

Additional Child One-Parent Family Payment



Complete this form if you want to apply for an increase in your payment for an extra child or children.

- Please use BLOCK LETTERS and place a tick (✓) in the appropriate boxes.
- Please answer all questions.
- Part 6(B) to be completed by your employer, if applicable

Part 1

Your own details

Please state:

Mr. Mrs. Miss Ms.

1. What is your full name?

Last name

First name(s)

2. What is your birth surname?
(your surname before you married).

3. Where do you live?

4. What is your Personal Public Service Number (PPS No.)?

Figures

Letter(s)

5. What is your daytime telephone number?

Code

Number

6. Are you cohabiting?
'Cohabiting' means you live with a man or woman as husband or wife and you are not married to them.

Yes

No

7. Are you getting maintenance?

Yes

No

'Maintenance' is money from your husband or wife or other parent of your child(ren).

If 'Yes', how much do you get?

€

a week or month

Please attach a copy of a Maintenance Order or Separation Agreement if you have one.

12. Give details of the child(ren) you are now claiming for.

Child's full name	Date of birth			PPS No.				Relationship to you	Is this child living with you?
	Day	Month	Year	Figures			Letter		

Attach birth certificate(s) for each additional child.

13. Are you or anybody else getting any social welfare payment, (other than Child Benefit) or a Health Service Executive payment for the child(ren) listed above?

Yes No

If 'Yes', give details here:

Full name and address of person getting payment:

How is this person related to the child?

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Name of payment this person gets:

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Claim or reference number if you know it:

--

Weekly amount of payment they get:

€	
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Please state:

 Mr. Mrs. Miss Ms.

15. What is the full name of child's other parent?

Last name

First name(s)

16. What is their mother's birth surname?

17. Where do they live?

This question only applies if you and the child's other parent do not live at the same address.

18. What is their date of birth?

 Day Month Year

19. What is their Personal Public Service Number (PPS No.)?

Figures						Letter(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"/>

20. Was or is the child's other parent in employment?

 Yes No

If 'Yes', please state:

Their employer's name and address:

Name

Address

Their gross weekly pay:

'Gross pay' is pay before deductions such as tax and PRSI.

€ a week

21. Were they or are they self-employed?

 Yes No

'Self-employed' is where they work for themselves.

If 'Yes', what was or is their weekly income?

€ a week

22. Were they or are they getting any of the payments across?

Type of payment	If Yes (✓)	Their claim or reference number	Amount they get paid
Unemployment Benefit			€ a week
Unemployment Assistance			€ a week
Disability Benefit			€ a week
Invalidity Pension			€ a week
Other Social Welfare payment, give name of payment here →			€ a week
Supplementary Welfare Allowance			€ a week
Other Health Service Executive payment, give name of payment here →			€ a week

23. Were they or are they taking part in any of the schemes or courses across?

Type of scheme	If yes (✓)	Date they started	Amount they get paid
Community Employment			€ a week
Back to Work Enterprise Allowance			€ a week
Back to Work Allowance (employees)			€ a week
Vocational Training Opportunities Scheme			€ a week
Back to Education Allowance			€ a week
Social Economy Programme			€ a week
Job Initiative			€ a week

Part 4

Late application details

24. If you have not applied within 3 months of becoming eligible, give reason(s) why you did not apply in time.

- Failure to apply within 3 months of becoming eligible could cause you to lose payment.
- Please attach any relevant documentary evidence, for example a doctor's letter in the case of illness.

Part 5

Declaration by you

The information I have given is true and complete.

I will write to the Department of Social and Family Affairs within seven days if:

- there is any change in my means or circumstances,
- I marry,
- I go back to live with my wife or husband, or
- I live with another person as husband and wife.

I understand that a Social Welfare Inspector can investigate or review my claim to One-Parent Family Payment at any time.

Your signature
or mark

(not block letters)

Date

If you cannot sign, your mark should be made and witnessed. The witness should sign below.

Signature of
witness

(not block letters)

Date

Address of witness

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

Important information

Personal Public Service Number (PPS No.)

You must supply your own PPS No. and also the PPS No. of children for whom you are claiming a payment. If you do not know these numbers, please contact your local Social Welfare Office.

If you need to apply for a PPS No. you will need:

- your birth certificate,
- a form of photographic ID, and
- evidence of your address.

Please see information leaflet SW 100 for more details.

Birth Certificates

To speed up the processing of your claim please ensure that you include the child(ren)'s birth certificate(s) - **we do not accept photocopies.**

If you do not have the child(ren)'s birth certificate(s), please attach a note with your application stating that it will follow later. If you are sending the certificate(s) later, attach a note to them giving your name, address and claim number.

Birth certificates are available at a **reduced fee for social welfare purposes**, from the Superintendent Registrar of births, deaths and marriages in the area where the child was born.

You must have written confirmation from this Department if you want to get a birth certificate at a reduced fee.

For children born in Dublin, you can get birth certificates from:

Joyce House

Lombard Street

Dublin 2

Telephone: (01) 671 1968

Public office opening hours: Monday to Friday 9.30am - 4.30pm

Part 6

Complete if you are getting Maternity Benefit, Disability Benefit, Adoptive Benefit, Health and Safety Benefit or Occupational Injury Benefit and are in employment

Give this to your employer so that they can complete Part B. You may first detach it if you wish.

1. What is your Personal Public Service Number (PPS No.)?

Figures							Letter(s)	

2. Are you getting any of the following social welfare payments?
Please tick (✓) the relevant box.

- Maternity Benefit
- Disability Benefit
- Adoptive Benefit
- Health and Safety Benefit
- Occupational Injury Benefit

You complete Parts A and C.
Your employer completes Part B.

Part A - To be completed by you (applicant)

Please tick (✓) relevant box.

I do not intend to return to work.

Please give your P45 or a statement from your employer that your employment has ended and have your employer complete Part B over the page.

I do not yet know if I will return to work and I will inform you as quickly as possible.

We cannot process your application until you confirm whether or not you are returning to work.

I intend to return to work Day Month Year on

If you intend to resume work, have your employer complete Part B and complete Part C yourself.

A Social Welfare Inspector may interview you about your application. You must give them any details or documents (for example, bank statements or wage slips) that they may need.

Your signature

(not block letters)

Date

If you detach part 6, it should be sent to your Local Social Welfare Office or Branch Office.

Part B - Employer declaration

1. I confirm that is/was* receiving
 gross earnings of € a week while receiving *Maternity Benefit,
Adoptive Benefit, Disability Benefit, Occupational Injury Benefit or Health and Safety
Benefit (*delete as appropriate)
or
I confirm that was not paid or will not be
paid* earnings by this company while they are receiving *Maternity Benefit, Disability
Benefit or Health and Safety Benefit (*delete as appropriate).
2. They stopped working with this company on Day Month Year
or
They have returned or will return to work* with this company on Day Month Year

Their gross earnings are or will be*
(*delete as appropriate):

€

Signed

Date

Position

(not block letters)

Employer's Registered Number

Employer's telephone number

Code

Number

Employer's official stamp.

Part C - Declaration by you (applicant)

I declare the above to be true to the best of my knowledge.

Signed

Date

(not block letters)

Contact telephone number

Code

Local number

Send this completed form to:

Pension Services Office
Department of Social and Family Affairs
College Road
Sligo

If you need any help to fill in this form, please phone us at the telephone numbers
below or call to your local Social Welfare Office or Branch Office.

Telephone: LoCall 1890 500 000
Dublin (01) 704 3000

Remember to send in all the certificate with this application.

Send this completed application form to:

This completed form should be handed in at your nearest local Social Welfare Office, Branch Office.

If you need help completing this form, please call to your local Social Welfare Office or Branch Office.

Remember to send in the birth certificates of the child(ren) you are applying for.

**Important: If you do not apply within 3 months of becoming eligible
you may lose some payment.**

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 do not purport to be a legal interpretation.