



Application form for Disability Allowance

- Please use BLOCK LETTERS and place a tick (✓) in the appropriate boxes.
- Please answer **all** questions in parts 1 to 11, if some questions do not apply to you draw a line through the answer box.
- If you fail to answer questions, it could delay processing your claim.
- Please give the form to your doctor so that they can fill in Part 13.
- If you are completing this form for someone else, give the details of the person with a disability.

Part 1

Your own details (person with disability)

Please state:

Mr.
 Mrs.
 Ms.
 Other _____
Please specify

1. What is your full name?

Last name
First name(s)

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

3. What is your mother's birth surname?

4. Where do you live?

5. What is your telephone number, if any?

Code	Local number
------	--------------

6. What is your date of birth?

		Day			Month					Year
--	--	-----	--	--	-------	--	--	--	--	------

- Please attach the long version of your Birth Certificate (we do not accept photocopies).

7. What is your Personal Public Service Number? (PPS No.)
(same as RSI or tax number)

Figures							Letter(s)	

8. What is your old social insurance number (if you have one)?

This number was used prior to 1979 - if you have no number write 'none'.

9. Are you?

'Cohabiting' means you live with someone as husband or wife and you are not married to them.

<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Separated
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced	<input type="checkbox"/> Cohabiting

10. If you are married, when did you get married?

		Day			Month					Year
--	--	-----	--	--	-------	--	--	--	--	------

- Please attach your Marriage Certificate

11. If you are divorced, when did you get divorced?

		Day			Month					Year
--	--	-----	--	--	-------	--	--	--	--	------

12. Do you live in residential care?

Yes No

If 'Yes', please state:

'Residential care' can include a hospital, rehabilitative home, convalescent home or day care centre.

Name of facility	Facility stamp
Address	
Telephone number	
Signature of facility administrator _____	

Date you started residential care:

		Day			Month					Year
--	--	-----	--	--	-------	--	--	--	--	------

Is your stay there....?

Full-time Part-time

If you stay on a part-time basis, how much time each week do you spend there?

_____ days a week	_____ nights a week
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Disability Allowance can be paid direct to your bank or building society account. The advantages of getting your payment this way are:

- it is lodged direct to your account on the day of payment
- it is available at a time and place that suits you
- there may be less delays and queuing.

Dealings between you and your financial institution remain confidential. The Department does not have access to your bank or building society account.

If you are awarded Disability Allowance, you can be paid weekly

- by direct payment into your chosen bank or building society account (**not** a mortgage account) or An Post Pension Savings account, **or**
- by a book of payable orders that you can cash at your local post office, **or**
- by Electronic Information Transfer (EIT) with a swipe card at your local post office which allows you to avail of the Household Budget Scheme.

Please read information booklet **SW 29** for more information on each option and choose the **one** that suits you best.

13. Please state if you want to get your payment

into a bank

into a building society account

into an An Post Pension Savings Account

book of payable orders at a post office

14. If you want to get your allowance by direct payment please give details of your bank or building society.

Name of bank or building society:

Address:

Name on the account:(The account must be in your name or held jointly)

Type of account:

Account number (8 digits)

--	--	--	--	--	--	--	--

Bank sort code (you can get this from your branch):

--	--	--	--

If with First Active PLC you must use a Deposit Account.

15. If you choose to have your allowance paid into an An Post Pensions Savings Account we will arrange an account number for you

For official use only				
Sort code	90	89	40	
Pension savings account number				

Note: To withdraw money from an An Post Pensions Savings account, you will have to give your post office 7 days' notice.

16. If you would like to be paid by a book of payable orders that you can cash at a post office, please state:

Name of post office

Address

If you are unable to collect or cash your payment at the post office and you want someone else (known as an agent) to do so for you (only applies for book of payable orders), please give:

Your agent's name

Your agent's address

Your signature

Date

Ask the person you have appointed as agent to sign below:

I agree to act as agent for

and agree to collect the payment at

the post office named above for them.

Agent's signature

Date

Habitual Residence is a condition that you must satisfy to qualify for Disability Allowance. See **SW 108** for more information about habitual residence.

17. In what country were you born?

18. What is your nationality?

Note

The Common Travel Area is Ireland, Great Britain, the Isle of Man and the Channel Islands. You can spend brief periods on short holidays, studying or travelling outside the Common Travel Area and still be habitually resident here.

19. Have you lived in the Common Travel Area all of your life?

 Yes

 No

If 'Yes', please complete questions 24 and 25.

If 'No', please complete questions 20 to 25.

20. Have you lived in the Common Travel Area for the last 2 years?

 Yes

 No

If 'No', please give details about each country outside the Common Travel Area where you have lived:

Country	From	To	Why you lived there

21. When did you come to Ireland?

 |

Day

 |

Month

 | | |

Year

Have you lived continuously in Ireland since the day you arrived?

 Yes

 No

22. Does any of your close family, for example parent, brother, sister or child, live in Ireland? Yes No

If 'Yes', please give their details here:

Name	Address	DATE OF BIRTH			Relationship to you	When they came to Ireland
		Day	Month	Year		

23. Have you ever made an application for Refugee Status? Yes No

If 'Yes', please answer both questions 23(a) and 23(b) and provide copies of all relevant documentation from the Department of Justice, Equality and Law Reform.

(a) Are you awaiting a decision on an application for Refugee Status? Yes No

(b) Have you been granted Refugee Status or leave to remain in the State on other grounds? Yes No

24. Please state where you lived in the Common Travel Area. Ireland Great Britain Isle of Man Channel Islands

If 'No', please give details of previous addresses:

25. Have you lived at the same address for the last 2 years? Yes No

Last address

Previous address

From

From

To

To

For Official Departmental use only

HRC satisfied HRC not satisfied HRC 1 issued

26. Are you taking part in any of the following courses or schemes?

If 'Yes', please fill in the table:

Type of scheme or course	If 'Yes' (✓)	Date you started scheme or course	Amount you get paid for scheme or course
Community Employment			€ a week
Area-Based Initiative Scheme			€ a week
Back to Work Allowance Scheme			€ a week
Vocational Training Opportunities Scheme			€ a week
Back to Education Allowance			€ a week
Social Economy Programme			€ a week
FÁS course or scheme			€ a week
Other course (e.g. rehabilitative course)			€ a week

27. Are you in employment?

Yes No

'Employment' is where you work for another person or company and you get paid for this work.

If 'Yes', please state:

Who do you work for?

Employer's name
Address

When you started work?

<input type="text"/>	Day	<input type="text"/>	Month	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
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What type of work you do?

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Your gross weekly pay:

Gross Pay €	a week
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'Gross pay' is your pay **before** tax, PRSI or union dues.

- **Attach a recent payslip or P60.**

Is your work considered to be of a rehabilitative nature?

Yes No

- **If 'Yes', please attach medical evidence.**

28. Do you own or work a farm or land? Yes No**If 'Yes', please tick the relevant box.** I own or work a farm or land. My spouse or partner owns or works the farm or land.

Size of farm or land:

 acres'Net yearly income' is money you have made from the farm **after** paying tax.Net yearly income from farm or land: € a year**Has the farm been assessed for any other social welfare scheme?** Yes No

'Assessed' means you gave us details about the farm when you were applying for another payment.

If 'Yes', please state:

Name of scheme

When was the farm assessed?

 Month Year**If you cannot remember the exact date, you can tell us roughly when it was assessed.****29. Are you or have you ever been self-employed?** Yes No

'Self-employed' is where you work for yourself.

If 'Yes', please state:

Type of business you have or had:

Registered name of your business:

Date you started self-employment:

 Day Month Year

Date you finished being self-employed (if applicable):

 Day Month Year**Please attach a statement from your accountant**

30. Do you have any money in the following places?

	If 'Yes' (✓)	Name of place	Account numbers
Bank			
Building society			
Post office			
Credit union			

If 'Yes' to any of the above, **attach a statement showing the balance for the last 12 months.**

Investments			
Shares			

If you have shares or investments, **attach a statement to show the current market value.**

31. Are you getting maintenance?

Yes No

'Maintenance' is where you are getting money from your husband or wife or other parent for your care and/or the care of your child(ren).

If 'Yes' how much do you get?

€ _____ a week or month

- **Attach copy of maintenance order or separation agreement if you have one.**

32. Are you paying a mortgage or rent for your home (only applies if you are receiving maintenance from your ex-spouse or partner)?

Yes No

If 'Yes' how much do you pay?

€ _____ a week or month

- **Attach statement from lending agency or a rent receipt from your landlord.**

33. Have you made or do you intend to make a claim for compensation?

Yes

No

If 'Yes' state amount of award you have claimed or are about to claim:

€

34. Do you have property apart from your home?

Yes

No

If 'Yes' please state:

Type of property

Address of Property

'Property' would be an apartment, business property, another house

Current market value

€

35. Do you have any other income?

Yes

No

If 'Yes' give details here:

Other income could mean pension from work, lump sum payment made to you, income from sale of property or farm etc..

Your 'spouse' is your husband or wife. Your 'partner' is a man or woman who is not married to you but lives with you as husband and wife.

If you are not married or you do not have a partner, go straight to part 8

Please state:

Mr. Mrs. Ms. Other _____

Please specify

39. Your spouse or partner's full name

Last name
First name(s)
Birth surname

40. What is your spouse or partner's birth surname?

41. Where does your spouse or partner live?

This question only applies if you and your spouse or partner no longer live at the same address.

Address

42. What is their date of birth?

Day Month Year

• **Attach their Birth Certificate** (photocopies are not acceptable)

43. What is their PPS No.? (Personal Public Service Number) (same as RSI/Tax Number)

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"/>	<input type="text"/>

44. What is their old social insurance number if you know it?

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45. Is your spouse or partner taking part in any of the following courses or schemes?

If 'Yes' please fill in the table

Type of scheme/course	If 'Yes' (✓)	Date they started scheme or course	Amount they get paid for scheme or course
Community Employment	<input type="checkbox"/>	<input type="text"/>	€ _____ a week
Area-Based Initiative Scheme	<input type="checkbox"/>	<input type="text"/>	€ _____ a week
Back to Work Allowance Scheme	<input type="checkbox"/>	<input type="text"/>	€ _____ a week
Vocational Training Opportunities Scheme	<input type="checkbox"/>	<input type="text"/>	€ _____ a week
Back to Education Allowance	<input type="checkbox"/>	<input type="text"/>	€ _____ a week
Social Economy Programme	<input type="checkbox"/>	<input type="text"/>	€ _____ a week
FÁS Course or Scheme	<input type="checkbox"/>	<input type="text"/>	€ _____ a week
Other course (e.g. rehabilitative course)	<input type="checkbox"/>	<input type="text"/>	€ _____ a week

46. Is your spouse or partner in employment?

Yes No

If 'Yes' please state:

Who they work for?

Employer's name
 Address

When they started work:

Day Month Year

Type of work they do:

How many days a week they work

_____ days a week

How much gross pay do they get paid each week?

€ _____ a week

'Gross pay' is their pay before tax, PRSI, or any other deductions are made.

- Attach recent payslip or his or her P60.

47. Is your spouse or partner self-employed?

Yes No

If 'Yes' please state:

Type of business they have

Registered Name of business

Date they started their self-employment

Day Month Year

Date they finished being self-employed (if applicable)

Day Month Year

- Please attach a statement from their accountant.

48. Is your spouse or partner getting maintenance payments?

Yes No

If 'Yes' how much do they get?

€ _____ a week or month

- Attach copy of maintenance order or separation agreement if they have one.

49. Is your spouse or partner paying rent or a mortgage for your home?

Yes No

(Only answer this question if getting maintenance from your spouse or partner).

If 'Yes' how much do they pay?

€ _____ a week or month

- Attach a rent receipt from your landlord or a statement from the relevant lending agency in respect of your mortgage.

50. Is your spouse or partner paying maintenance?

 Yes

 No

If 'Yes' how much do they pay?

€	a week or month
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51. Does your spouse or partner have any money in the following places?

	If 'Yes' (✓)	Name of place	Account number
Bank			
Building Society			
Post Office			
Credit Union			

If 'Yes' to any of the above, **attach a statement showing the balance for the last 12 months.**

Investments			
Shares			

If they have shares or investments **attach a statement to show current market value.**

52. Does your spouse or partner have any other income?

 Yes

 No

If 'Yes' give details here:

Other income could mean pension from work, lump sum payment made to them or income from sale of property or farm etc..

53. Is your spouse or partner getting any of the following payments?

If 'Yes' please answer the following questions:

Other 'Health Service Executive(HSE)* payment' could mean a Domiciliary Care Allowance, Mobility Allowance etc.

* From January 2005 the health boards were replaced by the Health Service Executive (HSE)

Type of payment	If 'Yes' (✓)	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 HSE payment, give name of payment here →			€ a week

54. Is your spouse or partner getting a social security payment or benefit from another country?

Yes No

If 'Yes' please state:

Name of payment:

Name of country that gives them their payment:

Dates they worked in that country:

From	To
------	----

Name of office that issues them the payment:

Their social security number:

Gross amount of payment they get paid a week:

€	a week
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- **Attach recent payslip or advice slip from the office issuing their payment to confirm they are getting this payment or benefit.**

A Living Alone Allowance is paid if you live entirely alone. A Social Welfare Inspector may call to check this.

55. Do you wish to claim a Living Alone Allowance?

Yes No

If 'Yes', go straight to Part 9.

If 'No', please answer the remaining questions in Part 8.

56. Do you have any children under age 18, or aged between 18 and 22 in full-time education?

Yes No

If 'Yes' please give details here, starting with your eldest child:

For children between age 18 and 22 who are in full-time education, please get a letter from their school or college to confirm that they are attending college by day on a full-time basis.

Child's full name	Date of birth			How are they related to you?	Is this child living with you?
	day	month	year		

- Attach Birth Certificates for each child (long version only) if you are claiming a Child Dependant Increase and you are not getting Child Benefit for them.

57. If you are getting Child Benefit, what is your Child Benefit Number?

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58. Are any of the children listed getting any payment from this Department or from the HSE?

Yes No

If 'Yes' please fill in the table:

Name of child	Type of payment	Claim or reference number	Amount of payment
			€
			€
			€

59. Do you wish to claim a Fuel Allowance?

Yes

No

- If 'Yes' we will send you a form to complete.

60. Do you wish to claim an increase in your payment for your spouse or partner as an adult dependent?

Yes

No

A 'qualified adult' can be:

- your spouse or partner who is wholly or mainly supported by you, as long as they are not getting a social welfare payment (except for Child Benefit, Disablement Pension, Orphan's Allowance or Pension, Supplementary Welfare Allowance or Family Income Supplement) in their own right
or
- your spouse or partner who is employed or self-employed, as long as they are not earning over a certain amount (that is, €220.00 from January 2005)
or
- a person over age 16 who has the full-time care of your children and who lives with you and is wholly or mainly supported by you.

Your claim will be delayed if you do not send in **all** the certificates and documents that are needed in this form. If you cannot send in one right away, please enclose a note that the certificate or document will follow later.

If you are sending certificates or documents at a later date, please remember to state your full name, present address and your PPS No. or claim number. You will get a claim number shortly after you make your claim.

61. Are you sending in the following certificates or documents with your claim?

- **Your Birth Certificate (long version only)** Yes No
- **Your Marriage Certificate** Yes No
- **Your spouse's or partner's Birth Certificate (long version only)** Yes No
- **Statement from accountant, if you or your spouse or partner are self-employed** Yes No
- **Recent payslip or P60, if you are in employment** Yes No
- **Your spouse's or partner's recent payslip or P60 if they are in employment** Yes No
- **Statement(s) from financial institutions (such as a bank or post office, if this applies to you)** Yes No

We do not accept photocopies. We will return all certificates.

Personal Public Service Number (PPS No.) (same as RSI or tax number)

You must supply your own PPS No. and also the PPS No. of a spouse, partner or 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:

- the long version of your Birth Certificate,
- a form of photographic ID, and
- evidence of your address.

Please see information leaflet **SW 100** for more information.

I wish to claim Disability Allowance.

I declare that the information I have given is true and complete to the best of my knowledge.

I will tell you **as soon as possible**, of any change in my medical or other circumstances that may effect my entitlement to Disability Allowance.

I understand that I may need to undergo a medical exam from time to time and that my claim will be subject to review at any time.

Your signature or mark

Date

(Not block letters)

If you cannot sign, make your mark and have it witnessed. The witness should sign below:

Signature of witness

Date

(Not block letters)

Address of witness

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

Please also fill in part 12 and give the form to your doctor so that they can fill in part 13.

After completing this form, give it to your doctor who will complete Part 13 (Medical Report).

The medical report is quite detailed, so your doctor may not be able to complete it immediately. They may ask you to return to collect the fully completed form. To keep your details confidential the doctor may tear away the medical report portion of the form and return it to you in a sealed envelope. When you are returning the application form to us, make sure that you include this sealed envelope containing the medical report with all other documents and certificates you must supply. (See checklist for details.)

Note:

You complete Part 12

Your doctor completes Part 13

Send this completed application form, including part 12 and 13, to:

Disability Allowance Section

Social Welfare Services Office
Government Buildings
Ballinalee Road
Longford

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

Telephone: Longford (043) 45211
 Dublin (01) 7043948

Remember to send in all the certificates and documents with this application, or say that you will send them later.

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

DATA PROTECTION AND FREEDOM OF INFORMATION

We the Department of Social and Family Affairs, will treat all information and personal data which you give as confidential. We will only disclose it to other bodies in accordance with law. We are responsible for your information under the Data Protection Act and Freedom of Information Act.

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

8. Indicate the degree to which your patient’s condition has affected their ability in each of the following areas

		Normal	Mild	Moderate	Severe	Profound
Mental health	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consciousness	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continence	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting or carrying	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual dexterity	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending, kneeling or squatting	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. A medical examination by one of our medical assessors may be required to determine eligibility for Disability Allowance.

Is your patient fit to attend a medical examination? Yes No

Can they attend by public transport? Yes No

Do they need to be accompanied to the exam centre? Yes No

Please give details here:

Signature: Dr.		Doctor’s official stamp
Date	DSFA panel number	
Address		

The Freedom of Information Act provides for the disclosure of medical or psychiatric information directly to your patient. Where the disclosure of the information to the patient might have a negative effect on their physical or mental health or well-being, this information may instead be given to a medical practitioner, nominated by the claimant.

When you have completed this Medical report return it to the patient, who will send it, along with their application form, to the Disability Allowance Section.

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Suitable for DA

Review

Examination required

Not suitable for DA

Further medical evidence required

Suitable for issue of companion pass

Yes No

Signed

Medical Assessor

Date

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We the Department of Social and Family Affairs, will treat all information and personal data which you give as confidential. We will only disclose it to other bodies in accordance with law. We are responsible for your information under the Data Protection Act and Freedom of Information Act.

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