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Qualifying conditions for our schemes change from time to time. Always check with your local Social Welfare Office or with Information Services to see if qualifying conditions have changed (see page 11 for contact details).

The information in this booklet is correct at the time of publication. This booklet is intended as a guide only, and is not a legal interpretation.



# 1. What is the Respite Care Grant?

The Respite Care Grant is an annual payment for carers who look after certain people in need of full-time care and attention. The payment is made regardless of the carer's means but is **subject to certain conditions**.

## **Important**

**You do not need to apply for the Respite Care Grant:**

- **if you, or anyone else, is getting Carer's Allowance (including half-rate Carer's Allowance introduced in September 2007), Carer's Benefit, Domiciliary Care Allowance or Prescribed Relative Allowance for caring for this person,**

**The Respite Care Grant is paid automatically to anyone getting these payments.**

**One Respite Care Grant only is paid for each person needing full-time care and attention.**

## 2. How do I qualify?

You will qualify if you the carer:

- are aged 16 or over,
- are ordinarily resident in the State,
- care for the person on a full-time basis,
- care for the person for at least six months - this period of care must include the first Thursday in June,
- live with the person you are looking after or can be contacted quickly by a direct system of communication (for example, a telephone or alarm) between your home and the home of the person you are caring for.

Also, the person you are caring for must:

- be so incapacitated as to need full-time care and attention (medical certification is required),
- not normally live in a hospital, convalescent home or other similar institution,
- not receive full-time care and attention within their own home from another person.

You will **not** qualify if you the carer are:

- working outside the home for more than 15 hours a week,  
**or**
- getting or are entitled to Jobseeker's Benefit or Jobseeker's Allowance or signing for Jobseeker's Credits,  
**or**
- living in a hospital, convalescent home or similar institution.

### 3. What does 'full-time care and attention' mean?

The person being cared for must be so incapacitated as to need:

- continuous supervision and frequent help throughout the day with their personal needs, such as walking and getting about, dressing, washing, eating and drinking,  
or
- continuous supervision to avoid danger to themselves  
and
- full-time care and attention for at least six months. **This period of care must include the first Thursday in June.**

#### Note

**The person being cared for may attend a non-residential course of rehabilitation training or non-residential day care centre approved by the Minister for Health and Children.**

You the carer may:

- attend an educational or training course or take up voluntary or community work for up to 15 hours a week,  
or
- work outside your home for up to 15 hours a week,  
or
- a combination of both, provided that the total combined does not exceed 15 hours a week.

### **You must first clear any employment with this Department.**

During your absence, you must arrange adequate care for the person needing full-time care and attention.

We will assess the need to provide full-time care on an individual basis. We do not expect that a carer would provide care on a 24 hour basis.

We will apply the above arrangements in a flexible manner, considering the needs of you the carer and the person needing care. However, we will need an outline of the care being provided by you.

## **4. Do I need to live with the person needing full-time care?**

Yes, you will normally live with the person being cared for. But in certain cases, you may qualify for the Respite Care Grant if you are a non-resident carer.

If you are a non-resident carer, you must show the following:

- that you are caring for the person on a full-time basis
- and**
- a direct system of communication exists between your home and that of the person you are caring for (for example, telephone or alarm system)
- and**
- the person being cared for is not already receiving full-time care and attention within their own home from a person other than you, the applicant.

In such cases, you must show that full-time care and attention is being provided to the person being cared for.

## 5. How much can I get?

The Respite Care Grant is €1,700 for each person you are caring for. It is paid once a year by cheque.

### Note

**Since September 2007 it may be possible for you to receive a half rate Carer's Allowance in addition to another Social Welfare payment. It may also be possible to receive this payment even if your spouse or partner is receiving an increase for you as a qualified adult on their social welfare payment. For more information, log on to [www.welfare.ie](http://www.welfare.ie).**

## 6. Check if you qualify for the Respite Care Grant

Are you:

- working outside the home for more than 15 hours a week?
- getting Jobseeker's Benefit or Jobseeker's Allowance?
- signing for Jobseeker's Credits?

If you answered 'Yes' to any of these questions you are **not** eligible for the Respite Care Grant. Please **do not** complete the application form.

If you answered 'No':

- do you care for the person on a full-time basis?
- have you been or are you likely to be providing full-time care and attention for at least 6 months?
- does this period of care include the first Thursday in June?

If you answered 'No' to any of these questions you are **not** eligible for the Respite Care Grant. Please **do not** complete the application form.

If you were paid the Respite Care Grant last year or if you are getting a Carer's Allowance or Carer's Benefit there is **no need to complete a new application form** for this year. We will write to you to verify details.

## 7. When and how do I apply?

You should apply for the Respite Care Grant as soon as you feel that you meet the conditions outlined in this booklet and are not receiving a payment mentioned on page 3.

You can apply for the Respite Care Grant by completing the application form **RCG 1** and sending it to the address below.

**If you are caring for more than one person** please complete an **RCG 1 (a)** for each additional person and attach it to your completed **RCG 1**.

You can get an application form from your local Social Welfare Office, Citizens Information Centre (CIC), from the address below, at [www.welfare.ie](http://www.welfare.ie) or by text to **51909** (see details on page 12).

If you need help completing the application form, contact your local Social Welfare Office or the Respite Care Grant Section.

Send your completed form to:

**Respite Care Grant Section**

PO Box 10085

Dublin 2

Telephone (01) 704 3240

## 8. How do I fill in the Respite Care Grant application form?

Before filling in the application form, please take a little time to read this section.

When we deal with an application for the Respite Care Grant, we may have to assess the position of two people (the carer and the person being cared for).

We must examine the medical condition of the person being cared for to establish if they need full-time care and attention.

We must also be satisfied that you, the carer, are providing full-time care and attention and are in a position to do so.

This means that the application form must ask you for a lot of detailed information.

**The application form is divided into the following parts:**

**Parts 1 and 2** must be completed by you.

**Part 1** deals with your personal details.

**Note on question 18** – If you are or have been self-employed outside the home in the last 18 months, the declaration under **question 18** must be completed, signed and stamped by your accountant.

**Note on questions 19 and 20** – If you work(ed) or attend(ed) an educational or training course outside the home for 15 hours or less a week, the declaration in question 20 must be completed, signed and stamped by either your employer or the training authority.

**Part 2** deals with the details of the person you are caring for.

If you care for more than one person, please also complete form **RCG 1 (a)** and attach it to the application form.

**Part 3** is the checklist you should refer to before applying.

**Part 4** deals with the medical certification for the person being cared for.

**Section A** must be signed by the person who is receiving care. If the person being cared for cannot complete this form, you should fill it in for them and have it signed by a witness.

**Section B** must be completed by the doctor of the person you are caring for.

## 9. Can an application be back dated?

A carer who provided full-time care last year but did not apply for the grant, may apply this year to have an application back dated for last year.

## 10. What if I am unhappy with the decision?

If you do not agree with the decision on your application and you have additional information, please send it to the **Respite Care Grant Section**, PO Box 10085, Dublin 2.

or

If you do not agree with the decision on your application, you may appeal against it. Any appeal must be made in writing within 21 days of the date of decision, stating clearly the reason for your appeal.

You should send your appeal to:

### **Social Welfare Appeals Office**

D'Olier House  
D'Olier Street  
Dublin 2

LoCall: 1890 74 74 34 (from the Republic of Ireland only)

Telephone: +353 167 32800 (from Northern Ireland or overseas)

## 11. Where can I get more information?

For more information on the **Respite Care Grant**, contact your local Social Welfare Office or **Respite Care Grant Section** at the address on page 8.

For information booklets, application forms and more information on social welfare services:

- Log on to **www.welfare.ie**.
- Text to **51909** (see details on Page 12).
- LoCall Information Line at **1890 66 22 44** (from the Republic of Ireland only) or **+353 71 91 93313** (from Northern Ireland or overseas).
- Drop in to your local Social Welfare Office or Citizens Information Centre.

### Note

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

## Points to note:

### Homemaker's Scheme

The Scheme was designed to ensure that Homemakers do not suffer a loss of entitlement to a State Pension (Contributory) because of time out of employment to take care of a child under age 12, or an incapacitated child or adult aged 12 or over, on or after 6 April 1994. For more information, log on to **www.welfare.ie**.

### Other useful booklets

<b>Homemaker's Scheme</b>	<b>SW 1</b>
<b>Rates of Payment Booklet</b>	<b>SW 19</b>
<b>Carer's Allowance</b>	<b>SW 41</b>
<b>Bereavement Grant</b>	<b>SW 47</b>
<b>Carer's Benefit</b>	<b>SW 49</b>
<b>A Guide to Appeal Hearings</b>	<b>SW 53</b>
<b>Appeals Office, An Introductory Guide</b>	<b>SW 56</b>

To request forms, text the form code followed by your name and address to 51909 (from the Republic of Ireland only). Standard text rates apply.

For example, if you wanted to request the Bereavement Grant form, text form bg Mary Murphy 1 New Street, Old Town, Co. Donegal.

<b>Social welfare payment or scheme</b>	<b>Form code</b>
<b>Back to School Clothing and Footwear Allowance</b>	<b>FORM BTSCFA</b>
<b>Bereavement Grant</b>	<b>FORM BG</b>
<b>Carer's Allowance</b>	<b>FORM CARA</b>
<b>Carer's Benefit</b>	<b>FORM CARB</b>
<b>Child Benefit (Form CB1)</b>	<b>FORM CHILD</b>
<b>Disability Allowance</b>	<b>FORM DA</b>
<b>Domiciliary Care Allowance</b>	<b>FORM DCA</b>
<b>Family Income Supplement</b>	<b>FORM FIS</b>
<b>Free Travel</b>	<b>FORM TRAVEL</b>
<b>Fuel Allowance</b>	<b>FORM FUEL</b>
<b>Household Benefits</b>	<b>FORM HHB</b>
<b>Invalidity Pension</b>	<b>FORM INV</b>
<b>Living Alone Increase</b>	<b>FORM LAA</b>
<b>Maternity Benefit</b>	<b>FORM MAT</b>
<b>One Parent Family Payment</b>	<b>FORM OPFP</b>
<b>Respite Care Grant</b>	<b>FORM RCG</b>
<b>State Pension (Non-Contributory)</b>	<b>FORM SPNC</b>
<b>State Pension (Transition/Contributory)</b>	<b>FORM SPC</b>
<b>Widow(er)'s Contributory Pension</b>	<b>FORM WCP</b>
<b>Widow(er)'s Non-Contributory Pension</b>	<b>FORM WNCP</b>