Application form for
Disability Allowance

How to complete application form for Disability Allowance.

- Please read information booklet **SW 29** before filling in this application form.
- Please use **BLACK** ball point pen.
- Please tear off this page and use as a guide to filling in this form.
- Please use BLOCK LETTERS and place an X in the relevant boxes.
- Please answer **all questions** that apply to you. If you fail to do so, the form may be returned to you. If a question does not apply to you, please leave the answer area blank.
- The Department may use any of your contact details to get in touch with you.
- Please give the form to your doctor so that they can fill in Part 9.
- If you are filling in this form for someone else, give the details of the person who is disabled or ill.
- Part 1 - Please fill in all details, following the instructions for the first page. Please sign declaration when form is completed.
- Part 2 to 6 Please fill in all details.
- Part 7 - Please tick all boxes that apply to you. Note that you only need to include a birth certificate or marriage certificate if you were born or married outside the Republic of Ireland.
- Part 8 - Please sign
- Part 9 - Please have your doctor fill in and sign Medical report

If you need any help to complete this form, please contact your local Social Welfare Office or the Disability Allowance Section at Longford (043) 45211.

How to fill in first page of this form

- Print letters and numbers clearly.
- Complete the boxes from left to right starting with the first box.
- Use one character per box.
- Please see example below.

1. Please state your PPS No: 1 2 3 4 5 6 7 T

Title: (insert an 'X' or specify) Mr. [ ] Mrs. [X] Ms. [ ] Other [ ]

2. Surname: M U R P H Y

3. First name(s): M A R Y

4. What is your birth surname? M C D E R M O T T

5. What is your mother's birth surname? O S U L L I V A N

6. What is your date of birth? (Please attach your birth certificate if born outside the Republic of Ireland) 2 8 / 0 2 / 1 9 7 0

D D M M Y Y Y Y

Contact Details:

7. What is your address?

1 NEW STREET

OLD TOWN

CO DONEGAL

8. What is your telephone number?

0 1 7 0 4 3 0 0 0

LANDLINE

0 8 6 1 2 3 4 5 6 7

MOBILE

9. What is your email address? M M U R P H Y @ W E L F A R E . I E

SAMPLE

Application form for Disability Allowance

Social Welfare Services
DA1

Part 1 Your own details (person who is disabled or ill)

1. Please state your PPS No:

Title: (insert an 'X' or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other

2. Surname:

3. First name(s):

4. What is your birth surname?

5. What is your mother's birth surname?

6. What is your date of birth? (Please attach your birth certificate if born outside the Republic of Ireland)

D D M M Y Y Y Y

Contact Details:

7. What is your address?

8. What is your telephone number?

L A N D L I N E

M O B I L E

9. What is your email address?

Declaration by you

All the information I have given on this form is accurate. I will tell the Department as soon as possible if my means or circumstances change.

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

If you cannot sign your name, make a mark, such as an X, and have a witness sign their name beside it.

Signature (NOT block letters)

Date: D D M M Y Y Y Y

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

10. What is your old Social Insurance Number? (if you have one)

☐

This number was used before 1979. If you have no number, write 'none'.

11. Are you?

☐ Married ☐ Single ☐ Separated
☐ Widowed ☐ Divorced ☐ Cohabiting

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

☐☐ Day ☐☐ Month ☐☐☐☐ Year

Please attach your Marriage Certificate if married outside the Republic of Ireland.

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

☐☐ Day ☐☐ Month ☐☐☐☐ Year

14. 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
Community Services Programme			€ a week
FÁS course or scheme			€ a week
Other course (e.g. rehabilitative course)			€ a week

15. 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? Day Month Year

What type of work you do?

Your gross weekly pay: Gross Pay € a week

'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.

16. 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** deducting operating expenses.

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.

17. 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.

18. 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.**

19. 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

Please attach a copy of the maintenance order or separation agreement if you have one.

20. 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

Please attach a statement from lending agency or a rent receipt from your landlord.

21. 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:

€ ______

22. 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, or another house

Current market value € ______

23. 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.

24. Are you getting any of the following payments?

If 'Yes' please answer the following questions:

Type of Payment	If 'Yes' (✓)	claim or reference number	Amount you get paid
Jobseeker's Benefit			€ a week
Jobseeker's Allowance			€ a week
Illness 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

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

If you are getting Jobseeker's Benefit or Allowance give name and address of local Social Welfare Office where you attend:

Local Social Welfare Office

Address

25. Are you getting a social security Payment or Benefit from another country?

Yes ☐ No ☐

If 'Yes' please state:

Type of payment you are getting:

Name of country that pays you:

What dates did you work in that country: From To

Name of office that issues your payment:

Your Social Security Number:

Amount of payment you get paid a week: € a week

Attach recent payslip or advice slip from the office issuing your payment to confirm you are getting this payment or benefit.

26. Is any other person getting a social welfare payment in respect of you?

Yes ☐ No ☐

If 'Yes', please state:
Name of person:

Name of payment:

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

27. In what country were you born? ______

28. What is your nationality? ______

29. When did you come to Ireland? Day ☐☐ Month ☐☐ Year ☐☐☐☐

30. Have you lived in the *Common Travel Area all of your life including the last 2 years? If yes, please state where you lived in the Common Travel Area. ☐ Yes ☐ No

If no, please complete questions 31-34.

Country	From	To	Why you lived there

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.

If you lived in Northern Ireland, Great Britain, the Isle of Man or the Channel Islands, please provide proof or residence. Residency may be verified by production of a passport or identity card and one or more of the following: employment records such as P45, P60, bank statements, details of benefit payments, utility bills, rent or mortgage agreements or receipts for locall authority charges.

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

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

Last address	Previous address
From	From
To	To

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

☐ Yes ☐ No

33. 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		

34. Have you ever made an application for refugee status?

☐ Yes ☐ No

If 'Yes', please answer both questions 34(a) and 34(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?

☐ Yes ☐ No

If 'Yes', to (b), please provide copies of all relevant documentation from the Department of Justice, Equality and Law Reform.

For Official Departmental use only

HRC satisfied ☐ **HRC not satisfied** ☐ **HRC 1 issued** ☐

Part 3 Your spouse's or partner's details

If your spouse or partner has a social welfare claim in their own right other than Disablement Benefit, Family Income Supplement, half rate Carer's Allowance or Child Benefit or is participating in certain funded training courses, you cannot claim an increase for qualified adult for them.

Please tick (✓) across if you wish to claim an increase in your allowance for your spouse or partner.

☐ my spouse ☐ my partner ☐ my separated or divorced spouse

Please state: ☐ Mr. ☐ Mrs. ☐ Ms ☐ Other ________ (Please specify)

35. Your spouse's or partner's full name?

Surname

First name(s)

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

Birth surname

37. 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

38. What is their date of birth? (Please attach their birth certificate if born outside the Republic of Ireland)

Day ☐☐ Month ☐☐ Year ☐☐☐☐

39. What is their PPS No.?

figures							letter(s)	

40. What is their old Social Insurance Number? (if you know it)

41. 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			€ 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
Community Services Programme			€ a week
FÁS Course or Scheme			€ a week
Other course (e.g. rehabilitative course)			€ a week

42. 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.

43. 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.

44. 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).

45. 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.

46. Is your spouse or partner paying maintenance? ☐ Yes ☐ No

If 'Yes' how much do they pay? € ______ a week or month

47. 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.**

48. 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.

Your spouse's or partner's details

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

If 'Yes' please answer the following questions:

Type of payment	If 'Yes' (✓)	Claim or reference number	Amount they get paid
Jobseeker's Benefit			€ a week
Jobseeker's Allowance			€ a week
Illness 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

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

50. 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 their payment:

Their social security number:

Gross amount of payment they get paid a week: € a week

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

Part 4 Qualified child(ren) details

51. Do you have a child or children under age 18, or aged between 18 and 22 in full-time education by day at a recognised school or college?

☐ Yes ☐ No

Include any child you are maintaining, whether or not they live with you.

For children aged between 18 and 22 in full-time education please attach a letter from the school or college to confirm that they are in full time education.

If 'Yes', please give details here:

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

52. If you are getting Child Benefit, what is your Child Benefit number?

53. Are you or anyone else getting any other payment(s) for the child(ren) listed above?

☐ Yes ☐ No

If 'Yes', please give details below:

Type of payment(s)	Claim or reference number	Weekly amount(s)
		€ a week
		€ a week
		€ a week
		€ a week

Other payments

Living Alone Increase

Living Alone Increase is a weekly payment for people who are getting certain payments from this Department and who live either entirely alone or mainly alone. See information booklet SW36 for more details.

54. Do you live alone? ☐ Yes ☐ No

Do you wish to claim a Living Alone Increase? ☐ Yes ☐ No

Please state date you started living alone. ☐☐ Day ☐☐ Month ☐☐☐☐ Year

55. Do you wish to claim an Island increase?
Please place an X in one of the boxes accross ☐ Yes ☐ No

Fuel Allowance

Fuel Allowance is a payment made to households who depend on a long-term Social Welfare or Health Service Executive payment to help with their heating needs. Only one Fuel Allowance is payable per household. See information booklet SW17 for more details.

56. Do you wish to apply for Fuel Allowance? ☐ Yes ☐ No

Are there any other people living with you that you have not already mentioned? ☐ Yes ☐ No

List all people living with you and give the following information for each. If there is no income under a heading write 'NONE'. Please do not leave blank.

Name	Relationship to you	Age	Social Welfare or Health Service Executive payments			Other income		Total savings **(cash, money in bank, building society, post office and investments)**
			Type	Pension number or other reference no.	Amount	Sources	Amount	
					€		€	€
					€		€	€
					€		€	e
					€		€	€
					€		€	€
					€		€	€

Part 5 continued — Other payments

Household Benefits Package

You may qualify for the Household Benefits Package. This is made up of 3 allowances:

- **Electricity or Gas Allowance,**
- **Telephone Allowance, and**
- **Free Television Licence.**

See information booklet SW107 for more details.

Part 6 — Payment details

Disability Allowance can be paid direct to your account in a financial institution or at your post office by social services card. Please complete either option below.
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.

Direct Payment to your account in a financial institution

Name of financial institution:

Address of financial institution:

Name of Account Holder:

The account must be in your name or jointly held by you.

Type of account:

Sort code (you can get this from your financial institution):

Account number (8 digits):

Note
Please include an original Bank Statement (or proof from your bank that this is your bank account). We do not accept photocopies.
Your claim may be delayed if you do not enclose this proof.

Post Office Payment

If you want to receive your payment at a post office by social services card, please state:

Name of post office:

Address of post office:

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.

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:

Part 7 - Important Checklist

If you do not send in all certificates and documents your application can not be processed and your payment will be delayed. If you are not sending in certain certificates or documents, please enclose a note stating that they will follow later. There is no need to send in certificates if the birth or marriage occurred within the Republic of Ireland.

If sending certificates or documents at a later date, please remember to state your full name, present address and your PPS No. or claim number on all correspondence. You will get your claim number shortly after you apply. We can not accept photocopies.

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

— **Your Birth Certificate** (if born outside the Republic of Ireland)	☐ Yes	☐ No
— **Your Marriage Certificate** (if married outside the Republic of Ireland)	☐ Yes	☐ No
— **Your spouse's or partner's Birth Certificate** (if born outside the Republic of Ireland)	☐ 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.

Please remember to sign the declaration in Part 1

Personal Public Service Number (PPS No.)

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. They will let you know your PPS Number. If you do not have one they will let you know what you have to do to get one.

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

Please also fill in part 8 and give the form to your doctor so that they can fill in part 9.

After completing this form, give it to your doctor who will complete Part 9 (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 in part 7 for details.)

Note:

You complete Part 8
Your doctor completes Part 9

Send this completed application form, including part 8 and 9, to:

Disability Allowance Section
Social Welfare Services
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) 704 3948

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 you give as confidential. We will only disclose it to other people or bodies in accordance with law.

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

Part 8 Permission to release medical information

Please sign the authorisation below, which will allow your doctor to give this Department the necessary medical information for your application for Disability Allowance. **Your doctor should then complete Part 9 of this form.**

The medical information provided will be reviewed by one of our medical assessors and will be treated in strictest confidence. Although a confidential document, medical and non-medical people will need to deal with this report.

Permission

I permit my doctor to provide you, the Department of Social and Family Affairs, with medical information that may be required for my application for Disability Allowance.

Your signature or mark	Date

(**not** block letters)

If you are unable to sign, have your mark witnessed and have the witness sign below for you:

Signature of witness	Date

(**not** block letters)

Part 9 Medical report by your doctor

Dear Doctor,
To enable us, on behalf of your patient, to accurately assess their eligibility for Disability Allowance, please complete the medical report below. The medical information provided will be reviewed by our medical assessors and will be treated in strictest confidence.
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.

1. **Patient's details**

   Patient's Name:

   Address:

   Age: Years

2. **Your patient since:** Day Month Year

3. **Diagnosis (use BLOCK LETTERS)**

4. **Date condition started** Day Month Year

5. **How long do you expect this condition to continue?**

   Less than 3 months | 3-6 months | 6-12 months | 12-18 months | Indefinitely

6. Please answer all questions below. If answer is 'Y' please give details in box provided.

- **Relevant investigations** → Y/N
- **Hospital admissions** → Y/N
- **Attending a specialist** → Y/N
- **On medication** → Y/N
- **Other treatment** → Y/N
- **Pregnant**
  If 'Y', give EDD: → Y/N Day Month Year

7. If you have any additional information in this case, give details here:

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 →	☐	☐	☐	☐	☐
Learning/Intelligence →	☐	☐	☐	☐	☐
Consciousness/Seizures →	☐	☐	☐	☐	☐
Balance/Co-ordination →	☐	☐	☐	☐	☐
Vision →	☐	☐	☐	☐	☐
Hearing →	☐	☐	☐	☐	☐
Speech →	☐	☐	☐	☐	☐
Continence →	☐	☐	☐	☐	☐
Reaching →	☐	☐	☐	☐	☐
Manual dexterity →	☐	☐	☐	☐	☐
Lifting/Carrying →	☐	☐	☐	☐	☐
Bending/Kneeling/Squatting →	☐	☐	☐	☐	☐
Sitting →	☐	☐	☐	☐	☐
Standing →	☐	☐	☐	☐	☐
Climbing stairs →	☐	☐	☐	☐	☐
Walking →	☐	☐	☐	☐	☐

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.

Date | **DSFA panel number**

Address

Doctor's official stamp

All information given in this section is covered by the Data Protection Act and the Official Secrets Act.

For Official use Only

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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100K 03-08

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