Application form for
Carer’s Allowance

You need a Personal Public Service Number (PPS No.) before you apply.

How to complete this application form.

• 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.

• Please do not strikethrough any of the boxes. Leave boxes blank if they do not apply to you. If no income, please enter “0” in each box.

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

**If you do not have a spouse, civil partner or cohabitant:**

If you do not have a spouse, civil partner or cohabitant, fill in **Parts 1 to 6**. When the form is completed, read **Part 9** and sign declaration in **Part 1**.

**If you have a spouse, civil partner or cohabitant:**

If you have a spouse, civil partner or cohabitant, fill in **Parts 1 to 8 and Part 10**. When the form is completed, read **Part 9** and sign declaration in **Part 1**.

**Carer:**

You also must complete **Section 1** in **Part 10** of the medical report and get the person you are caring for to sign **Section 2** in **Part 10** of the medical report.

**Doctor:**

Please fill in **Section 3** of **Part 10**, which is the Medical Report section of the Care Report. Please make sure you sign and stamp this part of the form.

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

For more information, visit [www.welfare.ie](http://www.welfare.ie).
How to fill 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.: [fill in your PPS No.]
2. Title: (insert an ‘X’ or specify) [Mr. ☐ Mrs. ☑ Ms. ☐ Other ☐]
3. Surname: [fill in your surname]
4. First name(s): [fill in your first names]
5. Your first name as it appears on your birth certificate: [fill in your first name as it appears on your birth certificate]
6. Birth surname: [fill in your birth surname]
7. Your date of birth: [DD MM YYYY] [28 02 1970]
8. Your mother’s birth surname: [fill in your mother’s birth surname]

Contact Details

9. Your address: [fill in your address]
   OLD TOWN
   DONEGAL TOWN
   County: DONEGAL
   Postcode: A65F4E2
10. Your telephone number: [fill in your telephone number]
    MOBILE
    ONE NUMBER PER BOX
    ONE NUMBER PER BOX
11. Your email address: [fill in your email address]
    ONE CHARACTER PER BOX
# Application form for Carer’s Allowance

## Part 1

### Your own details (Carer’s Details)

1. **Your PPS No.:**
   
   |

2. **Title:** (insert an ‘X’ or specify)  
   Mr. [] Mrs. [] Ms. [] Other []

3. **Surname:**
   
   |

4. **First name(s):**
   
   |

5. **Your first name as it appears on your birth certificate:**
   
   |

6. **Birth surname:**
   
   |

7. **Your date of birth:**
   D  D  M  M  Y  Y  Y  Y

8. **Your mother’s birth surname:**
   
   |

### Contact Details

9. **Your address:**
   
   |

   County
   
   Postcode

10. **Your telephone number:**
   MOBILE
   LANDLINE

11. **Your email address:**

### Declaration

I declare that 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. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

If you cannot sign your name, make a mark, such as an X and have it witnessed by a non-relative.

**Signature (not block letters)**

Date: D  D  M  M  Y  Y  Y  Y

**Signature of witness (not block letters)**

Date: D  D  M  M  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 1 continued

#### Your own details (Carer’s Details)

12. 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)

13. If you are married, in a civil partnership or cohabiting, from what date?

- [ ] D
- [ ] D
- [ ] M
- [ ] M
- [ ] Y
- [ ] Y
- [ ] Y
- [ ] Y

14. If you are separated or divorced, [if your marriage or civil partnership has ended] or recently single [a period of cohabitation has recently ended] from what date?

- [ ] D
- [ ] D
- [ ] M
- [ ] M
- [ ] Y
- [ ] Y
- [ ] Y
- [ ] Y

If true, are you living at separate addresses?
- [ ] Yes
- [ ] No

15. If you are a parent of children aged less than 23 years of age, are you in a single parent household?

- [ ] Yes
- [ ] No

16. If you previously lived or worked in the UK, please state your UK Social Security Number:

Part 2

#### Details of person you are caring for

17. Their PPS No.:

18. Title: (insert an ‘X’ or specify)
- [ ] Mr.
- [ ] Mrs.
- [ ] Ms.
- [ ] Other

19. Surname:

20. First name(s):

21. Birth surname:

22. Their date of birth:

- [ ] D
- [ ] D
- [ ] M
- [ ] M
- [ ] Y
- [ ] Y
- [ ] Y
- [ ] Y

23. Their mother’s birth surname:

24. Their address:

- [ ] County
- [ ] Postcode
25. Are you related to the cared for person?
   [ ] Yes  [ ] No

26. What is the relationship: 

27. How long have you been providing care for this person (approximately)?
   [ ] Years  [ ] Months  [ ] Weeks

28. Do you live with this cared for person?
   [ ] Yes  [ ] No

   If ‘No’, please state:
   What system of communication exists between the households?
   [ ] Community Alert Alarm  [ ] Landline Phone
   [ ] Mobile Phone  [ ] Other

   If ‘Other’, please specify:

   What is the distance between your home and the home of the person you are caring for?
   [ ] Miles  OR  [ ] Kilometres

29. How many days each week do you provide care?
   [ ] days

30. How many hours each day do you provide care? – insert the hours for each day:
   [ ] Monday  [ ] Tuesday  [ ] Wednesday
   [ ] Thursday  [ ] Friday  [ ] Saturday
   [ ] Sunday

31. If you share the provision of care with someone else, when do you mostly provide care?
   [ ] Morning  [ ] Afternoon  [ ] Evening
   [ ] Night-time  [ ] All Day

32. Does anyone else help you with the provision of care other than home-help, home support, respite care? – if so, what do they help you with:
### Part 2 continued: Details of person you are caring for

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>33. Are you taking over the provision of care from someone else who is getting Carer’s Allowance or Benefit?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surname:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>First name(s):</td>
<td></td>
</tr>
<tr>
<td>34. State the date from which the responsibility for care has transferred to you:</td>
<td>DD MM YY YY YY YYYY YYYY</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please supply a letter from the previous carer confirming this.</td>
<td></td>
</tr>
<tr>
<td>35. Is the cared for person currently in a hospital or nursing home?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td>36. Is the cared for person attending a day care or rehabilitative centre?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note: A person can be regarded as receiving full-time care and attention while attending a day care centre during the daytime. If the person stays overnight, you must state this clearly.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name of centre:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Address of centre:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Telephone number of centre:</td>
<td>LANDLINE</td>
</tr>
<tr>
<td></td>
<td>Number of:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>days they attend a week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>nights they attend a week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Please attach a letter of confirmation from the care centre.</td>
<td></td>
</tr>
<tr>
<td>37. Does anyone else live with the person you are caring for?</td>
<td>Yes/No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If “Yes”, give details below:</td>
<td></td>
</tr>
</tbody>
</table>
38. Have you moved from your home to live with the person you are caring for?
   [ ] Yes [ ] No

   If “Yes”, give details below if your home is rented, occupied by other people or otherwise being used:

   Where you can show to our satisfaction that adequate care has been or will be provided in your absence for the care recipient, you can work or be self-employed or engage in training or education courses up to a maximum of 15 hours per week outside your home.

39. Do you intend to:
   Be at work for up to 15 hours a week outside your home?
      [ ] Yes [ ] No
   Be self-employed for up to 15 hours a week outside your home?
      [ ] Yes [ ] No
   Be engaged on a training or education course for up to 15 hours a week outside your home?
      [ ] Yes [ ] No

40. If you are currently working and/or studying outside your home, in excess of 15 hours a week, from what date will you be reducing the combined hours on these activities to 15 or less?
   [ ] D [ ] M [ ] Y [ ] Y [ ] Y

41. What arrangements will be made for the care of the person you care for, while you are working or on a training course?

42. Are you currently employed or self-employed inside your home?
   [ ] Yes [ ] No
43. If you answered ‘Yes’ at Questions 39 or 42, fill in the relevant details below:

<table>
<thead>
<tr>
<th>Details of person you are caring for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer’s name:</td>
</tr>
<tr>
<td>Employer’s address:</td>
</tr>
<tr>
<td>Type of work:</td>
</tr>
<tr>
<td>Employer’s phone number:</td>
</tr>
<tr>
<td>Employer’s email address:</td>
</tr>
<tr>
<td>Type of self-employment:</td>
</tr>
<tr>
<td>Title of course:</td>
</tr>
<tr>
<td>Location of course:</td>
</tr>
</tbody>
</table>

If you are employed or are on a training or education course outside your home, enclose a statement from your Employer or Training provider showing the number of hours a week you will be working or attending and the date the hours were reduced to a maximum of 15 a week.

Also include your latest payslip, if employed.

---

**Part 3**

**Your financial resources (means) details**

Carer’s Allowance is a means tested payment. You are obliged by law to declare all your means (financial resources) which includes money in cash, or in a financial institution, savings, shares, bonds, funds, property (other than your own home), foreign pensions, etc. Please include written evidence such as statements and payslips with your application.

Failure to do so could result in a delay in processing your application.

You must also declare the means of your spouse, civil partner or cohabitant.
44. Are you receiving maintenance?
   □ Yes   □ No

   If ‘Yes’, please state:
   Amount: € , , , , , , , a week
   Please provide a copy of the maintenance agreement.

45. Are you paying maintenance?
   □ Yes   □ No

   If ‘Yes’, please state:
   Amount: € , , , , , , , a week
   Please provide a copy of the maintenance agreement.

46. Are you or have you been self-employed?
   □ Yes   □ No

   If ‘Yes’, please state:
   Type of work you do or did:
   Date self-employment started: D   D MM Y Y  Y  Y
   Net yearly income: € , , , , , , , a year
   ‘Net yearly income’ is money you have made from self-employment after deducting operating expenses.
   Are you still self-employed: □ Yes   □ No
   If ‘No’, please state date self-employment ended: D   D MM Y Y  Y  Y

47.(a) Do you own, share in the ownership, work or rent a farm or land?
   □ Yes   □ No

   If ‘Yes’, please state:
   Size of farm or land: Acres OR Hectares
   Herd or flock number:
   Net yearly income from farm or land: € , , , , , , , a year
   ‘Net yearly income’ is money you have made from the farm after deducting operating expenses. You must enclose the most recent Statement of Receipts from the Department of Agriculture.

47.(b) If your farm or land is let, please state net yearly income from letting:
   Net yearly income: € , , , , , , ,
48. Are you getting a social security payment from another country?

If ‘Yes’, please state:

Name of country: 

Your claim or reference number: 

Amount: € , , , , , , , , , , a week

Please attach the most recent payslip or letter from the Social Security Agency confirming the above amount and also provide a 3 month bank statement for the account to which this payment is made.

49. Are you getting an occupational pension?

If ‘Yes’, please state:

Employer’s name: 

Amount: € , , , , , , , , , , a week

Please attach the most recent payslip or letter from the employer or pension fund confirming the above amount and also provide a 3 month bank statement for the account to which this payment is made.

50.(a) Are you taking part in any of the following courses or schemes? Insert ‘X’ in the box as it applies to you and give the date you started:

- Community employment: 
- Rural Social Scheme: 
- Area-Based Initiative: 
- Back to Work Scheme: 
- Vocational Training Opportunities Scheme: 
- Back to Education Allowance: 
- Solas/FÁS course or schemes: 
- School or college: 
- Other course or scheme: 

Name of course or scheme: 

Date course: Started: 

Due to finish: D D M M Y Y Y Y

50.(b) Please state what you get paid for doing this scheme or course:

€ , , , , , , , , a week

51. Do you own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments in the Republic of Ireland or another country?

If ‘Yes’, please state:

Name of company: 

Number of shares held: 

Their value: € , , , , , , , , , ,

Please attach a statement to show details and current market value.
### Part 3 continued: Your financial resources (means) details

52. Do you 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?

- [ ] Yes
- [x] No

**If ‘Yes’, please state:**

#### Financial Institution 1

<table>
<thead>
<tr>
<th>Name of financial institution:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Identifier Code (BIC):</td>
<td></td>
</tr>
<tr>
<td>International Bank Account Number (IBAN):</td>
<td></td>
</tr>
<tr>
<td>Current balance:</td>
<td>€</td>
</tr>
<tr>
<td>Is this a joint account?</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Name(s) of account holder(s):</td>
<td></td>
</tr>
<tr>
<td>Name 1:</td>
<td></td>
</tr>
<tr>
<td>Name 2 (if any):</td>
<td></td>
</tr>
</tbody>
</table>

#### Financial Institution 2

<table>
<thead>
<tr>
<th>Name of financial institution:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Identifier Code (BIC):</td>
<td></td>
</tr>
<tr>
<td>International Bank Account Number (IBAN):</td>
<td></td>
</tr>
<tr>
<td>Current balance:</td>
<td>€</td>
</tr>
<tr>
<td>Is this a joint account?</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Name(s) of account holder(s):</td>
<td></td>
</tr>
<tr>
<td>Name 1:</td>
<td></td>
</tr>
<tr>
<td>Name 2 (if any):</td>
<td></td>
</tr>
</tbody>
</table>

#### Financial Institution 3

<table>
<thead>
<tr>
<th>Name of financial institution:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank Identifier Code (BIC):</td>
<td></td>
</tr>
<tr>
<td>International Bank Account Number (IBAN):</td>
<td></td>
</tr>
<tr>
<td>Current balance:</td>
<td>€</td>
</tr>
<tr>
<td>Is this a joint account?</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td>Name(s) of account holder(s):</td>
<td></td>
</tr>
<tr>
<td>Name 1:</td>
<td></td>
</tr>
<tr>
<td>Name 2 (if any):</td>
<td></td>
</tr>
</tbody>
</table>
Part 3 continued

Your financial resources (means) details

Financial Institution 4

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: €

Is this a joint account? Yes No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Attach an original statement for each account showing the last 3 months transactions.
If you have other accounts, you must give details of them to this Department on a separate sheet of paper.

53.(a) Do you own or share in the ownership of property apart from your home?

If ‘Yes’, please state:

Type of property:

Address of property:

‘Property’ would be an apartment, business property, another house or land other than that mentioned at question 47.

Ownership percentage: %

Current market value: €

Please provide a valuation from an authorised auctioneer or valuer.

Rent from this property: € a week

Outstanding mortgage on property:

If mortgaged please attach a recent statement from lending institution.

Note: A separate sheet of paper should be used for details of any additional properties that you have.

53.(b) If you have a room let in the property you are living in now, please state:

Weekly income: € a week

54. Is a separated or former spouse or civil partner or former cohabitant paying all or part of your accommodation costs by contributing to your rent or mortgage in place of or in addition to maintenance?

If ‘Yes’, please state:

Amount: € a week
55. Do you expect to receive any additional income or money in the coming 12 months from any other source(s)? (For example, a claim for compensation arising out of an accident or injury, sale of property, etc.)?  
☐ Yes  ☐ No  
If ‘Yes’, please give details in the space below. If in doubt, you should disclose it here and we will determine if it affects your entitlement.

56. Do you have any other income from the Republic of Ireland or another country?  
☐ Yes  ☐ No  
If ‘Yes’, please give details in the space below. If in doubt, you should disclose it here and we will determine if it affects your entitlement.

57. Did you sell or transfer property or business in the last three years?  
☐ Yes  ☐ No  
If ‘Yes’, please give details in the space below and attach a copy of the deed of transfer.

58. Did you recently sell your home to buy another?  
☐ Yes  ☐ No  
If ‘Yes’, please outline the circumstances in the space provided and attach supporting documentary evidence from your solicitors regarding the financial transaction.
59. What country were you born in?

60. What is your nationality?

61. When did you come to live in the Republic of Ireland?

62. If you are not an EEA National, do you hold a current:

   Irish Residence Permit (Stamp 4):
   □ Yes □ No

   Irish Employment Permit (Stamp 1):
   □ Yes □ No

   Student Visa (Stamp 1A, Stamp 2A or Stamp 3):
   □ Yes □ No

   Other?
   □ Yes □ No

The European Economic Area (EEA) comprises of the member states of the European Union together with Iceland, Norway and Liechtenstein and Croatia.

If ‘Yes’, please give details in the space provided.

If ‘Yes’, to any of the above, please enclose your original permit and your original letter from the Department of Justice which sets out the reasons you have been granted permission to reside in the Republic of Ireland.

63. Do you have an Irish Residency Permit (IRP) or a GNIB (Garda National Immigration Bureau) Card?

   □ Yes □ No

If ‘Yes’, please attach a verified copy of same (your local Intreo Centre or your local Social Welfare Branch Office can photocopy it for you and verify that they saw the original).
64. How long do you intend to stay in the Republic of Ireland?

- [ ] 0-1 year
- [ ] 1-2 years
- [ ] 3-5 years
- [ ] over 5 years

65. Have you lived outside the Republic of Ireland for any period longer than 3 months within the last 5 years?

- [ ] Yes
- [ ] No

If ‘Yes’, please give details of where you lived in the space provided.

**Country 1**

<table>
<thead>
<tr>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>D D MM Y Y Y Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>D D MM Y Y Y Y</td>
</tr>
</tbody>
</table>

The reason that you lived there:

<table>
<thead>
<tr>
<th>The reason that you lived there:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Country 2**

<table>
<thead>
<tr>
<th>Country:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>D D MM Y Y Y Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>D D MM Y Y Y Y</td>
</tr>
</tbody>
</table>

The reason that you lived there:

<table>
<thead>
<tr>
<th>The reason that you lived there:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Part 5  Your payment details

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below.

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

Please enter below the name and address of the post office where you wish to collect your payment.

| Post office name and address: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Part 6  Details of your qualified child(ren)

66. Do you have children living with you?

☐ Yes  ☐ No

If ‘Yes’, how many are under 18 and aged between 18 - 22 in full-time education?

☐ under age 18  ☐ aged 18 - 22 in full-time education

You must attach written confirmation from the school or college for the children aged 18 - 22.

Please state child’s:

<table>
<thead>
<tr>
<th>Child 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>First name(s):</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>PPS No.:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Date of birth:</td>
</tr>
<tr>
<td>D    D   M    M   Y    Y    Y    Y</td>
</tr>
</tbody>
</table>

Do they normally live with you?

☐ Yes  ☐ No
<table>
<thead>
<tr>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
<th>Child 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td>Surname:</td>
<td>Surname:</td>
<td>Surname:</td>
</tr>
<tr>
<td>First name(s):</td>
<td>First name(s):</td>
<td>First name(s):</td>
<td>First name(s):</td>
</tr>
<tr>
<td>PPS No.:</td>
<td>PPS No.:</td>
<td>PPS No.:</td>
<td>PPS No.:</td>
</tr>
<tr>
<td>Date of birth:</td>
<td>Date of birth:</td>
<td>Date of birth:</td>
<td>Date of birth:</td>
</tr>
<tr>
<td>Do they normally live with you?</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Note: A separate sheet of paper can be used for details of other children you have.
Part 7  
**Your spouse’s, civil partner’s or cohabitant’s details**

67. Their PPS No.: 

68. Title: (insert an ‘X’ or specify) 

   Mr.  Mrs.  Ms.  Other 

69. Their surname: 

70. Their first name(s): 

71. Their birth surname: 

72. Their date of birth: 

   D  D  M  M  Y  Y  Y  Y

73. Their address: 

   Only provide this if you are married or in a civil partnership and do not live together. 

74. Their mother’s birth surname: 

Part 8  
**Your spouse’s, civil partner’s or cohabitant’s work and claim details**

Please complete the remainder of this section. 
If no income, please enter “0” in each box.

75. Are they receiving maintenance? 

   ☐ Yes  ☐ No

   If ‘Yes’, please state:  

   €  ,  ,  ,  ,  ,  ,  a week 

   Please provide a copy of the maintenance agreement.

76. Are they paying maintenance? 

   ☐ Yes  ☐ No

   If ‘Yes’, please state:  

   €  ,  ,  ,  ,  ,  ,  a week 

   Please provide a copy of the maintenance agreement.

77. Are they currently employed? 

   ☐ Yes  ☐ No

   If ‘Yes’, please state:  

   Their employer’s name: 

   Their employer’s address: 

   Their gross weekly earnings:  

   €  ,  ,  ,  ,  ,  ,  a week 

   Please attach latest payslip.
Your spouse’s, civil partner’s or cohabitant’s work and claim details

78. Are they or have they been self-employed?

[ ] Yes  [ ] No

If ‘Yes’, please state:
Type of work they do or did:

Date self-employment started:
DD MM YYYY

Net yearly income: €
a year

‘Net yearly income’ is money you have made from self-employment after deducting operating expenses.

Are they still self-employed:
[ ] Yes  [ ] No

If ‘No’, please state date self-employment ended:
DD MM YYYY

79.(a) Do they own, share in the ownership, work or rent a farm or land?

[ ] Yes  [ ] No

If ‘Yes’, please state:
Size of farm or land: Acres OR Hectares

Herd or flock number:

Net yearly income from farm or land: €

‘Net yearly income’ is money they have made from the farm after deducting operating expenses. You must enclose their most recent Statement of Receipts from the Department of Agriculture.

79.(b) If their farm or land is let, please state net yearly income from letting:

Net yearly income: €

80. Are they getting a social security payment from another country?

[ ] Yes  [ ] No

If ‘Yes’, please state:
Name of country:

Their claim or reference number:

Amount: € a week

Please attach their most recent payslip or letter from their Social Security Agency confirming the above amount and also provide a 3 month bank statement for the account to which this payment is made.

81. Are they getting an occupational pension?

[ ] Yes  [ ] No

If ‘Yes’, please state:
Employer’s name:

Amount: € a week

Please attach their most recent payslip or letter from their employer or pension fund confirming the above amount and also provide a 3 month bank statement for the account to which this payment is made.
82.(a) Are they taking part in any of the following courses or schemes? Insert an ‘X’ in the box as it applies to them and give the date they started:

- Community employment: ⮞
- Rural Social Scheme: ⮞
- Area-Based Initiative: ⮞
- Back to Work Scheme: ⮞
- Vocational Training Opportunities Scheme: ⮞
- Back to Education Allowance: ⮞
- Solas/FÁS course or schemes: ⮞
- School or college: ⮞

Name of course or scheme: ____________________________________________________________

Date course: Started: __________  __________  __________  __________

Due to finish: __________  __________  __________  __________

82.(b) Please state what they get paid for doing this scheme or course:

€ __________, __________. __________ a week

83. Do they own stocks, shares (including shares in a creamery or Co-op, annuities, bonds, insurance policies) or investments in the Republic of Ireland or another country?

- Yes ⮞
- No ⮞

If ‘Yes’, please state:

Name of company: _________________________________________________________________

Number of shares held: __________, __________

Their value: € __________, __________. __________

Please attach a statement to show details and current market value.

84. Do 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?

- Yes ⮞
- No ⮞

If ‘Yes’, please state:

Financial Institution 1

Name of financial institution: ________________________________________________________

Bank Identifier Code (BIC): __________________________________________________________

International Bank Account Number (IBAN): __________________________________________

Current balance: € __________, __________. __________

Is this a joint account? ⮞ Yes ⮞ No

Name(s) of account holder(s):

Name 1: ________________________________________________________________

Name 2 (if any): _______________________________________________________________
<table>
<thead>
<tr>
<th>Financial Institution 2</th>
<th>Financial Institution 3</th>
<th>Financial Institution 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of financial institution:</td>
<td>Name of financial institution:</td>
<td>Name of financial institution:</td>
</tr>
<tr>
<td>International Bank Account Number (IBAN):</td>
<td>International Bank Account Number (IBAN):</td>
<td>International Bank Account Number (IBAN):</td>
</tr>
<tr>
<td>Current balance: €</td>
<td>Current balance: €</td>
<td>Current balance: €</td>
</tr>
<tr>
<td>Is this a joint account?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Name(s) of account holder(s):</td>
<td>Name(s) of account holder(s):</td>
<td>Name(s) of account holder(s):</td>
</tr>
<tr>
<td>Name 1:</td>
<td>Name 1:</td>
<td>Name 1:</td>
</tr>
<tr>
<td>Name 2 (if any):</td>
<td>Name 2 (if any):</td>
<td>Name 2 (if any):</td>
</tr>
</tbody>
</table>

Attach an original statement for each account showing the last 3 months transactions.

If you have other accounts, you must give details of them to this Department on a separate sheet of paper.
85. (a) Do they own or share in the ownership of property apart from your home?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If ‘Yes’, please state:

**Type of property:**

**Address of property:**

‘Property’ would be an apartment, business property, another house or land other than that mentioned at question 79.

**Ownership percentage:**

**Current market value:** €

Please provide a valuation from an authorised auctioneer or valuer.

**Rent from this property:** €

If mortgaged please attach a recent statement from lending institution.

**Outstanding mortgage on property:** €

Note: A separate sheet of paper should be used for details of any additional properties that they have.

85. (b) If they have a room let in the property they are living in now, please state:

**Weekly income:** €

86. Is a separated or former spouse or civil partner or former cohabitant paying all or part of their accommodation costs by contributing to their rent or mortgage in place of or in addition to maintenance?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If ‘Yes’, please state:

**Amount:** €

87. Do they expect to receive any additional income or money in the coming 12 months from any other source(s)? (For example, a claim for compensation arising out of an accident or injury, sale of property, etc.)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If ‘Yes’, please give details in the space below. If in doubt, you should disclose it here and we will determine if it affects your entitlement.
88. Do they have any other income from the Republic of Ireland or another country?

☐ Yes  ☐ No

If ‘Yes’, please give details in the space below. If in doubt, you should disclose it here and we will determine if it affects your entitlement.

89. Did they sell or transfer property or business in the last three years?

☐ Yes  ☐ No

If ‘Yes’, please give details in the space below and attach a copy of the deed of transfer.

90. Did they recently sell your home to buy another?

☐ Yes  ☐ No

If ‘Yes’, please outline the circumstances in the space provided and attach supporting documentary evidence from your solicitors regarding the financial transaction.
<table>
<thead>
<tr>
<th>Tick (√)</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have you signed the Declaration in Part 1?</td>
</tr>
<tr>
<td></td>
<td>If you were born, married or entered a civil partnership or union outside the Republic of Ireland, have you enclosed your birth certificate, your marriage certificate or civil partnership or union registration certificate, the birth certificate of a spouse, civil partner or cohabitant (if any) and your children’s (if any) birth certificate(s) if you are not getting Child Benefit for them?</td>
</tr>
<tr>
<td></td>
<td>If the cared for person stays overnight in a Care Facility/Centre, have you enclosed a letter of confirmation from the Care Facility/Centre?</td>
</tr>
<tr>
<td></td>
<td>If you or a spouse, civil partner or cohabitant are working, have you enclosed your latest payslip(s)?</td>
</tr>
<tr>
<td></td>
<td>If you intend to be working outside your home while getting the allowance, have you enclosed a letter from your employer showing the number of hours you will be working and the date the hours were or will be reduced to 15 or less a week?</td>
</tr>
<tr>
<td></td>
<td>If you are engaged on an Education or Training course, have you enclosed a letter from the Training Provider showing that the number of hours you will be engaged on the course outside your home is or will be 15 hours a week of less?</td>
</tr>
<tr>
<td></td>
<td>Have you disclosed the balance in every account you or a spouse, civil partner or cohabitant have in a financial institution and enclosed statements showing the last 3 months’ transactions?</td>
</tr>
<tr>
<td></td>
<td>Have you enclosed your latest P60 or P45 if you have left work?</td>
</tr>
<tr>
<td></td>
<td>If you or a spouse, civil partner or cohabitant are getting a Social Security payment from another Country, have you included payment slip(s)?</td>
</tr>
<tr>
<td></td>
<td>If you or a spouse, civil partner or cohabitant are getting an Occupational Pension, have you included payment slip(s)?</td>
</tr>
<tr>
<td></td>
<td>If you or a spouse, civil partner or cohabitant own or share in the ownership of stocks or shares, have you enclosed a statement showing their details and their current market value?</td>
</tr>
<tr>
<td></td>
<td>If you or a spouse, civil partner or cohabitant own or share in the ownership of any property apart from your home, have you enclosed a valuation from an authorised auctioneer or valuer? If the property is mortgaged, have you enclosed a recent statement from the lending institution?</td>
</tr>
<tr>
<td></td>
<td>If you or a spouse, civil partner or cohabitant is receiving maintenance, have you enclosed a copy of the maintenance agreement?</td>
</tr>
<tr>
<td></td>
<td>If you or a spouse, civil partner or cohabitant are paying maintenance, have you enclosed a copy of the maintenance agreement?</td>
</tr>
<tr>
<td></td>
<td>If you or a spouse, civil partner or cohabitant have sold or transferred a property or business in the past 3 years, have you enclosed a copy of the deed of transfer?</td>
</tr>
<tr>
<td></td>
<td>If you or a spouse, civil partner or cohabitant have sold a home to buy another, have you attached supporting documentary evidence from your solicitors about the financial transaction?</td>
</tr>
<tr>
<td>Tick (√)</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>If you have an Irish Residency Permit (IRP) or a Garda National Immigration Bureau (GNIB) Card, have you attached a verified copy?</td>
<td></td>
</tr>
<tr>
<td>Have you attached written confirmation from a school/college to confirm the attendance in full-time day education of any child aged between 18 and 22?</td>
<td></td>
</tr>
<tr>
<td>If you or a spouse, civil partner or cohabitant are self-employed, have you enclosed the most recent set of accounts of the business or farm.</td>
<td></td>
</tr>
<tr>
<td>If you or a spouse, civil partner or cohabitant are involved in farming, have you enclosed the most recent Statement of Receipts from the Department of Agriculture?</td>
<td></td>
</tr>
<tr>
<td>If you are taking over care from another carer, have you enclosed a letter from the previous carer confirming the date that your responsibility for the care will start?</td>
<td></td>
</tr>
</tbody>
</table>

**Note**
Original certificates/documentation are required in most cases. These can be brought directly to your local Intreo office along with your application form. The staff in the Intreo will copy the certificates and return the originals to you.

**Please remember to sign the Declaration in Part 1.**
If you have any difficulty in filling in this form, please contact your local Citizens Information Centre, your local Intreo Centre or your local Social Welfare Branch Office.

Send this completed application form to:

**Carer’s Allowance Section**
Department of Employment Affairs and Social Protection
Social Welfare Services
Government Buildings
Ballinalee Road
Longford

Telephone: (043) 334 0000
LoCall: 1890 92 77 70
If you are calling from outside the Republic of Ireland please call + 353 43 3340000

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

**Important:** If you do not claim within 7 days you could lose benefit.

**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.
Note to carer

Important

The following Care Report is in three parts.

You should complete Section 1 which allows you to tell us about the care requirements of the person you are caring for.

Then have Section 2 completed and signed by the person being cared for (care recipient).

We understand that there are times when the care recipient cannot sign Section 2 for example in some cases of intellectual disability, mental illness or physical incapacity. In these cases the form can remain unsigned by the care recipient as long as the evidence from the doctor supports that they are unable to sign or that it would be detrimental to them to sign it.

You must then pass this entire Care Report (Part 10) to the doctor of the person being cared for. The doctor completes Section 3 and may return the form to you in a sealed envelope to keep their patient’s medical details confidential.

Section 3 must be completed and signed by a doctor who is a medical practitioner registered with the Irish Medical Council.

Please make sure you return the Care Report (Part 10) form along with your application.
Part 10 continued

Please state carer’s:

PPS No.: 

Surname: 

First name(s): 

Please state care recipient’s:

Surname: 

First name(s): 

Section 1

Please tell us about the care needs of the person being cared for in the following sections.

Mental Health

Does the person have a mental health condition?

☐ Yes ☐ No

Does the person have impaired level of consciousness?

☐ Yes ☐ No

Does the person have an intellectual disability?

☐ Yes ☐ No

Does the person have memory impairment or dementia?

☐ Yes ☐ No

If ‘Yes’ to any of the above, describe their difficulties and what help they require.

Communication

Does the person have difficulty with communication?

☐ Yes ☐ No

Does the person have difficulty hearing?

☐ Yes ☐ No

If ‘Yes’ to any of the above, describe what help they require.
Vision

Does the person have difficulty with vision?

☐ Yes  ☐ No

If ‘Yes’ to the above, describe what help they require.

Feeding

Does the person have difficulty with eating or drinking?

☐ Yes  ☐ No

If ‘Yes’, describe what help they require.

Bathing or Showering

Does the person have difficulty with bathing or showering?

☐ Yes  ☐ No

If ‘Yes’, describe what help they require.

Dressing

Does the person have difficulty with dressing?

☐ Yes  ☐ No

If ‘Yes’, describe what help they require.
### Toileting and Continence

**Does the person need help to use the toilet?**
- [ ] Yes
- [ ] No

**Does the person have loss of bladder control?**
- [ ] Yes
- [ ] No

**Does the person have loss of bowel control?**
- [ ] Yes
- [ ] No

**Does the person use continence aids or equipment?**
- [ ] Yes
- [ ] No

If ‘Yes’ to any of the above, describe what help they require.

### Mobility

**Does the person have difficulty with walking or mobility?**
- [ ] Yes
- [ ] No

If ‘Yes’ to any of the above, describe what help they require.

### Sleeping

**Does the person have difficulty sleeping?**
- [ ] Yes
- [ ] No

If ‘Yes’, describe what help they require.
Part 10 continued  Care Report

Additional needs

Please detail any additional care needs that the person has and which you provide, including how often and for how long.

Examples might include:

— Use of specialist equipment.
— Dialysis.
— Dressing of chronic wounds.
— Preparation of and/or administration of medication.

Describe what help they require.


Is there any other relevant information you wish to provide in support of your application or raise any area of concern not addressed in previous pages?


If you want to provide further information, add sheet(s) of paper with your PPS Number on. Please put the appropriate heading before each piece of additional information, for example “mental health”, “dressing”, “mobility” and so on.
Applicant details (details of person providing full-time care)

Surname:
First name:
PPS No.:

Previous carer’s details

If there has been a carer in receipt of carer’s allowance for this care recipient, please provide the name of the last carer below.

Surname:
First name:

Care recipient’s declaration and authorisation

I hereby confirm that I need full-time care and attention and the carer named above is providing full-time care and attention to me. I will inform the Department of Employment Affairs and Social Protection if this changes.

I permit my doctor(s) to provide you, the Department of Employment Affairs and Social Protection, with medical information that you need for this application for Carer's Allowance.

I understand that I may need to attend a medical examination, from time to time, and my right to care under the Carer’s Allowance scheme may be reviewed at any time.

Signature (not block letters) of the person receiving care

Date: D D M M Y Y Y Y

Signature (not block letters)

Date: D D M M Y Y Y Y

Note

In signing the authorisation above, you allow your medical professional to give us medical information that we need to decide your eligibility to the Carer's Allowance scheme.

A Medical Assessor will review the medical information and will treat it in strictest confidence. Although a confidential report, both medical and non-medical staff will need to handle this report in order to process your claim.
This section must be completed and signed by a doctor who is a medical practitioner registered with the Irish Medical Council.

Dear Doctor,

To enable us to accurately assess the level of care and attention your patient requires, please complete Section 3, Medical Report. The medical information provided will be reviewed by a doctor (Medical Assessor), who will treat it in strictest confidence. Although a confidential report, both medical and non-medical staff will need to deal with this report in order to process the claim.

You will be paid a special fee for fully completing and returning this report. To ensure payment, please enter your DEASP Panel Number in the box provided.

For reasons of medical confidentiality, without potential inspection by a third party, you may wish to send the medical report to the Department’s Chief Medical Advisor. If you have any questions on this matter, please contact the Department at the telephone number below.

Please return the completed medical report to the Carer in a sealed envelope if necessary, to keep the patient’s medical details confidential.

Note:
The term “age appropriate” applies to young children who would normally, by reason of age, be dependent for care in this activity.

If you have any queries, please contact Carer's Allowance Section at:

Telephone:  (043) 334 0000
LoCall:  1890 927 770

If you are calling from outside the Republic of Ireland please call + 353 43 334 0000
Section 3 - Medical Report

Patient details

Surname:

First name:

Address:

Date of birth:

PPS No.:

Your patient since:

Diagnosis(es)

<table>
<thead>
<tr>
<th>Diagnosis:</th>
<th>Date:</th>
<th>Diagnosis:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>6.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>7.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>8.</td>
<td></td>
</tr>
</tbody>
</table>

ICD10 Code(s):

Please give details of the following:

Relevant medical or surgical history and clinical findings:

Hospital admissions:

(Recent or relevant dates and approximate duration)
### Section 3 - Medical Report

**Current medications:**

<table>
<thead>
<tr>
<th>Medication:</th>
<th>Dose:</th>
<th>Medication:</th>
<th>Dose:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>8.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>10.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td>12.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td>13.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td>14.</td>
<td></td>
</tr>
</tbody>
</table>

Please describe your patient’s care needs under the following headings if they are impaired or dependent.

**Cognition**

- [ ] Normal
- [ ] Impaired

**Dementia:**

- [ ] Yes
- [ ] No

**General learning disability:**

- [ ] Yes
- [ ] No

**Results of MMSE, MOCA or equivalent:**

- [ ]

**State full scale IQ:**

- [ ]

**Other – please state:**

- [ ]
Part 10 continued

Section 3 - Medical Report

Mental Health

☐ Normal  ☐ Impaired

Please state the level of care and support required and any specific concerns:

________________________________________________________________________

Consciousness or Seizures

☐ Normal  ☐ Impaired

Epilepsy:

☐ Yes  ☐ No

If ‘Yes’, please state what type:

________________________________________________________________________

Please describe any other causes of impaired consciousness:

________________________________________________________________________

Frequency:

________________________________________________________________________

Date of last episode:  

D D  M M  Y Y Y Y

Speech and hearing

☐ Normal/Age appropriate  ☐ Impaired

Describe impairment and please state the support and care required:

________________________________________________________________________
### Section 3 - Medical Report

#### Vision

- [ ] Normal
- [ ] Impaired
- [ ] Yes
- [ ] No
- [ ] Yes
- [ ] No

**Corrected visual acuity:**

Right: [ ] [ ] [ ] [ ]

Left: [ ] [ ] [ ] [ ]

**Visual fields:**

- [ ]
- [ ]

**Other:**

- [ ]

#### Feeding

- [ ] Independent/Age appropriate
- [ ] Dependent

**Please describe, for example, prescribed diet / assisted feeding / NG / PEG:**

- [ ]

#### Bathing or showering

- [ ] Independent/Age appropriate
- [ ] Dependent

**Please describe:**

- [ ]

#### Dressing

- [ ] Independent/Age appropriate
- [ ] Dependent

**Please describe:**

- [ ]
## Section 3 - Medical Report

### Continence or toileting

<table>
<thead>
<tr>
<th>Independent/Age appropriate</th>
<th>Dependent</th>
</tr>
</thead>
</table>

Please describe bowel, bladder function. For example, double incontinence, stoma or continence aids:

### Mobility

<table>
<thead>
<tr>
<th>Independent/Age appropriate</th>
<th>Dependent</th>
</tr>
</thead>
</table>

Please describe care required. For example, needs assistance, walking aids, immobile or wheelchair dependent:

### Specific conditions

Is your patient receiving palliative care or terminally ill?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Other Information / Care Needs / Concerns:**

How long do you expect these care needs to continue?

<table>
<thead>
<tr>
<th>Less than 12 months</th>
<th>12-24 months</th>
<th>Indefinitely</th>
<th>Unknown</th>
</tr>
</thead>
</table>

Please attach any relevant reports / staging / results of investigations, if available.
Part 10 continued

Care Report

Section 3 - Medical Report

Doctor’s name: 

DEASP panel number: 
IMC number: 

Address: 

Doctor’s official stamp

Doctor’s Signature (not block letters)

Date:  

D D  M M  Y Y Y Y

2 0
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.