



Application form for Homemaker's Scheme

You do not need to apply for the Homemaker's Scheme:

If you are getting Child Benefit (Children's Allowance), Carer's Allowance or Carer's Benefit or Respite Care Grant. Normally, Child Benefit is registered in the child's mother's name.

You need to apply for the Homemaker's Scheme:

If you are a stay at home father and you are providing full-time care to a child under age 12 and you are not receiving Child Benefit for this child.

If you have never claimed Carer's Allowance or Benefit but you are providing full-time care to an incapacitated adult or child aged 12 or over, on or after 6 April 1994, and you have not received a Respite Care Grant for them.

How to complete application form for Homemaker's Scheme.

- Please read information booklet **SW 1** before filling in this application form.
- Please use **BLACK** ball point pen.
- Please tear off this page and use as a guide to filling in this form.
- Please use **BLOCK LETTERS** and place an **X** in the relevant boxes.
- Please answer **all questions** that apply to you. If you fail to do so, the form may be returned to you. If a question does not apply to you, please leave the answer area blank.
- The Department may use any of your contact details to get in touch with you.
- Part 1 - Please fill in all details, following the instructions for the first page. Please sign declaration when form is completed.
- Part 2 and 3 Please fill in the details as they apply to you.
- Part 4 - Please have any person who is aged 12 or more and receiving care fill in this section.
- Part 5 - Please have a doctor, for those who are medically, mentally or physically incapacitated, complete this part.
- Part 6 and 7 Please complete Checklist. Please tick all boxes that apply to you. You must only include a birth certificate if you were born outside the Republic of Ireland.

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

How to fill in first page of this form

- Print letters and numbers clearly.
- Complete the boxes from left to right starting with the first box.
- Use one character per box.
- Please see example below.

1. Please state your PPS No:

1	2	3	4	5	6	7	T		
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Title: (insert an 'X' or specify)

Mr.

Mrs.

Ms.

Other

--	--	--	--	--	--	--	--	--	--

2. Surname:

M	U	R	P	H	Y														
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3. First name(s):

M	A	R	Y																	
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4. What is your birth surname?

M	C	D	E	R	M	O	T	T												
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

5. What is your mother's birth surname?

O	S	U	L	L	I	V	A	N												
---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

6. What is your date of birth? (Please attach your birth certificate if born outside the Republic of Ireland)

2	8
---	---

D D

0	2
---	---

M M

1	9	7	0
---	---	---	---

Y Y Y Y

Contact Details:

7. What is your address?

1		N	E	W		S	T	R	E	E	T									
---	--	---	---	---	--	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

O	L	D		T	O	W	N													
---	---	---	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

C	O		D	O	N	E	G	A	L											
---	---	--	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8. What is your telephone number?

0	1	7	0	4	3	0	0	0						
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L A N D L I N E

0	8	6	1	2	3	4	5	6	7					
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

M O B I L E

9. What is your email address?

M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E			
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--

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SAMPLE



Application form for Homemaker's Scheme

Part 1

Your own details

1. Please state your PPS No:

--	--	--	--	--	--	--	--	--	--

Title: (insert an 'X' or specify)

Mr. Mrs. Ms. Other

--	--	--	--	--	--	--	--

2. Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. First name(s):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. What is your birth surname?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. What is your mother's birth surname?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. What is your date of birth? (Please attach your birth certificate if born outside the Republic of Ireland)

D	D	M	M	Y	Y	Y	Y		

Contact Details:

7. What is your address?

8. What is your telephone number?

L	A	N	D	L	I	N	E												
M	O	B	I	L	E														

9. What is your email address?

Declaration by you

All the information I have given on this form is accurate. I will tell the Department as soon as possible if my means or circumstances change.

I apply to become a Homemaker. The person or people named in Part 3 need(s) full-time care and attention. I am providing full-time care and attention to them. I understand that a Social Welfare Inspector can investigate or review my claim to be a homemaker at any time.

If you cannot sign your name, make a mark, such as an X, and have a witness sign their name beside it.

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Signature

(Not block letters)

Date:

D	D	M	M	Y	Y

Warning: If you make a false statement or withhold information, you may get a fine, a prison term or both.

10. What country were you born in?

11. What is your old Social Insurance number?

12. Are you....?

- Married Single Separated
 Widowed Divorced Cohabiting

13. When did you get married?

Day Month Year

14. Are you getting Child Benefit from this Department for the child(ren) in your care?

- Yes No

If 'No', from what country is payment being paid?

If 'Yes', who is getting the Child Benefit payments?

How is this person related to you?

- Spouse (your husband or wife)
 Partner (a man or woman you live with but are not married to)
 Guardian of child(ren)
 Grandparent of child(ren)
 Other, state relationship here, for example, aunt, sister

15. Are you getting Carer's Allowance or Carer's Benefit?

- Yes No

If 'No', have you ever applied for Carer's Allowance or Carer's Benefit?

- Yes No

If 'Yes', what year did you apply?

16. Have you ever applied for Respite Care Grant?

- Yes No

If 'Yes', what year did you apply?

17. Are you getting Jobseeker's Allowance or Jobseeker's Benefit?

- Yes No

18. Are you signing for:

Jobseeker's Benefit Credits?

- Yes No

Pre-Retirement Allowance Credits?

- Yes No

19. Are you employed at present?

Yes

No

If 'Yes', please state:

Who you worked for:

Employer's name

Address

What is your gross weekly pay?

€

a week

'Gross pay' is your pay **before** any deductions, such as tax, PRSI or union dues.

Attach recent payslip or P60.

If 'No', please state:

When you last worked:

Day

Month

Year

Attach P45.

Who you last worked for:

Employer's name

Address

20. Are you self-employed at present?

Yes

No

(You are 'self-employed' if you work for yourself).

If 'Yes', what is your gross yearly income?

€

a week

'Gross pay' is your pay **before** any deductions, such as tax, PRSI or union dues.

Attach a statement from your accountant.

If 'No', when did you last work as self-employed?

Day

Month

Year

Attach a statement from your accountant to confirm this date.

21. If you are employed or self-employed, do you intend to give up this work to provide full-time care and attention for the person or people named in Part 3?

Yes

No

If 'Yes', when will you give up this work?

Day

Month

Year

Attach a letter from your employer or a statement from your accountant if you are self-employed to confirm this date.

22. Are you attending an educational or training course outside the home?

Yes No

If 'Yes', how many hours a week do you attend?

	hours a week
--	--------------

What type of course is it?

Vocational Training Opportunities Scheme (VTOS) FÁS Training

Other _____

Please specify

23. Are you getting an occupational or private pension?

Yes No

If 'Yes', please state:

Who pays the pension?

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Amount you get:

€			a week
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Please attach recent payslip or letter from company paying you to confirm this amount.

Please state:

Mr. Mrs. Ms. Other _____
Please specify

24. What is your spouse's or partner's name?

Surname
First name(s)

25. What is their birth surname?

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26. What is their PPS number?

Figures						Letter(s)	

27. What is their old Social Insurance Number, if any?

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This number was used prior to 1979 - if they have no number write 'none'.

28. Is your spouse or partner employed or self-employed?

Yes No

29. Please give details of all members of your household who need or needed full-time care and attention as follows:

Please state:

Their full name:

Their birth surname:

Their mother's birth surname:

Their date of birth:

Their PPS No.:

Their old Social Insurance No., if any:

Country they were born in:

Do they live with you:

What type of payment they are getting, if any:

Name of Country that pays them:

Are you getting a Domiciliary Care Allowance for this person?

What date did caring start?

What date did caring cease?

If caring is ongoing please tick here:

List people here for whom you give or have given full-time care and attention (including adults or children over age 12 who are incapacitated).

Person 1

Day		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figures					Letter(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Yes No

Yes No

If 'Yes', attach confirmation of Domiciliary Care Allowance.

From (date)

Day		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To (date)

Day		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Person 2

Day		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figures					Letter(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Yes No

Yes No

If 'Yes', attach confirmation of Domiciliary Care Allowance.

From (date)

Day		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To (date)

Day		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please attach their birth certificates if born outside the Republic of Ireland. (We do not accept photocopies).

	Person 1	Person 2
30. Is anyone else getting Carer's Allowance or Carer's Benefit for them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are the person(s) cared for working outside the home? If 'Yes', please state:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer's name:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Type of work:	<input type="text"/>	<input type="text"/>
Number of hours worked a day:	<input type="text"/>	<input type="text"/>
32. Are the person(s) cared for attending a training or educational training course outside the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', how many hours a week do they attend?	<input type="text"/>	<input type="text"/>
What type of course is it?	<input type="checkbox"/> Vocational Training Opportunities Scheme (VTOS) <input type="checkbox"/> FÁS Training <input type="checkbox"/> Other _____ Please specify	<input type="checkbox"/> Vocational Training Opportunities Scheme (VTOS) <input type="checkbox"/> FÁS Training <input type="checkbox"/> Other _____ Please specify
33. Has this person had any in-patient stays in a Hospital or a Convalescent home or similar type of institution during the period being claimed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If possible the person or people being cared for should sign the declaration at Part 4. A doctor must supply Medical Certificate details in Part 5 for period(s) of care.

The person or people who are getting or who have received full-time care and attention as listed in Part 3 must fill in this part but only if they are age 12 or over.

Note: Children under age 12 do not have to complete this part.

I declare that I need or needed full-time care and attention for the period stated in Part 3 and that the person named in Part 1 is providing full-time care and attention for me. I will tell the Department of Social and Family Affairs if this changes.

Person 1

Signature or mark

Date

(Not block letters)

If you cannot sign, make a mark and have it witnessed. The witness should sign below:

Signature or mark

Date

(Not block letters)

Address of witness

Person 2

Signature or mark

Date

(Not block letters)

If you cannot sign, make a mark and have it witnessed. The witness should sign below:

Signature or mark

Date

(Not block letters)

Address of witness

WARNING: Penalty for false statements or withholding information: Fine or Imprisonment or both.

You must get a medical doctor to complete PART 5 overleaf →

A Doctor, for people who are medically, mentally or physically incapacitated, must complete this part.

Please note you must complete both (a) and (b) below.

Fill in the details for all incapacitated people as listed in Part 3 of this form.

Medical Certificate - Person 1

I certify that:

is suffering from:

Did or does the above named person require:

- a) full-time supervision in order to avoid danger to themselves? Yes No
and
- b) full-time supervision and frequent assistance throughout the day in connection with his or her normal personal needs? Yes No

Please state duration of their incapacity: From:

Day		
Month		
Year		

 To:

Day		
Month		
Year		

Medical Certificate - Person 2

I certify that:

is suffering from:

Did or does the above named person require:

- a) full-time supervision in order to avoid danger to themselves? Yes No
and
- b) full-time supervision and frequent assistance throughout the day in connection with his or her normal personal needs? Yes No

Please state duration of their incapacity: From:

Day		
Month		
Year		

 To:

Day		
Month		
Year		

Doctor, please fill in these boxes

Your signature
Dr.

(Not block letters)

Your panel number:

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Date:

Address:

Doctor's Official Stamp

Your claim will be delayed if you do not send all the certificates and documents that we need with this form. If you do not have all of them, please enclose a note stating that the missing certificate or document will follow later.

If sending certificates or documents at a later date, remember to state your full name, present address and your PPS No. (Personal Public Service Number).

Are you sending in the following certificates or documents?

- **Your birth certificate** (if born outside the Republic of Ireland) Yes No
- **Birth certificates for all people you were or are providing with full-time care** (if born outside the Republic of Ireland) Yes No
- **A letter from your employer, if you intend to leave your job to provide full-time care and attention, to confirm the date you will leave work** Yes No
- **Confirmation of Domiciliary Care Allowance** (if relevant) Yes No
- **A recent payslip or P60 if you are working** Yes No
- **A P45 if you have ceased working** Yes No
- **A statement from your accountant if you are self-employed or if you have ceased employment** Yes No

We will only return original documents.

Part 7

Other Information you wish to give

If there is any other information you wish to give about your claim, please give details across:

Send this completed form to:

**Homemaker's Section
Department of Social and Family Affairs
Inner Relief Road
Ardarvan
Buncrana
Co. Donegal.**

If you have any problem filling in this form, please contact us at the following telephone number or call to your local Social Welfare Office:

LoCall: 1890 690 690 (from the Republic of Ireland only)

Telephone: + 353 1 4715898 (from Northern Ireland or overseas)

Please remember to sign the declaration in Part 1 and to send in all the Certificates or Documents with this form.

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 which you give as confidential. We will only disclose it to other people or bodies in accordance with law.

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