



## Important Scheme Information

This Scheme is open in 2017 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 2017. 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, income from land rental, income of any dependent children, including income earned under the YouthReach Programme, etc.
  - 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. Incomplete application forms, including those without supporting documentation, will be returned to you and this may delay any payment you may be entitled to receive. (See Checklist below)
- ❖ 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.

## Checklist

If you, your spouse, civil partner or cohabitant...	You must attach...
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.**

# Part 3

# Your means details

Please state weekly income for yourself and your spouse, civil partner or cohabitant from the following:

Source	Your weekly income €	Spouse, civil partner or cohabitant: weekly income €	Details
Wages/Salary (payslip required)	□, □□□□. □□	□, □□□□. □□	
Self Employment (including farming)	□, □□□□. □□	□, □□□□. □□	
Social Welfare Payments	□, □□□□. □□	□, □□□□. □□	
SOLAS Scheme	□, □□□□. □□	□, □□□□. □□	
Community Employment/ Rural Social Scheme/TÚS	□, □□□□. □□	□, □□□□. □□	
Family Income Supplement (FIS)	□, □□□□. □□	□, □□□□. □□	
Foster Care Allowance	□, □□□□. □□	□, □□□□. □□	
Maintenance Payments	□, □□□□. □□	□, □□□□. □□	
Occupational/Private Pensions	□, □□□□. □□	□, □□□□. □□	
Sick Pay/Income Protection Schemes	□, □□□□. □□	□, □□□□. □□	
Social Security Payments from another State	□, □□□□. □□	□, □□□□. □□	
Rental Income	□, □□□□. □□	□, □□□□. □□	
Other (specify) e.g. capital, property, savings and investments, shares etc.	□, □□□□. □□	□, □□□□. □□	

Please choose one payment option below.

**NOTE: You must have a Social Welfare or Public Services Card to collect your payment at a Post Office.**

### Financial Institution

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

Name of financial institution:	<input type="text"/>
Bank Identifier Code (BIC):	<input type="text"/>
International Bank Account Number (IBAN):	<input type="text"/>
Name(s) of account holder(s):	<input type="text"/>
Name 1:	<input type="text"/>
Name 2 (if any):	<input type="text"/>

### Post Office

Post Office address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Send this completed application form and other documents to:

#### Back to School Clothing and Footwear Allowance

Social Welfare Services  
Department of Social Protection  
College Road  
Sligo

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

### For official use only

Household Income:	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Income Limit:	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Recommended:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of Payment:	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

Claim Category Code:	<input type="text"/>
Child Code:	<input type="text"/>
GROF Code:	<input type="text"/>

Signed \_\_\_\_\_

Date:

### Data Protection Statement

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

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