

Back to School Clothing and Footwear Allowance 2018

Social Welfare Services

BSCFA 1

Data Classification R



This application must be completed in **BLOCK CAPITALS** by the person in receipt of the qualifying payment. See www.welfare.ie for a full list of qualifying payments.

Please read the information page on this application form before you apply.

Part 1

Applicant's details

1. Your PPS No.:	<input type="text"/>		
2. Your surname:	<input type="text"/>		
3. Your first name(s):	<input type="text"/>		
4. Your address:	<input type="text"/> <input type="text"/> <input type="text"/>		
County	<input type="text"/>	Postcode	<input type="text"/>
5. Your mobile number:	<input type="text"/> 0 8 <input type="text"/> - <input type="text"/>	MOBILE	
6. Your date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	D D	M M	Y Y Y Y

Declaration

I declare that all the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted.

Signature (not block letters)

Date:

D D

M M

2 0 1 8
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 2

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

7. Are you?

- Single
 Married
 Separated
 Divorced
 Widowed

- Cohabiting
 In a Civil Partnership
 A surviving Civil Partner
 A former Civil Partner
 (you were in a Civil Partnership
 that has since been dissolved)

8. From what date are you married, in a civil partnership or cohabiting?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

9. Their PPS No.:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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10. Their surname:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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11. Their first name(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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12. Their date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

Part 3

Details of children you are applying for

Enter details of children living with you. Please include all children up to 17 years old and any children over 18 and under 22, if in full-time education. For any children over age 18, please tick the box below if they are in full-time second-level education in a recognised secondary school.

Name	PPS Number	Date of Birth	Relationship to you	Second-Level education
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes

13. Are you and/or they employed at present?

This includes employment schemes such as CE Schemes, RSS Schemes and TÚS.

If 'Yes', please state:

Employer's name:

14. How much is your/their gross weekly income from your/their current employment? Please include Benefit in Kind / shift remuneration / commission.

15. How much is your/their weekly employee PRSI deduction? (if applicable).

Employment	
Applicant	Your Spouse, Civil Partner or Cohabitant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

If you and/or they have more than one employer, a separate sheet of paper can be used to provide details as above.

16. Are you and/or they self-employed/farming/getting income from rental of farmland at present?

If 'Yes', please state:

Nature of self-employment:

Annual net profit per most recent Revenue Assessment:

PRSI paid:

Self-Employed/Farming	
Applicant	Your Spouse, Civil Partner or Cohabitant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
€ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
€ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

If you and/or they have more than one self-employment, a separate sheet of paper can be used to provide details as above.

17. Do you and/or they have savings or accounts in a bank, Post Office, Building Society, Credit Union or any other financial institution in the Republic of Ireland or another country?

If 'Yes', please state:
Financial Institution and Branch Name:

Current balance:

Account number:

Name(s) of account holder(s):

Financial Institution and Branch Name:

Current balance:

Account number:

Name(s) of account holder(s):

Savings	
Applicant	Your Spouse, Civil Partner or Cohabitant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Financial Institution 1	
€ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Financial Institution 2	
€ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

If you and/or they have any other accounts you must give details of them to this Department on a separate sheet of paper.

18. Do you and/or they have property apart from your home?

If 'Yes', please state:

Address of property:

Current market value:

What is the outstanding mortgage? (if applicable)

Property	
Applicant	Your Spouse, Civil Partner or Cohabitant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
€ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
€ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

If you and/or they have other properties, a separate sheet of paper can be used for more details.

Details of income for yourself and your spouse, civil partner or cohabitant

19. Are you and/or they getting maintenance?
 If 'Yes', please state:
 Weekly amount:

Maintenance	
Applicant	Your Spouse, Civil Partner or Cohabitant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

20. Do you and/or they own any investments?
 If 'Yes', please state:
 Type of investment:

Investments	
Applicant	Your Spouse, Civil Partner or Cohabitant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of investment holder:	
Reference number:	
Current total value of investment:	
€ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

If you and/or they have other investments, a separate sheet of paper can be used to give details.

21. Do you and/or they own any shares?
 If 'Yes', please state:

Shares	
Applicant	Your Spouse, Civil Partner or Cohabitant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name:	
Number of shares:	<input type="text"/> <input type="text"/> <input type="text"/>
Current share price:	
€ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

If you and/or they have other shares, a separate sheet of paper can be used to give details.

Details of income for yourself and your spouse, civil partner or cohabitant

22. Do you and/or they get any foreign social security(ies) payment?

If 'Yes', please state:

Type of payment:

Weekly amount:

Foreign Social Security	
Applicant	Your Spouse, Civil Partner or Cohabitant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

If you and/or they have other Foreign Social Security payments, a separate sheet of paper can be used to give details.

23. Are you and/or they in receipt of any other pension (private or occupational) from Ireland or a pension (private, state or occupational) from any other country?

If 'Yes', please state:

Type of pension:

Pension paid by:

Weekly amount:

Private/Foreign Pension	
Applicant	Your Spouse, Civil Partner or Cohabitant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

If you and/or they have other Private/Foreign Pensions, a separate sheet of paper can be used to give details.

24. Do you and/or they have other income?

You must provide details of income from any other sources for example non DEASP payments, HSE payments, sick pay, income protection schemes/ room rental etc.

Source of income:

Total weekly amount:

Other income(s)	
Please provide details on your other income(s)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant	Your Spouse, Civil Partner or Cohabitant
€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

If you and/or they have income from other source, a separate sheet of paper can be used to give details.

If you are already getting a payment from this Department, your Back to School Clothing & Footwear Allowance will be paid using the payment method of your current payment. If you are not already getting a payment from this Department, you can get payment at your local post office or direct to your current, deposit or savings account in a financial institution.

Note: You must have a Social Welfare or Public Services Card to collect your payment at a Post Office. Please complete one option below if you are not already getting a payment from this Department.

Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Post Office

Post Office address:

Send this completed application form and other documents to:

Back to School Clothing and Footwear Allowance
 Social Welfare Services
 Department of Employment Affairs & Social Protection
 College Road
 Sligo

Telephone: (071) 91 93302
 LoCall: 1890 66 22 44

Data Protection Statement

The Department of Employment Affairs and 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.welfare.ie/dataprotection or in hard copy.

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

Important Scheme Information

This Scheme is open in 2018 from 01 June to 30 September.

Applications will only be accepted during these dates.

- ❖ To be eligible to apply, you must be getting or have applied for a qualifying social welfare payment between 01 June and 30 September. For a full list of qualifying payments and more information on the rules of this Scheme, visit **www.welfare.ie**.
- ❖ Your child must be aged 4 to 17 on or before 30 September 2018. If your child is aged 18 to 22, they must be in full-time second-level education in a recognised secondary school.
- ❖ In general, you must also be getting an Increase for a Qualified Child with your qualifying payment.
- ❖ This is a means-tested allowance. Your total household income will be assessed.
 - Total household income includes any income from employment as well as your main social welfare or Health Service Executive payment, along with any other income.
 - Any other income includes but is not limited to maintenance, savings and investments, profit and drawings from self-employment and income from land rental.
 - When calculating your income from employment we subtract from your gross pay any PRSI that you have paid. We also allow a standard travel allowance of €20 per week. We do not make an allowance for any other deductions such as Income Tax, Pension Levy or Universal Social Charge.
- ❖ You must complete the application form fully so that we can calculate your means.
- ❖ If you have been disallowed a social welfare payment and are awaiting the outcome of an appeal of that decision, you should still apply for this allowance between 01 June and 30 September. Your application will be decided when you receive a decision on your appeal.
- ❖ Please note that your application may be selected at random for additional checks and you may be asked to provide additional information.

If you, your spouse, civil partner or cohabitant...	You may be requested to submit
Have a child aged 18-22	Letter from School confirming they are in second-level education
Are an employee or are working on an Employment Scheme (e.g. Community Employment)	A payslip for a period between 01 June and 30 September
Are self-employed (including farming)	Most recent 4 page Notice of Assessment or copy of latest tax return filed on ROS (Revenue Online Service)
Are receiving maintenance	A copy of your maintenance order, separation agreement or other evidence
Have rental income	Documentary evidence of this income
Own property other than your home	Evidence of current valuation and details of any outstanding mortgage
Have any other income	Documentary evidence of this income

Remember: You must sign the Declaration in Part 1.