (if any): | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Part 5 | Det | ails | of y | our | qu | alif | iec | l cl | nil | d(1 | ren | 1) | | |
|--|-----|----------------------------------|-------------|-------|------|------|------|---------------|------|------|------|------|--|-----|
| 43.How many children do you wish to claim for? | | under age 18 age 1 time | 8 8 - 22 | | I- | fr | om 1 | nust the s | scho | ol o | or c | olle | | ion |
| Please state child's: | | | | | | | | | 1 | | | | | |
| Surname: | | | | | | | | | | | | | | |
| First name(s): | | | | | | | | | | | | | | |
| PPS No.: | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | | | |
| First name(s): | | | | | | | | | | | | | | |
| PPS No.: | | | | | | | | | | | | | | |
| Surname: | | | | | | | | | | | | | | |
| First name(s): | | | | | | | | | | | | | | |
| PPS No.: | | | | | | | | | | | | | | |
| Part 6 | You | r sp | ous | e's c | or p | artı | ner | 's c | let | ail | ls | | | |
| 44.Their PPS No.: | | | | | | | | | | | | | | |
| 45.Title: (insert an 'X' or specify) | Mr. | Mrs | S | Ms | 5. |] | (| Othe | er | | | | | |
| 46.Their surname: | | | | | | | | | | | | | | |
| 47. Their first name(s): | | | | | | | | | | | | | | |
| 48. Their birth surname: | | | | | | | | | | | | | | |
| 49. Their mother's birth surname: | | | | | | | | | | | | | | |
| 50. Their date of birth: | | | | | | | | | | | | | | |
| | D D | M | M | Y | Y | YY | | | | | | | | |
| 51.Their address: | | | | | | | | | | | | | | |
| Only answer this question if | | | | | | | | | | | | | | |
| you are married and do not live together. | | | | | | | | | | | | | | |



Your spouse's or partner's work and claim details

| | | ,,,, | yo | ui | 3þ | ous | e o | r p a | ıuı | CI. | | | | | | | | | | | |
|---|-------|--------------|---------|--------|------|------|-------|--------------|-------|------|-------|-----|------|------|-----|-----|-----|------|-----|-----|--|
| 52.If they are separated ar | nd p | aying | g m | ain | te | nar | ıce, | ple | ase | sta | te: | | | | | | | | | | |
| Amount: | € | | | | | | | | a | wee | k | | | | | | | | | | |
| 53.If they are separated ar | nd r | eceiv | ing | m | ain | iter | nano | ce, ¡ | olea | se : | stat | e: | | | | | | | | | |
| Amount: | € | | | | | • | | | a | wee | ek | | | | | | | | | | |
| 54.If they are getting a soc | cial | secur | ity | pa | ym | en | t fro | m | ano | the | r co | un | try, | ple | ase | sta | te: | | | | |
| Name of country: | | | | | | | | | | | | | | | | | | | | | |
| Their claim or reference number: | | | | | | | | | | | | | | | | | | | | | |
| Amount: | € | | | | | | | | a | wee | k | | | | | | | | | | |
| | | Pleas | | | | | | | | | | | | | | | m t | he | Soc | ial | |
| FF 1641 | | Secui | • | | | • | | | | | | | | moı | unt | • | | | | | |
| 55.If they are getting any o | othe | er per | 1SIC | on (| or | allo | wa | nce | , pl | ease | e sta | ate | | 1 | ı | | 1 | 1 | 1 | | |
| Who pays this pension: | | | | | | | | | | | | | | | | | | | | | |
| Their claim or reference number: | | | | | | | | | | | | | | | | | | | | | |
| Amount: | € | | | | Ļ | | | | | wee | | | | | | | | | | | |
| | | Pleas | e a | ıtta | ch | th | e m | ost | rec | ent | pa | | p oı | rlet | ter | fro | m t | ha i | nan | nla | |
| | | | | | | | | | | | aho | NA | am | ALIN | + | | | IIE | peu | hic | |
| 56 If they are employed at | | who | pay | th/ | en | n c | onfi | | | | abo | ve | am | oun | t. | | | iie | peo | pie | |
| | | who | pay | th/ | en | n c | onfi | | | | abo | ve | am | oun | t. | | | | peo | pie | |
| Employer's name: | | who | pay | th/ | en | n c | onfi | | | | abo | ove | am | oun | t. | | | | peo | pie | |
| | | who | pay | th/ | en | n c | onfi | | | | abo | ove | am | oun | t. | | | | | pic | |
| Employer's name: | | who | pay | th/ | en | n c | onfi | | | | abo | ove | am | oun | t. | | | | | pie | |
| Employer's name: | | who | pay | th/ | en | n c | onfi | | | | abo | ove | am | oun | t. | | | | | | |
| Employer's name: | | who | pay | th/ | en | n c | onfi | | ng t | | | ove | am | oun | t. | | | | | | |
| Employer's name: Employer's address: | : pre | who | pay, pl | th eas | ien | n co | e: | rmi | a | wee | ek | | am | oun | t. | | | | | | |
| Employer's name: Employer's address: Gross weekly earnings: | : pre | who esent, | pay, pl | tttac | se s | stat | e: | ostı | a | wee | ek | | am | oun | t. | | | | | | |
| Employer's name: Employer's address: Gross weekly earnings: | : pre | who esent, | pay, pl | tttac | se s | stat | e: | ostı | a | wee | ek | | am | oun | t. | | | | | | |
| Employer's address: Gross weekly earnings: 57.If they are self-employed | : pre | who esent, | pay, pl | tttac | se s | stat | e: | ostı | arece | wee | ek | | am | oun | t. | | | | | | |

Please attach a statement of accounts from their accountant



Your spouse's or partner's work and claim details

58. If they have savings or accounts in a bank, post office, building society, credit union or any other financial institution, please state:

| | | Financial Institution 1 |
|--|------|--|
| Name of financial institution: | | |
| Account number: | | |
| Current balance: | € | |
| | | Financial Institution 2 |
| Name of financial institution: | | |
| Account number: | | |
| Current balance: | € | |
| | | Financial Institution 3 |
| Name of financial institution: | | |
| Account number: | | |
| Current balance: | € | |
| | | Financial Institution 4 |
| Name of financial institution: | | |
| Account number: | | |
| Current balance: | € | |
| | | Please attach a statement for each account, showing balance for the last three months. |
| 59.If they own stocks, shar | es o | or investments, please state: |
| Their value: | € | |
| | | Please attach a statement to show current market value. |
| 60.If they own, work or rer | nt a | a farm or land, please state: |
| Size of farm or land: | | acres |
| Net yearly income or rent from farm or | € | |
| land: | | 'Net yearly income' is money they have made from the farm after deducting operating expenses. Please attach a copy of Farm Accounts |



Your spouse's or partner's work and claim details

| 61.If they have property apart | t fror | m t | hei | r ho | omo | e, p | leas | se s | tate | e: | | | | | | | | | | |
|---|--------|------|-----|------|------|------|-------|------|-------|------|------|------|------|------|------|------------|-----|-------|------|------|
| Type of property: | | | | | | | | | | | | | | | | | | | | |
| Address of property: | | | | | | | | | | | | | | | | | | | | |
| 'Property' would be an apartment, business | | | | | | | | | | | | | | | | | | | | |
| property, another house or land other than that | | | | | | | | | | | | | | | | | | | | |
| mentioned at question 60. | | | | | | | | | | | | | | | | | | | | |
| Current market value: € | | , | | | | | | | | | | | | | | | | | | |
| Rent from this property: € | | , | | | | | | a | wee | ek | | | | | | | | | | |
| 62.If they have any other inco | me p | plea | ase | giv | ⁄e d | leta | ils i | n tl | his s | spac | се р | rov | ide | d: | | | | | | |
| 63.If they sold or transferred a in this space provided and | | | | | | | | | | | | | e ye | ars | ple | ase | giv | e de | etai | İs |
| 64.If they have moved from th rented, occupied by other | | | | | | | | | | | ne s | рас | e p | rovi | dec | if 1 | the | ir ho | ome | e is |
| | | | | | | | | | | | | | | | | | | | | |
| 65.If they have recently sold the space provided and attach | | | | | | | | | | | out | line | th | e ci | rcui | mst | anc | es i | n th | ie |
| | | | | | | | | | | | | | | | | | | | | |



| Part 8 | D | etai | ls (| of j | pe | rsc | n | yo | u a | are | ca | ari | ng | fo | r | | | |
|--|----------|----------------|-------|------|-------|------|------|------|-------|------|------|------|------|-----|-----|------|------|---|
| 66.Their PPS No.: | | | | | | | | | | | | | | | | | | |
| 67.Title: (insert an 'X' or specify) | Mr. [| | Mrs | s. [| | Ms | | | J | C | Othe | er | | | | | | |
| 68. Their surname: | | | | | | | | | | | | | | | | | | |
| 69. Their first name(s): | | | | | | | | | | | | | | | | | | |
| 70. Their birth surname: | | | | | | | | | | | | | | | | | | |
| 71. Their mother's birth surname: | | | | | | | | | | | | | | | | | | |
| 72. Their date of birth: | D | D | M | M | | V | Y | V | V | | | | | | | | | |
| 70 That a library | | | 771 | /// | | | _ | _ | | | | | | | | | | |
| 73. Their address: | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 74. Has anyone paid you to 75. Are they getting Domici | | Yes | | | | No | | | | | | | | | | | | |
| | | Yes | | | | No | | | | | | | | | | | | |
| 76.If 'No', have you or anyo | ne appl | ied f | or D | om | icili | iary | Ca | re A | Allo | war | ıce | for | the | m? | | | | |
| | | Yes | | | | No | | | | | | | | | | | | |
| 77. What other type of payment are they | | | | | | | | | | | | | | | | | | |
| getting, if any? | | | | | | | | | | | | | | | | | | |
| | | se na her c | | | the | SO(| cial | we | lfare | pa | yme | ent(| s) f | rom | Ire | lanc | l or | |
| 78.Is the person named abo | ove atte | ndin | gao | day | car | e oı | rel | hab | ilita | itiv | e ce | entr | e? | | | | | |
| | | Yes | | | | No | | | | | | | | | | | | |
| 79.Do they stay overnight i | n any o | f the | se ce | entr | es? | | | | | | | | | | | | | |
| | | Yes | | | | No | | | | | | | | | | | | |
| Note: A person is regard the daytime only. If the | | | _ | | | | | | | | | _ | | - | | | | _ |

Part 8



| Part 8 | Details of person you are caring for |
|--|--|
| 80.If the person stays overnig | tht at a care facility or centre, please state: |
| Name of centre: | |
| Address of centre: | |
| | |
| | |
| Telephone number of centre: | LANDLINE |
| Number of hours they attend: | a day |
| Number of days they | a week |
| attend: | Please attach letter of confirmation from day care centre. |
| 81.Does the person you are o | |
| If 'Nia' misses states | 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 phoneline b | petween the households? |
| | Yes No |
| If 'No', please give details of | f other direct link in the space provided. |
| | |
| Details of daily duties you p | perform looking after this person: |
| | |

Note

If you are caring for more than 1 person, please fill in CR2 and send it to Carer's Allowance Section, Social Welfare Services, Ballinalee Road, Longford. You can get form CR2 online at www.welfare.ie or from your local Social Welfare Office. If you are caring for more than 2 people please complete an CR2 form for each additional person as you may get Respite Care Grant for them.



Checklist

Have you enclosed the following?

- You and your spouse's or partner's most recent payslips
 (if you or your spouse or partner were employed during the last 12 months)
- Statements from financial institutions for the last 3 months
 (if you or your spouse or partner have money, investments or shares in a financial institution)
- Letter from school or college (if you have child(ren) aged between 18 and 22 who are in full-time education)
- Your last P60 or P45 if you have left work
- A statement from accountant if you or your spouse is self-employed

If born or married outside the Republic of Ireland:

- Your birth certificate
- Your marriage certificate
- Your spouse's or partner's birth certificate (if applying for an increase for them)
- 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.

If your form is not fully complete or the documents required are not enclosed there will be a delay in deciding your claim for Carer's Allowance.

Please remember to sign the declaration in Part 1.

Send the completed application form and other documents to:

Carer's Allowance Section

Social Welfare Services Government Buildings Ballinalee Road Longford

LoCall: 1890 92 77 70 (from the Republic of Ireland only)

Telephone: Dublin (01) 704 3000

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

Important: You could lose payment if you do not apply as soon as you start caring.

Note

The rates charged for using 1890 (LoCall) numbers may vary among different service providers.

Data Protection and Freedom of Information

We, the Department of Social and Family Affairs, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

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

30K 10-09 Edition: October 2009



Note to carer

Important

You do not need to send a medical report at this stage for a child for whom Domiciliary Care Allowance is being paid by this Department.

The following medical forms are in two parts. Have Section A completed and signed by the person being cared for.

You must then pass the entire medical form to the doctor of the person being cared for. The doctor may return the form to you in a sealed envelope to keep their patient's medical details confidential.

Please make sure you return the medical form along with your application.



Medical Report for

Carer's Allowance



| 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 and Family Affairs if this changes. I permit my doctor to provide you, the Department of Social and Family Affairs, 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: | Part 10 | Medical Report |
|--|-------------------------------|--|
| 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 and Family Affairs if this changes. I permit my doctor to provide you, the Department of Social and Family Affairs, 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: Date | | Section A |
| 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 and Family Affairs if this changes. I permit my doctor to provide you, the Department of Social and Family Affairs, 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: | Applicant details (details of | of person providing full-time care) |
| 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 and Family Affairs if this changes. I permit my doctor to provide you, the Department of Social and Family Affairs, 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: Da | Surname: | |
| 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 and Family Affairs if this changes. I permit my doctor to provide you, the Department of Social and Family Affairs, 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: Da | First name: | |
| 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 and Family Affairs if this changes. I permit my doctor to provide you, the Department of Social and Family Affairs, 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 | PPS No.: | |
| 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 and Family Affairs if this changes. I permit my doctor to provide you, the Department of Social and Family Affairs, 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 | Doclaration by n | orson receiving full-time care and attention |
| 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 and Family Affairs if this changes. I permit my doctor to provide you, the Department of Social and Family Affairs, 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: | Declaration by p | erson receiving run-time care and attention |
| 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 and Family Affairs if this changes. I permit my doctor to provide you, the Department of Social and Family Affairs, 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: Da | Section A | |
| and attention to me. I will tell the Department of Social and Family Affairs if this changes. I permit my doctor to provide you, the Department of Social and Family Affairs, 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: Dat | Authorisation | |
| 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: Da | | |
| care under the Carer's Allowance scheme may be reviewed at any time. Date: Da | | |
| Signature (not block letters) 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: Date: D D M M Y Y Y Y D D M M M Y Y Y Y D D M M M Y Y Y Y D D M M M Y Y Y Y | • | |
| Signature (not block letters) 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: Date: D D M M Y Y Y Y D D M M M Y Y Y Y D D M M M Y Y Y Y D D M M M Y Y Y Y | | Date: 2 0 |
| 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: Date: D D M M Y Y Y Y | | |
| of the carer's household. Date: | Signature (not block letters) | |
| D D M M Y Y Y Y | | k and have it witnessed. A witness cannot be the carer or a member |
| D D M M Y Y Y Y | | Date: 2 A |
| Signature (not block letters) | | |
| | 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 DSFA 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

continue?

Medical Report

| | | | | | , | sec | t10 | n i | 3 | | | | | | | | | | | | |
|----|--|----|------|------|------|------|------|-----|-----|------|-----|------|------|-----|------|-----|------|-------|-----|-----|-----|
| 1. | Patient details | | | | | | | | | | | | | | | | | | | | |
| | 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 | cted | d by | tex | t m | essa | age | in r | elat | ion | to a | a m | edic | cal a | sse | ssm | ent |
| 2. | Your patient since: | | | | | | | | | | | | | | | | | | | | |
| | | D | D | | M | M | J | Y | Y | Y | Y | ı | | | | | | | | | |
| 3. | Diagnosis(es) (use BLOCK CAPITALS): | | | | | | | | | | | | | | | | | | | | |
| | (doc beocit c/ti ii/tes). | | | | | | | | | | | | | | | | | | | | |
| 4. | ICD10 Code(s): | | | | | | | | | | | | | | | | | | | | |
| 5. | Date condition started: | | | | | | | | | | | | | | | | | | | | |
| | | D | D | ı | M | M | 1 | Y | Y | Y | Y | 1 | | | | | | | | | |
| 6. | How long do you expect this condition to | | les | s th | an : | 3 m | ontl | hs | | | 3-6 | mo | nth | S | | | 6- | 12 r | non | ths | |

indefinitely



12-24 months

| Part 10 co | | Medical Report |
|--------------------------------|--------------|-----------------------------------|
| 7. Please giv Medical h | | |
| | | |
| | | |
| Surgical/C history | Obstetrical | |
| | | |
| 11 % 1 | , | |
| Hospital a | dmissions | |
| | | |
| Date of di | scharge: | D D M M Y Y Y Y |
| Result of r | | |
| investigati | ions | |
| | | |
| | | of the following apply: |
| Attending | a specialist | |
| | | |
| On medic | ation | |
| | | |
| | | |
| Other trea | atment | |
| | | |
| 9. Pregnant: | | Yes No |
| If 'Yes', giv | | |
| 11 103, 514 | CLDD. | D D M M Y Y Y Y |
| | | eports/results of investigations. |
| Additional I | nformation: | |
| | | |
| | | |
| | | |

Medical Report

ABILITY/DISABILITY PROFILE:

| | | Normal | I 1 | Mild | Mode | rate | S | evere | <u>,</u> | Pr | ofou | ınd | |
|--|-------------|---------|---------|---------|-----------|-------|-------|-------|----------|------|------|-----|--|
| Mental Health/Behaviour | | | | | |] | | | | | | | |
| Learning/Intelligence — | ~ | | | | | Ī | | | | | | ĺ | |
| Consciousness/Seizures — | | = | | | | | | | | | | ĺ | |
| Balance/Co-ordination — | ~ | | | | | Ī | | | | | | ĺ | |
| Vision — | - | | | | | | | | | | | ĺ | |
| Hearing — | | | | | | | | | | | | ĺ | |
| Speech — | | | | | | | | | | | | | |
| Continence — | | | | | | | | | | | | | |
| Reaching — | - | | | | | | | | | | |] | |
| Manual Dexterity ——— | > | | | | | | | | | | | | |
| Lifting/Carrying ——— | | | | | | | | | | | | | |
| Bending/Kneeling/Squatti | ng — | | | | | | | | | | |] | |
| Sitting/Rising — | | | | | | | | | | | |] | |
| Standing — | | | | | | | | | | | |] | |
| Climbing Stairs / addors | | | | | | | | | | | |] | |
| Climbing Stairs/Ladders — | | | | | | | | | | | | | |
| Walking ———— | | | | | | | | | | | | | |
| Walking — | - | | oartmer | nt's Me | edical A | ssess | ors n | nay b | e re | qui | red | to | |
| Walking 11.A Medical Assessment by | one of | the Dep | | _ | edical As | ssess | ors n | nay b | e re | qui | red | to | |
| Walking 11.A Medical Assessment by determine eligibility. | one of | the Dep | | _ | 7 | ssess | ors n | | e re | equi | red | to | |
| Walking 11.A Medical Assessment by determine eligibility. Is your patient fit to attend | one of | the Dep | | _ | 7 | ssess | ors n | | e re | equi | red | to | |
| Walking 11.A Medical Assessment by determine eligibility. Is your patient fit to attend If 'No', give details here: | one of | the Dep | | | 7 | | | | e re | equi | red | to | |
| Walking 11.A Medical Assessment by determine eligibility. Is your patient fit to attend If 'No', give details here: Doctor's name: DSFA panel number: | one of | the Dep | | | Yes | | | | e re | equi | red | to | |
| Walking 11.A Medical Assessment by determine eligibility. Is your patient fit to attend If 'No', give details here: Doctor's name: | one of | the Dep | | | Yes | | | | e re | equi | red | to | |
| Walking 11.A Medical Assessment by determine eligibility. Is your patient fit to attend If 'No', give details here: Doctor's name: DSFA panel number: | one of | the Dep | | | Yes | | | | e re | equi | red | to | |
| Walking 11.A Medical Assessment by determine eligibility. Is your patient fit to attend If 'No', give details here: Doctor's name: DSFA panel number: | one of | the Dep | | | Yes | | | | e re | equi | red | to | |
| Walking 11.A Medical Assessment by determine eligibility. Is your patient fit to attend If 'No', give details here: Doctor's name: DSFA panel number: | one of | the Dep | | | Yes | nber | | No | | | | to | |
| Walking 11.A Medical Assessment by determine eligibility. Is your patient fit to attend If 'No', give details here: Doctor's name: DSFA panel number: Address: | one of | the Dep | | | Yes | nber | : [| No | | | | to | |
| Walking 11.A Medical Assessment by determine eligibility. Is your patient fit to attend If 'No', give details here: Doctor's name: DSFA panel number: | one of | the Dep | | | Yes | nber | : [| No | | | | to | |





| (i) | Eligible for Carer's Allo | wance: | | |
|-------|---------------------------|------------|------------------|--|
| (ii) | Review: | | | |
| (iii) | DNRA: | | | |
| (iv) | Not eligible for Carer's | Allowance: | | |
| | Give reasons: | | | |
| | | | | |
| | | | | |
| | | | | |
| Sig | ned | | Medical Assessor | |
| Da | te: | D D M M | 2 0 Y Y Y | |

For Official use Only

Data Protection and Freedom of Information

We, the Department of Social and Family Affairs, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation. 30K 10-09