



Family
Carers
Ireland

No one should have to care alone

RIGHTS & ENTITLEMENTS

for Family Carers

Freephone Careline
1800 24 07 24

www.familycarers.ie



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SECTION ONE:

Department of Employment Affairs
and Social Protection



Carer's Allowance

Carer's Allowance is a means-tested payment paid to people who provide full-time care to a person/child who needs support because of age, disability or illness (including mental illness).

If you qualify for Carer's Allowance you may also qualify for a **Household Benefits Package** (if you live with the person you are caring for) along with a Free Travel Pass and a Carer GP Visit Card.

If you think you have been wrongly refused Carer's Allowance, or you are unhappy about a decision of a social welfare Deciding Officer regarding your entitlements, you can appeal this decision through the Social Welfare Appeals Office.



ELIGIBILITY CRITERIA:

To be eligible for Carer's Allowance, you must:

- ✓ Provide full-time care and attention to a person in need of care who does not normally live in an institution. However, you may continue to be regarded as providing full-time care and attention if you or the person being cared for is undergoing medical or other treatment in a hospital or other institution for a period not longer than 13 weeks
- ✓ Be habitually resident in the State
- ✓ Be at least 18 years old and
- ✓ Not be engaged in employment, self-employment, training or education courses outside the home for more than 18.5 hours a week. During your absence, adequate care for the person requiring full-time care and attention must be arranged.

The person you are caring for must be:

- Over the age of 16 and so incapacitated as to require full-time care and attention or aged under 16 and getting a **Domiciliary Care Allowance**
- The person receiving care is regarded as requiring full-time care and attention where:

- they are so incapacitated as to require continuous supervision in order to avoid danger to him or herself, or continual supervision and frequent assistance throughout the day in connection with normal bodily functions
- they are so incapacitated as to be likely to require full-time care and attention for a period of at least 12 months
- Not live in a hospital, convalescent home or other similar institution.



HOW MEANS ARE ASSESSED:

The means test for Carer's Allowance involves assessing your income (excluding your home). If you are single, €332.50 of your gross weekly income is not taken into account (or disregarded). If you are married, in a civil partnership or cohabiting, the first €665 of your combined gross weekly income is disregarded. PRSI, union dues, superannuation (pension contributions) and standard travel expenses are also deducted. For a couple, their combined gross weekly income (less any disregards) is then halved to give the carer's weekly means.

If you are getting a social welfare payment from another state, an amount up to the maximum rate of the Irish State Pension (Contributory) is exempt from the means test. Any foreign social welfare payment above the maximum Irish State Pension (Contributory) rate is treated as income for the means test.

If you are getting maintenance payments, these are assessed (along with any other source of income) and the first €332.50 (or €665 for a couple) is disregarded.

What counts as means?

Your means includes any income that you or your spouse, civil partner or cohabitant have, or property (except your home) or an asset that could bring in money or provide you with an income, for example, an occupational pension or benefits from another country. Any payment made by the Department of Employment Affairs and Social Protection (DEASP) is not taken into account in the means test for Carer's Allowance.

Investments and savings

The actual income from investments and money in a savings account is not taken as your means. Instead, investment items such as money in a savings account, cash-in-hand or money in a current account and the cash value of investments and property are added together and a special formula called the 'Capital Formula' is used to work out your weekly means. Find out more about how capital is assessed in the means test for Carer's Allowance.

Half-Rate Carer's Allowance

If you are getting certain social welfare payments and you are providing full-time care and attention to another person, you can keep your main social welfare payment and get half-rate Carer's Allowance as well. If you were getting another social welfare payment before claiming Carer's Allowance, you may get your original payment reinstated and also get half-rate Carer's Allowance.

If you are getting Carer's Allowance and subsequently become entitled to another payment, you can claim the other payment and get half your rate of Carer's Allowance but only if the other payment is a qualifying payment for half-rate Carer's Allowance.

For example, if you are getting Carer's Allowance and working, you can build up an entitlement to a contributory payment. This means, if you are out of work sick you may be entitled to Illness Benefit. In this case, you may get full-rate Illness Benefit and half-rate Carer's Allowance - although this will depend on your PRSI contributions, level of earnings and current means.

If you are being claimed for as a qualified adult on your spouse's, civil partner's or cohabitant's social welfare payment and you are providing full-time care to another person, you may apply for half-rate Carer's Allowance and retain your current increase for a qualified adult in full.

If you are parenting alone and you are providing full-time care and attention to your child or another person, you can claim **One-Parent Family Payment** and half-rate Carer's Allowance until your youngest child turns 16, provided you continue to meet the conditions for both schemes.

More information is available in our document on **half-rate Carer's Allowance**.

Caring for more than one person

If you are providing care to more than one person, you may be entitled to an additional 50% of the maximum rate of Carer's Allowance each week.

Care Sharing

Two carers who are providing care on a part-time basis in an established pattern can also share a single Carer's Allowance payment and the annual Carer's Support Grant of €1,700. Each carer must be providing care from Monday to Sunday but can do so on alternate weeks. A carer providing full-time care on a part-time basis is required under legislation to provide this care for a complete week (Monday to Sunday).

A carer who is providing care on a part-time basis to someone who attends a residential institution, for example, every other week, can also be accommodated on the Carer's Allowance scheme.

You must meet all the usual qualifying conditions for Carer's Allowance.

Carer's Support Grant

Tax implications

Carer's Allowance is a taxable source of income and should be advised to your local tax office.

Credits

You may get credited social insurance contributions (Credits) while you are getting Carer's Allowance. However if there is a gap of more than two years between a person's last paid PRSI contribution and their receipt of Carer's Allowance, they may not receive a Credit.

Change of circumstances

Carer's Allowance continues to be paid for 12 weeks after the death of the person being cared for.

If the person being cared for moves permanently into a residential care or nursing home, the Carer's Allowance continues to be paid for a period of 12 weeks.

APPLICATION PROCESS:



You should apply for Carer's Allowance as soon as possible. To apply, fill in an application form for **Carer's Allowance (CR1)**, which is available from your local Family Carers Ireland Support Centre. The form includes a medical report which must be signed by the person you are caring for and by their doctor. A checklist is also included in the form which you should use to review your application before sending it in.

The application form (CR1)

The application form for Carer's Allowance asks for a lot of detailed information from you. This is because:

- The DEASP has to work out your household income
- The Department must be satisfied that you, the carer, are providing full-time care and attention and are able to do so
- The Department must also examine the medical condition of the person being cared for to decide if they need full-time care and attention

You can get help with filling in the form from your local Family Carers Ireland Support Centre

Applying to care for more than 1 person

If you are applying for Carer's Allowance for more than one person in your care, you should fully complete the application form for one of the people being cared for and you only need to complete Parts 1, 2 and 10 of the application form (CR2) for the second person.

If you are already getting Carer's Allowance for one person and are applying for another, you must complete the application form (CR2) in full for the second person.

If you are caring for more than two people, you are not entitled to claim Carer's Allowance for them.

Carer's Allowance and Domiciliary Care Allowance

You cannot get Carer's Allowance for a child under 16 years of age - unless **Domiciliary Care Allowance (DCA)** is being paid on behalf of that child. When you apply for Carer's Allowance for a child getting DCA, you do not need to get the medical report (Part 10, Section 3) completed by their doctor.

Carer's Allowance may be reviewed at any time to make sure that you continue to be entitled to the payment. When initiating a review, the DEASP will contact you and ask you to get a medical report completed by the child's doctor and provide recent evidence to show that the child continues to require full-time care and attention.

If the DEASP find that your child meets the full-time care and attention criteria, you will continue to get your Carer's Allowance payment. If your child no longer meets the full-time care and attention criteria, your claim will be closed. You can submit more evidence or appeal this decision in the usual way.

Appeals

If you are unhappy with a decision about your application, you can make an appeal to the Social Welfare Appeals Office. You should appeal within 21 days of the date on the letter you receive notifying you of the decision.

Your local Family Carers Ireland Carer Support Manager can help you in making an appeal. [Click here to find your nearest Centre.](#)

After you apply

There may be a delay in processing your Carer's Allowance claim as it may take some time for your application to be processed. You may qualify for **Supplementary Welfare Allowance** while you are waiting for your claim to be processed.

Payment will be awarded from the date your application is received or from the date the qualifying payment is awarded, if later. Forward the completed application form with the relevant certificates to Carer's Allowance Section at the Department of Employment Affairs and Social Protection - see address below.

Carer's Allowance Section

Social Welfare Services Office,
Department of Employment Affairs and Social Protection,

Government Buildings, Ballinalee Road, Longford,
Ireland

Tel: (043) 334 0000

LoCall: 1890 92 77 70

(Note: the rates charged for using 1890 [LoCall] numbers may vary)

Carer's Support Grant

The Carer's Support Grant is a non-means tested annual payment of €1,700 made to carers by the Department of Employment Affairs and Social Protection (DEASP). The scheme name was changed from the Respite Care Grant in 2016 to better reflect how the grant is used. Carers can use the grant in whatever way they wish including to pay for respite.

In June of each year (the first Thursday), the DEASP pays the grant automatically to carers getting **Carer's Allowance**, **Carer's Benefit** or **Domiciliary Care Allowance** from the department. Only one Carer's Support Grant can be paid for each person getting care.

For carers who do not automatically receive the Carer's Support Grant, the grant is paid later in the year, usually September to November.

Note: The Carer's Support Grant is NOT a taxable source of income.



ELIGIBILITY CRITERIA:

The grant is NOT means-tested. It is paid automatically to people getting Carer's Allowance (whether full-rate or half-rate), Carer's Benefit or Domiciliary Care Allowance. It can also be paid to certain other carers.

To qualify, you must be:

- ✓ Aged 16 or over
- ✓ Ordinarily resident in the State
- ✓ Living with the person being cared for or, if not, be contactable quickly by a direct system of communication (for example, telephone or alarm)
- ✓ Caring for the person on a full-time basis

- ✓ Caring for the person for at least 6 months - this period must include the first Thursday in June.

During this 6 month caring period, you cannot:

- Work more than 18.5 hours per week outside the home (increased from 15 hours to 18.5 hours in January 2020)
- Take part in an education or training course for more than 18.5 hours a week (increased from 15 hours to 18.5 hours in January 2020)
- Get **Jobseeker's Allowance** or **Jobseeker's Benefit**
- Sign on for **credited contributions** or
- Live in a hospital, convalescent home or similar institution.

If you are caring for more than one person, a grant is paid for each of them.



APPLICATION PROCESS:

If you are getting Carer's Allowance, Carer's Benefit or Domiciliary Care Allowance, you do not need to apply for the Carer's Support Grant. It will be automatically paid to you in June.

If you are not getting one of the above payments, you should fill in an application form **CSG 1** in respect of each person you are caring for.

If you were not getting one of the above payments, but got the Carer's Support Grant last year, you do not need to re-apply this year. The department will send you a letter and a short 2-page questionnaire in April. You must return the completed questionnaire as it will be used to assess you for the Carer's Support Grant this year.

You can apply for a Carer's Support Grant for any given year from April of that year until 31 December of the following year.

For example:

You can apply for a grant for 2019 at any time from April 2019 up until 31 December 2020. However, you must not have been working or taking part in an education or training course for more than 18.5 hours per week in 2019. You can apply for a grant for 2020 at any time from April 2020 up until 31 December 2021. From January 2020, you can work or take part in an education or training course for up to 18.5 hours per week.

You can download a **Carer's Support Grant application form** or get one from your local **Family Carers Ireland Support Centre** and post your form to:

Department of Employment Affairs and Social Protection

Carer's Support Grant Section
PO Box 10085
Dublin 2

Tel: (01) 673 2222

Carer's Benefit

Carer's Benefit is a payment made to insured people who leave the workforce to care for a person(s) in need of full-time care and attention.

You can get Carer's Benefit for a total period of 104 weeks for each person being cared for. This may be claimed as a single, continuous period or in any number of separate periods up to a total of 104 weeks. However, if you claim Carer's Benefit for less than six consecutive weeks in any given period, you must wait for a further six weeks before you can claim Carer's Benefit to care for the same person again.

If you are caring for more than one person, you may receive payment for each care recipient for 104 weeks. This may result in the care periods overlapping or running concurrently. If you get Carer's Benefit, you are eligible for a GP Visit Card.

Carer's Leave

Your right to Carer's Leave from employment complements the Carer's Benefit Scheme. Carer's Leave allows you to leave your employment temporarily for up to 104 weeks to provide full-time care for people in need of full-time care and attention. The leave is unpaid but people who take Carer's Leave have their jobs kept open for the duration of the leave. You do not have to be eligible for Carer's Benefit to get Carer's Leave.

If you think you have been wrongly refused Carer's Benefit, or you are unhappy about a decision of a social welfare deciding officer about your entitlements, you can appeal this decision through the Social Welfare Appeals office.



ELIGIBILITY CRITERIA:

You may be eligible for Carer's Benefit if:

- ✓ You are aged 16 or over and under 66
- ✓ You have been employed for at least 8 weeks, whether consecutive or not, in the previous 26 week period. You must be in employment for a minimum of 16 hours per week or 32 hours per fortnight. You don't have to meet this condition if you were getting Carer's Benefit in the previous 26 weeks
- ✓ You give up work in order to be a full-time carer. Being a full-time carer means you must provide full-time care and attention to a person in need of care who is not living in an institution
- ✓ You are not living in a hospital, convalescent home or other similar institution. However, you may continue to be regarded as providing full-time care and attention, if you or the person being cared for is having medical or other treatment in a hospital or other institution for a period not longer than 13 weeks
- ✓ You meet the PRSI contribution conditions
- ✓ The person being cared for is so incapacitated as to require full-time care and attention and is not normally living in an institution. Medical certification is required unless the person being cared for is a child who is

getting **Domiciliary Care Allowance**. The carer of a child on a Domiciliary Care Allowance does not need to be the person who receives that allowance on the child's behalf

- ✓ You must not take part in employment, self-employment, training or education courses outside the home for more than 18.5 hours a week whilst claiming Carer's Benefit. The maximum amount you can earn is *€332.50 per week.

*€332.50 is your net income after you have deducted income tax and Universal Social Charge, PRSI, superannuation (pension payments), pension levy, union dues, subscriptions to Friendly Societies and any health insurance contract premium from your total wage.

PRSI contribution conditions

You must have at least 156 contributions paid at any time between your entry into insurance and the time you make your claim for Carer's Benefit and you must have:

- ✓ 39 contributions paid in the relevant tax year or
- ✓ 39 contributions paid in the 12-month period before the start of Carer's Benefit or
- ✓ 26 contributions paid in the relevant tax year and 26 contributions paid in the year before that.

The relevant tax year is the second last complete tax year before the year in which you make your claim. So, for claims made in 2020, the relevant tax year is 2018.

Only contributions at Class A, B, C, D, H and E are counted towards Carer's Benefit. Class S (self-employed contributions) do not count.

Periods of insurance in another EU member states may be taken into account to meet the PRSI contribution conditions. The last week of insurance must be paid in Ireland.

You are awarded credited contributions or credits automatically when you are getting Carer's Benefit. Credits are awarded at the same rate as your last paid contribution. These credits help protect your future entitlement to social welfare benefits and pensions.

Claiming an increase for a child dependant

You can claim an **increase for a child** if they are under age 18, normally live with you and are maintained by you. If a child is in full-time education by day at a recognised school or college, this increase is payable until the end of the academic year in which the child reaches age 22. (This child does not have to live at home).

A full-rate Increase for a Qualified Child (IQC) is payable if you are single, widowed, separated or a civil partner who is not living with the other civil partner. You may get a half-rate IQC if you are living with your spouse, civil partner or cohabitant.

If your spouse, civil partner or cohabitant is getting a payment from the Department of Employment Affairs and Social Protection, you will each get a half-rate increase. You cannot claim a half-rate IQC with your Carer's Benefit if your spouse, civil partner or cohabitant has an income of over €400 a week.

Tax implications

Carer's Benefit is a taxable source of income and should be advised to your local tax office.

Continuing the payment after a death

If the person you are caring for dies, payment of Carer's Benefit will continue for 6 weeks following the death.

You are not entitled to the Household Benefits package and Free Travel under the Carer's Benefit Scheme.



APPLICATION PROCESS:

To apply, fill in an application form for Carer's Benefit. This form (CARB1) is also available from your local Family Carers Ireland Support Centre or from the Carer's Benefit Section (see 'Where to apply' below). The Department of Employment Affairs and Social Protection (DEASP) recommends that you apply for Carer's Benefit 10 weeks before you leave employment.

Parts 1, 2, 3, 5, 6, 7 and 8 should be completed by you. Part 4 should be completed, signed and stamped by your employer. Part 10 should be completed by the person(s) receiving care from you and his/her doctor should complete, sign and stamp the Medical Report.

If you are applying for Carer's Benefit for a second person you should use the application form CARB2.

Carers have important legal rights. If you think your rights as a carer have been breached, you can make a complaint under the Carer's Leave Act 2001, using the online complaint form (available by selecting 'make a complaint in relation to employment rights' on the Workplace Relations Commission website. For more information on Carer's Benefit, contact your local Family Carers Ireland Support Centre or:

Department of Employment Affairs and Social Protection

Carer's Benefit Section
Social Welfare Services Office Government Buildings
Ballinalee Road
Longford
Ireland

Tel: (043) 334 0000

LoCall: 1890 92 77 70

(Note: the rates charged for using 1890 [LoCall] numbers may vary)

For more information on Carer's Leave, contact:

Workplace Relations Commission - Information and Customer Service

O'Brien Road
Carlow
R93 E920

Opening Hours: Monday to Friday 9.30am to 1pm; 2pm to 5pm

Tel: (059) 917 8990

Domiciliary Care Allowance

Domiciliary Care Allowance (DCA) is a monthly payment of €309.50 for a child aged under 16 with a severe disability who requires ongoing care and attention, substantially over and above the care and attention usually required by a child of the same age. It is not means tested.

You can find the definitions for terms such as severe or substantially in the DCA Medical Guidelines. These are used by the Department of Employment Affairs and Social Protection (DEASP) when it is assessing applications for DCA. The guidelines state that the payment is not based on the type of disability but on the resulting physical or mental impairment which means that the child

requires substantially more care and attention than another child of the same age.

You can also read the information leaflet for **DCA (SW127)**. The leaflet is available from your **Family Carers Ireland Support Centre**.

DCA Medical Card scheme

Since 1 June 2017, all children getting DCA are eligible for a Medical Card without a means test.

If the child does not already have a Medical Card or GP Visit Card, you can register them online or download a registration form. If the child already has a Medical Card or GP Visit Card, they will be automatically registered for a Medical Card and registration is not required.

The HSE has a list of **Frequently Asked Questions** about this scheme.



ELIGIBILITY:

To qualify, the child must have a severe disability that is likely to last for at least one year and:

- ✓ Be aged under 16 (at 16, the child can apply for a Disability Allowance - see 'How to apply' below for more information)
- ✓ Live at home with the person claiming the allowance for 5 or more days a week. However, there are some exceptions to this – see 'Living at home' below
- ✓ Meet the medical criteria - see below
- ✓ Be ordinarily resident in the State.

In addition, the person claiming the allowance for the child must:

- ✓ Provide for the care of the child
- ✓ Be habitually resident in the State

Medical criteria

The legislation states that to qualify for DCA, a child must have “a severe disability requiring continual or continuous care and attention substantially in excess of the care and attention normally required by a child of the same age”.

This means that eligibility for DCA is not based on the type of impairment or disease, but on the resulting lack of function of body or mind which means the child needs extra care and attention. This care and attention must be required to allow the child to deal with the activities of daily living. The child must be likely to require this level of care and attention for at least 12 months.

The department’s Medical Assessor looks at all the following before giving an opinion on whether your child meets the medical criteria:

- The history of the case
- All medical reports received (your GP fills out a medical report and you should include reports from any relevant specialists).
- Your description of the care and attention required by your child. (The form allows you to state what extra care your child needs under a number of headings.)

Living at home

To qualify for DCA, the child must live at home with the person claiming the allowance for 5 or more days a week. However, DCA may be paid where this is not possible because the parents are sharing care and live apart or the child spends part of the week in residential care.

Parents living apart

DCA may be paid where parents are sharing the full-time care of their disabled child but live apart.

For example, where separated parents have joint custody but the child doesn’t live with either parent for the required 5 continuous days each week. In this case, the DCA is paid to the parent nominated in writing by both parents or to the parent who is getting Child Benefit for the child.

Residential care

A half-rate DCA payment may be paid if a child in residential care goes home for 2 days or more a week, for example, a child who attends residential services from Monday to Friday and goes home at weekends. Children who are being cared for on a full-time basis in residential homes or other institutions are not eligible for the allowance.

Rates

The Domiciliary Care Allowance (DCA) rate is €309.50 per month.

There is no restriction on the number of children for whom you may claim DCA. (In other words, if you are caring for more than one child who qualifies for DCA, you may claim the monthly allowance for each).

Payment is made on the third Tuesday of every month for the current month.

Hospital stays

Payment may continue for up to 13 weeks if the child is getting medical or other treatment in hospital.

Other payments

Your entitlement to Child Benefit is not affected and you may qualify for Carer's Benefit or Carer's Allowance if you meet the other conditions. People getting DCA do not need to fill out the medical form when applying for Carer's Allowance.

You can also claim a Carer's Support Grant which is paid automatically each year during the month of June.



APPLICATION PROCESS:

To apply, fill in a Domiciliary Care Allowance form. You can also get an application form by dropping into your **Family Carers Ireland Support Centre**.

You should complete Parts 1 to 5 of the form. Please ask your child's GP/specialist to fill in parts 6 and 7 (the medical section) of the form. You should also attach any reports or other information you have about your child's disability and the impact it has on their care needs.

Note: If your child has a Pervasive Developmental Disorder (PDD), you are advised to have the medical professional/specialist dealing with your child complete an additional medical form called DomCare3. (Please note that completion of this form is optional since medical professionals may have already provided a comprehensive report on your child's medical condition and care needs. However, if you do not have a recent report from your child's treating medical professional, the DomCare3 form can provide useful additional information).

The completed form will detail your child's conditions, any specific care needs your child might have as a result of their disability and will help the department's medical assessor to form an opinion on eligibility. Pervasive Developmental Disorder (PDD) refers to a group of disorders characterised by delays in the development of socialisation and communication skills. Autism, Asperger's Syndrome, Childhood Disintegrative Disorder and Rett Syndrome are generally referred to under this category.

What happens when my child reaches the age of 16?

DCA stops when a child reaches 16, so your last DCA payment will be for the month of their 16th birthday. The Department of Employment Affairs and Social Protection (DEASP) will write to you 3 months before your child's 16th birthday to remind you that DCA will stop shortly and tell you about the available options.

At age 16, your child can apply in their own right for Disability Allowance (DA). DA is a means-tested payment for people with disabilities who, as a result of their disability, are substantially restricted in undertaking work that would otherwise be suitable for a person of their age, experience and qualifications.

The qualifying conditions for DA are different from the qualifying conditions for DCA, so your child is not automatically entitled to DA because DCA was in payment.

The means test for Disability Allowance assesses the means of your child and your income is not taken into account. Your child should apply a few months before they turn 16 to allow time for their application to be processed. Your entitlement to a Carer's Allowance will only be stopped where on review, it is decided that your child no longer requires full-time care and attention. A Carer's Allowance may be reviewed at any time to ensure that you continue to meet the conditions.

Appeals

If your application is refused, you can appeal the decision to the independent

Social Welfare Appeals Office. You must appeal within 21 days of the date on the letter notifying you of the decision.

Your local Family Carers Ireland Carer Support Manager can help you in making an appeal. [Click here](#) to find your nearest Centre.

Your application form and supporting documentation should be sent to:

Domiciliary Care Allowance

Social Welfare Services Office
Department of Employment Affairs and Social Protection
College Road
Sligo.

Tel: (071) 915 7100

LoCall: 1890 500 000

(Note: the rates charged for using 1890 [LoCall] numbers may vary)

Household Benefits Package

The Household Benefits Package (HBP) helps with the cost of the TV licence and your electricity or gas bill. Only one person in a household can get the HBP.

You can get the Household Benefits Package if you are aged 70 or over. You do not need to be getting a State pension and the package is not means tested.

In certain circumstances, people under 70 can get the HBP – see ‘Eligibility Criteria’ below. You can also check gas and electricity prices and compare suppliers.

ELIGIBILITY



To get the Household Benefits Package, you must:

- ✓ Be legally and permanently living in the State (full-time, all year round)
- ✓ Be the only person in your household getting the HBP
- ✓ Have the electricity or gas bill in your name (if you are applying for an Electricity or Gas Allowance)

- ✓ Be aged 70 or over. If you are under 70, you must also meet the additional rules for 'people aged under 70' set out below.

People aged under 70

If you are aged under 70, you can now live with other adults (who are not your spouse, cohabitant or civil partner) and still qualify for the Household Benefits Package.

You can get the HBP if you are living with your spouse, cohabitant or civil partner and:

- ✓ You are getting an increase in your qualifying social welfare payment for them (see list of qualifying social welfare payments below) or
- ✓ They are getting their own qualifying social welfare payment listed below or
- ✓ They are getting a social welfare benefit payment not listed below and they satisfy a means test.

You must also meet one of the following 4 conditions:

1. You are between 66 and 70 and are getting:

- State Pension (Contributory)
- State Pension (Non-Contributory)
- Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension
- Widow's, Widower's or Surviving Civil Partner's (Non-Contributory) Pension
- Deserted Wife's Benefit
- An ordinary Garda Widow's Pension from the Department of Justice and Equality
- An equivalent Social Security Pension or Benefit from a country covered by EU Regulations or from a country with which Ireland has a Bilateral Social Security Agreement.

2. You are aged between 66 and 70 and not getting one of the payments above, but you satisfy a means test - see 'Means test' below.

3. You are under 66 and are getting:

- Disability Allowance
- Invalidity Pension

- Blind Pension
- Incapacity Supplement (for at least 12 months) with Disablement Pension (for at least 12 months)
- An equivalent Social Security Pension or Benefit from a country covered by EU Regulations or from a country with which Ireland has a Bilateral Social Security Agreement.

4. You are caring for and living with a person who is getting Constant Attendance Allowance.

Carers

You can get the Household Benefits Package, if you are getting **Carer's Allowance** (full or half-rate payment) but you must be living with the person you are caring for.

Means test

If you are aged between 66 and 70 and are not getting a qualifying social welfare payment, you must satisfy a means test.

The amount of means that you are allowed is the same as the current maximum rate of State Pension (Contributory) including any increases that you might get for your age, living alone and dependants, plus €100.

Your weekly means are assessed in a means test.

If your weekly means are less than or equal to the amount of means that you are allowed, then you satisfy the means test and qualify for the Household Benefits Package.

If you are applying for the Household Benefits Package on the basis of the means test, a separate means test form will be sent to you to fill in.

Hospital stays

You can stay in hospital for up to 13 consecutive weeks and continue to get the Household Benefits Package.

Change of circumstances

You must notify the Department if your circumstances change. For example:

- You change address
- You change energy provider
- You move into residential care.

If you change address, you must re-apply for the Household Benefits Package, even if you still meet all the conditions.

What is covered by the Household Benefits Package?

There are 2 allowances in the Household Benefits Package:

Allowance 1

- Electricity Allowance or
- Natural Gas Allowance

Allowance 2

- Free Television Licence

Allowance 1: Electricity or Gas Allowance

If you have an electricity and natural gas supply, you must choose between the Electricity Allowance and Gas Allowance. You can choose only one.

The allowance is paid either to your bank account or post office on the first Tuesday of each month. (If you are collecting your allowance from the post office using your Public Services Card, you have 90 days to collect your payment).

If your energy supplier is Electric Ireland for electricity or Bord Gáis or Flogas for gas, the allowance can be paid directly to your energy supplier as a credit against your bill each month. The DEASP will contact Electric Ireland or Bord Gáis or Flogas who will then apply the allowance, including any backdated credit, onto your next bill. You pay for any electricity or gas you use above the allowance in the normal way.

Allowance 2: Free Television Licence

Once you qualify for the Household Benefits Package, you can get a Free Television Licence from your next renewal date. To get your Free TV Licence, you must select the Television Licence option on the HBP form when you apply.

Rates

Household Benefits Package rates in 2020	
Allowance	
Electricity Allowance	€35 monthly (€1.15 per day)
Gas Allowance	€35 monthly (€1.15 per day)
Television Licence	Free from your next renewal date



APPLICATION PROCESS:

To apply, fill in form **HBI**.

Return your completed application form to the Household Benefits Package section:

Department of Employment Affairs and Social Protection

Social Welfare Services
College Road
Sligo
Ireland

If you wish to talk to someone face-to-face about your entitlements, you can visit your local **Family Carers Ireland Support Centre**.

Living Alone Increase

The Living Alone Increase is an extra payment for people on social welfare payments who are living alone.



ELIGIBILITY CRITERIA:

If you are 66 years or over and live alone, you will qualify if you are getting one of the following payments:

- ✓ State Pension (Contributory)
- ✓ State Pension (Non-Contributory)
- ✓ Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension
- ✓ Widow's/Widower's Pension under the Occupational Injuries Benefit Scheme
- ✓ Incapacity Supplement under the Occupational Injuries Benefit Scheme
- ✓ Deserted Wife's Benefit

You will also qualify if you are under 66, live alone and are getting Disability Allowance, Invalidity Pension, Incapacity Supplement or Blind Pension

- ✓ Living Alone

To get the increase in your payment you must live completely alone. However, there are some exceptions:

- If you are living in an extension of a family member's home, for example, in a granny flat, you can qualify for the increase if you can show that you have facilities to cook and eat alone. You must also have your own living/dining and sleeping accommodation.
- You may also qualify as living alone if you are aged or infirm and have a friend or relative to stay for security reasons at night-time only. The friend or relative must not contribute to the household financially.
- The increase may also be payable if you live alone during the day but stay with relatives or friends at night or if you live alone during the week but have a relative to stay at the weekend (the living alone condition is satisfied as long as the relative has a permanent home address elsewhere).
- People who live in nursing homes will not qualify as they cannot be regarded as living completely or mainly alone.

Rates

Weekly payment from 6 January 2020

Living Alone Increase	€14
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APPLICATION PROCESS:



Fill in a **Living Alone Increase application form**, send the completed form to the section of the Department of Employment Affairs and Social Protection that pays your main pension or benefit.

Your local **Family Carers Ireland Support Centre** will be able to answer any questions about the Living Alone Increase and can help you to complete your form.

Fuel Allowance

A Fuel Allowance is a payment under the National Fuel Scheme to help with the cost of heating your home during the winter months. It is paid to people who are dependent on long-term social welfare payments and who are unable to provide for their own heating needs. Only one Fuel Allowance is paid to a household.

Fuel Allowance is generally paid with your social welfare payment on the same day. You can choose to get Fuel Allowance paid weekly or to get your total allowance paid in 2 lump sums.

The 2019-2020 Fuel Allowance season started on 30 September 2019.

Some UK pensioners living in Ireland may be eligible for a Winter Fuel Payment from the UK. (You can find out more from gov.uk).

ELIGIBILITY CRITERIA:



You may qualify for a Fuel Allowance if you are getting:

- ✓ State Pension (Contributory) or State Pension (Non-Contributory)
- ✓ Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension or Widow's, Widower's or Surviving Civil Partner's (Non-Contributory) Pension

- ✓ Incapacity Supplement under the Occupational Injuries Benefit scheme
- ✓ Blind Pension
- ✓ Invalidity Pension
- ✓ Disability Allowance
- ✓ Deserted Wife's Benefit or Allowance
- ✓ One-Parent Family Payment
- ✓ Guardian's Payment (Contributory) or Guardian's Payment (Non-Contributory)
- ✓ Farm Assist
- ✓ Basic Supplementary Welfare Allowance for more than 455 days (over 15 months - it is paid on a 7-day week basis so 15 months' payment is reached after day 455)
- ✓ Jobseeker's Allowance (conditions apply)
- ✓ Jobseeker's Transitional payment
- ✓ Death Benefit under the Occupational Injuries Scheme
- ✓ Social Security Pension from an EE/EEA country or a country with whom Ireland has a bilateral social security agreement (provided there is an equivalent Irish payment).
- ✓ Or if you are taking part in certain schemes - Back to Work Allowance, Back to Work Enterprise Allowance (BTWEA), Rural Social Scheme, Tús or Community Employment and are entitled to keep your secondary benefits.

And you live alone or only with:

- A dependant spouse, civil partner or cohabitant and/or dependant children (if your dependant is getting half-rate Carer's Allowance - see 'Carer's Allowance' below)
- Other people getting one of the qualifying payments who would also be

eligible for a Fuel Allowance in their own right - check this with Marian

- A person who is getting Carer's Allowance or Carer's Benefit and is caring for you or for your dependant spouse, partner or cohabitant on a full-time basis
- A person getting short-term Jobseeker's Allowance or basic Supplementary Welfare Allowance.

And

- You and other members of your household are unable to provide for your heating needs from your own resources.

You will not qualify for a Fuel Allowance if:

- Your heating needs are met under a deed transferring property
- You live with someone who is not getting one of the qualifying payments for the Fuel Allowance
- You are on a qualifying contributory payment and have income above the means test limits (see below)
- You are getting one of the following contributory payments: Jobseeker's Benefit, Illness Benefit, Occupational Injuries Benefit, Maternity Benefit or Disablement Benefit. Note that you do not qualify for Fuel Allowance if you are getting any of these payments with a qualifying payment, for example, a half-rate Maternity Benefit with a One-Parent Family Payment

Carer's Allowance and Fuel Allowance

Carer's Allowance is not a qualifying payment for Fuel Allowance.

However, you may qualify for Fuel Allowance if you are getting half-rate Carer's Allowance and another qualifying social welfare payment:

- If you are getting a non-contributory social welfare payment and you or your adult dependant is getting a half-rate Carer's Allowance, then Fuel Allowance is payable (if you meet all the criteria)
- If you are getting a contributory social welfare payment and you or your adult dependant is getting a half-rate Carer's Allowance, then the value of the half-rate Carer's Allowance will be assessed in the means test for Fuel Allowance.

Means test for Fuel Allowance

Fuel Allowance is a means-tested payment. If you are getting a non-contributory social welfare payment, you are accepted as satisfying the means test. If you are on an employment support scheme or if you are getting a Back to Education

Allowance, you are entitled to keep your Fuel Allowance if you continue to satisfy the conditions – including the means test.

The Fuel Allowance means test is linked to the maximum rate of the State Pension (Contributory).

You can have a combined weekly income of €100 above the maximum State Pension (Contributory) for your situation and still be eligible for a Fuel Allowance. This means that you can have capital/savings, provided they are less than €58,000, and be eligible for a Fuel Allowance. (€58,000 is equivalent to just over €100 a week under the **capital means assessment rules.**)

For example:

- The assessable income limit for a single person under 80 is €348.30 (€100 plus €248.30)
- The assessable income limit for a couple (where the qualified adult is aged under 66) is €513.70 (€100 plus €248.30 plus €165.40)
- The assessable income limit for a couple (where the qualified adult is aged 66 or over) is €570.80 (€100 plus €248.30 plus €222.50)

If you are over 80, add an extra €10 to the appropriate DEASP payment rate.

Where more than one person in a household qualifies

Only one Fuel Allowance payment is paid to a household. If two or more people who would qualify for a Fuel Allowance live together, a single Fuel Allowance is paid to one qualified person in that household.

Telephone Support Allowance

Since 4 June 2018, if you're getting Fuel Allowance as well as the **Living Alone Increase**, you will automatically qualify for a **Telephone Support Allowance** of €2.50 per week. It is paid separately from your primary payment and is intended

to help with the cost of communications and/or a home alert system. As this allowance is paid automatically to people who qualify, you do not need to apply for it.

Rates

The Fuel Allowance is paid during the fuel season. The fuel season starts on 30 September and runs for 28 weeks.

Since 6 January 2020, the Fuel Allowance increased by €2 per week from €22.50 to €24.50.

Lump sum payments

You can choose to have your Fuel Allowance paid in two lump sums and these are usually paid out in October and January in the relevant year.

If you have not already chosen to be paid in 2 lump sums and you wish to do so - see 'Choosing lump sum or weekly payments' below.



APPLICATION PROCESS:

New applicants for Fuel Allowance need to fill in **application form NFS 1**. This application form is also available from your local Family Carers Ireland Support Centre

If you apply for the Fuel Allowance after the start of the Fuel Allowance season, it will not be backdated.

If you are getting a payment from the Department of Employment Affairs and Social Protection or a social security payment from a country covered by EU Regulations or a country with which Ireland has a bilateral social security agreement, the Fuel Allowance will be included in your weekly payment. You do not need to reapply for the Fuel Allowance each year as long as your circumstances remain the same and you continue to get the same social welfare payment.

If you are not getting a social welfare payment, your Fuel Allowance can be paid directly into your account in a financial institution or you can collect the allowance at your local post office.

Choosing lump sum or weekly payments

- You can choose to get your Fuel Allowance paid weekly or in 2 lump sums
- If you got your total allowance for the 2019-2020 fuel season paid in 2 lump sums, your Fuel Allowance for 2020-2021 will automatically be paid in 2 lump sums
- If you got your allowance for the 2019-2020 fuel season paid weekly, your Fuel Allowance for 2020-2021 will automatically be paid weekly
- If you want to switch to lump sums or a weekly payment for 2020-2021, you must fill in **form CPF 1** and send it to the section that pays your primary payment before the middle of September 2020
- This form is also available from your local post office or from your local **Family Carers Ireland Support Centre**

Supplementary Welfare Allowance

Basic Supplementary Welfare Allowance is a weekly allowance paid to people who do not have enough income to meet their needs and those of their families

COVID-19 (coronavirus)

If your employment (or self-employment) has been affected by the coronavirus pandemic, or if you are sick or caring for someone who is sick, read our document on COVID-19 (coronavirus) and social welfare payments.

You can read our document **on Employment rights during the COVID-19 restrictions**.



ELIGIBILITY CRITERIA:

If you have no income, you may be entitled to the basic Supplementary Welfare Allowance (SWA). If your weekly income is below the Supplementary Welfare Allowance rate for your family size, a payment may be made to bring your income up to the appropriate Supplementary Welfare Allowance rate.

If you have claimed a social welfare benefit or pension but it has not yet been paid and you have no other income, you may qualify for basic Supplementary Welfare Allowance while you are waiting for your payment. However, the amount paid while you are waiting will be deducted from the arrears of your social welfare payment.

If you have returned to work, you can claim the basic Supplementary Welfare Allowance for up to 30 days while you are waiting for your wages. Supplementary Welfare Allowance is not a taxable source of income.

Conditions

You will normally qualify for Supplementary Welfare Allowance if you satisfy the following conditions:

- You are living in the State
- You satisfy the means test
- You have applied for any other benefit or allowance you may be entitled to
- You have registered for work with your local Intreo Centre if you are of working age
- You satisfy the habitual residence condition.

Means test

The main items taken into account for the means test include:

- All cash income
- Most social welfare and Health Service Executive payments are taken into account
- Generally, all financial compensation is taken into account. However, certain types of compensation are not assessed as income.

The following payments are not taken into account:

- Child Benefit, Domiciliary Care Allowance, Blind Welfare Allowance, Guardian's Payment (Contributory), Guardian's Payment (Non-Contributory) and the Carer's Support Grant.
- Foster care allowance
- The Consumer Directed Home Support (CDHS) from the HSE
- Maintenance grants paid by SUSI
- Payments under the Department of Education and Skills' school transport scheme for children with special educational needs
- Payments under the 1916 Bursary Fund from the Department of Education and Skills
- University payments made under the Higher Education Scholarships for Adult Learners of up to a maximum of €7000 per year
- Payments made by Sport Ireland under the International Carding Scheme.

The value of any benefit or privilege: If you are 24 years of age or under and

you are living with a parent or a step-parent in the family home, some of your parents' income will also be taken into account in the assessment for Supplementary Welfare Allowance. The Department of Employment Affairs and Social Protection calls this an assessment of the 'benefit and privilege' you get from living with your parents.

The value of investments, savings or property (but not the value of your own home) is calculated as follows:

Capital	Weekly means assessed
First €5,000	Not taken into account
Next €10,000	€1 per €1,000
Next €25,000	€2 per €1,000
Balance	€4 per €1,000

If you are married, in a civil partnership or cohabiting, the total income of the couple is added together in the means test.

Rates

The basic Supplementary Welfare Allowance is made up of a personal rate for the applicant and additional amounts for any adult dependant and/or child dependant(s). A child dependant is a person under the age of 18 who lives with you and depends on you for financial support. If you have been getting SWA for at least 26 weeks, the age limit is 22 for a child dependant in full-time education or up to the end of the academic year after their 22nd birthday.



APPLICATION PROCESS:

You should contact the Department of Employment Affairs and Social Protection's Community Welfare Service at your local office.

Back to Education Allowance

This scheme allows a person to enter full time education and receive a payment equal to full rate Carer's Allowance. (Full rate Carer's Allowance is paid even where the carer may have been in receipt of a partial rate Carer's Allowance).

Study option

Two study options are available under the BTEA scheme:

- Second-level option
- Third-level option

Second-level option

You can attend a second-level course of education at any secondary, community, comprehensive or vocational school. The course must be full-time and lead to a certificate recognised by the Department of Education and Skills or approved by Quality and Qualifications Ireland (QQI), for example, Junior Certificate, Leaving Certificate, Post Leaving Certificate or a City and Guilds Certificate. An Access or Foundation course is considered to be a second-level course for BTEA purposes.

Third-level option

You can attend any third-level course of education in an approved third-level institution (university, institute of education or third-level college). The course must be a full-time day course and be approved for the Student Grant Scheme or be approved by Quality and Qualifications Ireland (QQI). Note that not all QQI courses are approved for BTEA.

Undergraduate courses

In general, you must be starting your third-level course at year one. However, you may be eligible for BTEA if you:

- ✓ Are exempt from part of your course because of a qualification you received in a previous course. For example, you have a higher certificate in a course that you now wish to take to degree level.
- ✓ Completed a year (or years) of your course as a part-time student
- ✓ Completed earlier years before becoming unemployed or receiving statutory redundancy
- ✓ Are permitted by your school or college to proceed to the next year of a course having dropped out or deferred a year (due to mitigating circumstances)

- ✓ If you were getting a One-Parent Family Payment (OFP) while in full-time education and were affected by age-related changes to OFP. People in this situation may be admitted to BTEA mid-course.

Qualifying for BTEA

In general, to qualify for the BTEA you must be over 21, or over 24 for postgraduate courses - see also 'Age limits' below - and have been getting a qualifying social welfare payment. You must always have been accepted onto a qualifying course.

Qualifying social welfare payments include:

- Carer's Allowance
- Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension
- Widow's, Widower's or Surviving Civil Partner's (Non-Contributory) Pension
- Disability Allowance
- Invalidity Pension
- Incapacity Supplement (based on a life Disablement Pension)
- Illness Benefit for 2 years or more. (However, periods spent on Illness Benefit can count towards the qualifying period if you qualify from another payment. Half of the qualifying period must relate to the qualifying payment).

Age limits

To qualify for the Back to Education Allowance, you must be at least 21 years of age. You must be at least 24 for a third-level postgraduate course.

Monitoring arrangements

You must provide a certificate from the school/college confirming your registration, commencement and attendance at the course. You must supply this information before payment can begin. During the course of the academic year, you may be asked to provide confirmation that you are still taking part in the course.

Rates

If you are aged over 26, your weekly BTEA rate will be equal to your previous social protection payment (the payment that qualified you for participation in the scheme). You may also qualify for increases for a qualified adult and qualified children. You must always have established an entitlement to a qualifying payment immediately before starting BTEA, even if you were previously on

an employment or training scheme. The BTEA rate is based on this qualifying payment.

Cost of Education Allowance

Since September 2017, you get an annual Cost of Education Allowance of €500 if you are getting BTEA and you have a dependant child.

Keeping your extra benefits

If you qualify for the Back to Education Allowance, you can keep your entitlement to any extra benefits you already have, for example, Fuel Allowance or Rent Supplement. However, any increase in income may affect your entitlement to Rent Supplement or the amount of supplement you get. For example, this can happen if you have additional income from part-time work.



APPLICATION PROCESS:

When you are accepted on a course, you should notify the DEASP by filling in the Back to Education Allowance application form, which is also available from your Intreo Centre. All new BTEA claims for jobseekers must be recommended by a DEASP Case Officer before a decision can be made on your BTEA entitlement.

Department of Employment Affairs and Social Protection

P.O. Box 1650
Dublin 1
Ireland.

Tel: (01) 704 3300

(If calling from outside Ireland please call +353 1 704 3300)

LoCall: 1890 928 400

(Note: the rates charged for using 1890 [LoCall] numbers may vary)



SECTION TWO:

Revenue Supports

Incapacitated Child Tax Credit

You can claim an Incapacitated Child Tax Credit if you are the parent or guardian of a child who is permanently incapacitated, either physically or mentally.

To qualify the child must be either:

- ✓ Under 18 years of age or
- ✓ Over 18 years of age and unable to support themselves. In this situation the child must have become permanently incapacitated before they were 21, or after they were 21, if they were still in full-time education or training for a trade or profession for a minimum of 2 years.

You can also claim the credit for:

- A stepchild
- An adopted child
- A foster child
- Any child you have custody of

If the child is permanently incapacitated and you are maintaining them at your own expense, this means you have day-to-day responsibility for the child and their care.

You can claim a credit for more than one child if more than one child is permanently incapacitated.

Where the child is maintained by one parent only, that parent is entitled to claim the full amount of the tax credit. However, where the child is maintained by more than one person, the tax credit is divided between them in proportion to the amount paid by each towards the maintenance of the child.

You can claim this tax credit or the Dependent Relative Tax Credit but not both for the same child.

The tax credit can be claimed by employees paying PAYE as well as by self-employed people.

You can also claim tax relief for medical expenses for yourself or any other person.

Qualifying criteria

To qualify, your child must have a physical or mental incapacity that makes it unlikely for them to be able to maintain themselves, even with the benefit of any:

- Treatment
- Device
- Medication
- Therapy

There must be an expectation that if the child were over 18, they would not be able to maintain themselves.

'Maintaining' means the ability to support themselves by earning a living from working.

Your child's medical practitioner will make a declaration about your child's ability to maintain themselves on the Form ICC2 - see 'How to apply' below.

Rates

In 2020, the Incapacitated Child Tax Credit is €3,300.



APPLICATION PROCESS:

You can claim the Incapacitated Child Tax Credit by completing **Form ICC1**. You will also need to get **Form ICC2**, certified by the child's medical practitioner.

If you are a PAYE taxpayer, you can claim the credit online through Revenue's my account service. If you are self-employed and pay tax under the self-assessment system, the credit is claimed by completing the 'Incapacitated Child' section on your annual tax return online at the Revenue Online Service (ROS).

If you claim using Revenue's myAccount service, you do not need to submit forms ICC1 and ICC2. However, Revenue may ask to see them if your claim is checked. You must keep these forms for six years once you have made a claim.

LoCall telephone numbers and contact details for Revenue regional offices are available on the **Revenue website**.

Tax relief on the costs of employing a home carer

You can claim tax relief on the cost of employing a carer either if you employ one for yourself or for another family member.

You can employ the carer directly or you can use an agency that employs carers. If you employ the carer yourself, you should register as an employer and you will be responsible for your employee's tax and social insurance (PAYE, Universal Social Charge and PRSI). You will also have other duties and obligations as an employer, for example regarding hours of work, contracts of employment, pay slips, holidays and the minimum wage.

If you pay an agency to provide the carer, the agency will employ the carer and be responsible for their tax and social insurance etc. You can still claim tax relief on the cost of paying the agency to provide a carer.



ELIGIBILITY CRITERIA:

You are eligible to apply for tax relief if:

- ✓ If you employ a carer for yourself or on behalf of a family member, you can claim the tax relief on the cost of that care. A family member is a spouse, civil partner, child or a relative, including a relation by marriage or civil partnership.
- ✓ The person being cared for must be totally incapacitated for the complete tax year (January to December) in which you are claiming the tax relief but the carer does not have to be employed for the full tax year. The term totally incapacitated means that the person being cared for is disabled and requires a carer.

You cannot claim tax relief for employing a carer if the carer only carries out housekeeper duties or if a Dependent Relative Tax Credit or an Incapacitated Child Tax Credit has already been granted.

You may be asked by the Revenue Commissioners to get a medical certificate to confirm the nature of the disability but it isn't necessary to send one in with your application form.

Home nursing

You can claim tax relief on the cost of employing a qualified nurse at home. Tax relief for nursing at home is claimed as a health expense.

Rates

Tax allowances and reliefs reduce the amount of tax that you have to pay. The amount by which a tax allowance/relief will reduce your tax depends on your rate of tax.

- The actual cost incurred or
- The maximum deduction of €75,000
- The maximum amount of relief for employing a carer is €75,000 in 2020 (It was €75,000 in 2019, 2018, 2017, 2016 and 2015 and €50,000 in 2014). You must claim the relief each year. You can get tax relief on the cost of employing a carer, less any amount recovered from the **Health Service Executive (HSE)**. If two or more of you pay for the care, the relief is divided between you in proportion to the amount each paid.



APPLICATION PROCESS:

PAYE taxpayer

- If you are a PAYE taxpayer, you can apply for tax relief for employing a carer on form HK 1 (pdf) or telephone Revenue LoCall Service.
- Your certificate of tax credits will be increased to include the relief due. This means that you will pay less tax each week from your salary.
- Alternatively, you can claim relief at the end of the tax year by submitting your form P60 and that of your spouse or civil partner, if applicable, to your local Revenue office.

Self-assessment taxpayer

If you pay tax by self-assessment, the claim for tax relief for employing a carer should also be sent on form HK 1 and attached to your annual tax return. Send your completed application form to **your local tax office**.

Home Carer Tax Credit

A Home Carer Tax Credit is a tax credit given to married couples or civil partners (who are jointly assessed for tax) where one spouse or civil partner works in the home caring for a dependant person.

The tax you are liable to pay is calculated as a percentage of your income. A tax credit is deducted from this to give the actual amount of tax that you have to pay. A tax credit has the effect of reducing your payable tax by the amount of the credit.



ELIGIBILITY CRITERIA:

A full Home Carer Tax Credit can be claimed when:

- The married couple or civil partners are jointly assessed for tax
- One spouse or civil partner works in the home caring for one or more dependant people
- The home carer's own income is under €7,200. A reduced tax credit applies if the carer's income is between €7,200 and €10,400.

Carer's Allowance or **Carer's Benefit** are not taken into account when determining the home carer's income but they are taxable sources of income. This means that if you are claiming Carer's Allowance or Carer's Benefit, it will make up part of your jointly assessed income.

Who is a dependant person?

A dependant person is a:

- ✓ Child for whom Child Benefit is payable
- ✓ Person aged 65 or over
- ✓ Person with a disability who requires care
- ✓ A dependant person you are caring for cannot be a spouse or civil partner. They can however, be a relative by marriage or someone for whom you act as a legal guardian

Does a relative have to live with us to be a dependant person?

The dependant person normally has to live with you and your spouse or civil partner in the tax year in order to qualify for Home Carer Tax Credit.

A dependant person who is a relative can be cared for outside your home. However, if the person is not living with you, they must live next door in a neighbouring residence or on the same property or within 2 km of your home. In addition, there must be a direct communication link between you (for example, a telephone line or alarm system).

Rates

The Home Carer Tax Credit for 2020 is €1,600.

If the home carer has an income of up to €7,200 in their own right for the tax year, the full tax credit may be claimed.

Reduced tax credit

However, if the income exceeds €7,200, the difference between the actual income and €7,200 is calculated and then halved. The Home Carer Tax Credit is then reduced by that amount.



APPLICATION PROCESS:

You can claim Home Carer Tax Credit by using PAYE Services, which is available through **Revenue's myAccount**. You can access Revenue's myAccount service online or on mobile and tablet devices using Revenue's **RevApp**. You can also apply by completing a Home Carer Tax Credit claim form.

Applications for the Home Carer Tax Credit should be made to **Revenue**.

Disabled Drivers and Disabled Passengers Scheme

The Disabled Drivers and Disabled Passengers Scheme provides a range of tax reliefs linked to the purchase and use of specially constructed or adapted vehicles by drivers and passengers with a disability. The rules of the scheme

are set out in the Disabled Drivers and Disabled Passengers (Tax Concessions) Regulations 1994 (SI 353/1994) as amended. Under the scheme, you can claim:

- ✓ Remission or repayment of vehicle registration tax (VRT)
- ✓ Repayment of value-added tax (VAT) on the purchase of a vehicle
- ✓ Repayment of VAT on the cost of adapting a vehicle.

If you qualify for the scheme, you may get some additional exemptions and benefits including:

- ✓ An exemption from motor tax on the vehicle, see 'How to apply' below
- ✓ An exemption from toll road fees, see 'How to apply' below
- ✓ The fuel grant, see 'Rates' below



ELIGIBILITY CRITERIA:

To qualify for tax relief under the scheme, the person with a disability must have a valid Primary Medical Certificate. A Primary Medical Certificate confirms you are severely and permanently disabled and:

- ✓ Are completely or almost completely without the use of both legs or
- ✓ Are completely without the use of one of your legs and almost completely without the use of the other leg to the extent that you are severely restricted as regards movement in your legs or
- ✓ Are without both hands or both arms or
- ✓ Are without one or both legs or
- ✓ Are completely or almost completely without the use of both hands or arms and completely or almost completely without the use of one leg or
- ✓ Have the medical condition of dwarfism and serious difficulties of movement of the legs

Local Health Offices of the Health Service Executive (HSE) process applications for a Primary Medical Certificate. If the HSE refuses your application for a Primary Medical Certificate, you can appeal the refusal to the Disabled Drivers Medical Board of Appeal, National Rehabilitation Hospital, Rochestown Avenue, Dun Laoghaire, Co. Dublin.

The type of vehicle

If you are a driver or a passenger with a disability, you can claim tax relief on:

- A new vehicle
- A used vehicle that has not been previously registered in the State.

You can also buy a previously registered used vehicle, in which case the amount of the repayment will be the residual VAT contained in the value of the vehicle. However, the majority of used vehicles purchased from a dealer are purchased under the **Margin Scheme**. This means that no VAT is due when the vehicle is purchased and therefore no VAT is refundable.

If you bought the vehicle before you qualified as a disabled driver or disabled passenger, a repayment of VAT and VRT, appropriate to the market value of the vehicle at the time of entry to the scheme, will be made.

If you are a passenger with disabilities and you buy a used vehicle that has previously qualified for tax relief under the scheme for transporting disabled passengers and where the original adaptations remain in place when you buy it, it is eligible for the scheme.

To qualify for the tax relief the vehicle's engine must be less than 6,000cc.

You do not have to purchase your vehicle from an authorised motor dealer and you can use a hire purchase agreement to pay for the vehicle and still qualify for the tax relief.

Residency

A family member of a disabled passenger can also qualify for relief if they are living with and responsible for the transport of the disabled person in question and have got the vehicle for that purpose.

If the disabled person only stays with a family member on a part-time basis, the residency requirement is not met. However, if the disabled person is a minor who is in residential or medical care on a part-time or occasional basis and

spends a significant part of their time at home, for example, every weekend and holidays, the residency requirement may be met. The Revenue Commissioners can waive the residency requirement in exceptional circumstances.

You should contact the Central Repayments Office to make sure that you meet the residency requirements for relief under the scheme before purchasing a vehicle.

Restrictions on disposal of the vehicle

“Disposal” means the sale of the vehicle, the gift of the vehicle to another person and the hiring or renting of the vehicle. The vehicle must not be disposed of for at least 2 years from the date the relief is granted. You must keep the vehicle for 3 years for a specifically adapted vehicle and 6 years for an extensively adapted vehicle.

You will only be allowed to dispose of the vehicle within the retention period if you refund the Revenue Commissioners a substantial portion of the relief given. This is calculated by looking at the value of the vehicle at the time of disposal. If the vehicle is disposed of following damage in an accident, the damage will be taken into account in calculating the value of the vehicle at the time of disposal.

Rates

The maximum amount of VRT and VAT relief available under the Disabled Drivers and Disabled Passengers Scheme depends on whether you are a disabled driver or passenger and how the car has been adapted. The maximum amounts are:

- Disabled drivers: €10,000
- Disabled passengers: €16,000
- Specifically adapted vehicles for drivers with severe disabilities: €16,000 (Specifically adapted vehicles are vehicles that need significant adaptations)
- Extensively adapted vehicles for drivers and passengers: €22,000 (Extensively adapted vehicles are vehicles that need adaptations that cost more than the open market selling price of the vehicle being adapted).

Fuel grant

If you qualify for tax relief under the Disabled Drivers and Disabled Passengers Scheme, you also qualify for the fuel grant. The fuel grant is paid per litre up to a maximum of 2,730 litres per calendar year. The rate per litre is:

- Petrol – €0.602

- Diesel – €0.495
- LPG – €0.106



APPLICATION PROCESS:

You can apply for an exemption from VRT (or a repayment of VRT and VAT) on Revenue's myAccount. You can register for myAccount on revenue.ie. If you are applying for the first time, you will need to submit a primary medical certificate which you can upload on myAccount. Revenue's Quick Guide to Making Claims for Relief Online (pdf) shows what the application process looks like. If you do not have online access, you can submit a paper form – **Form DD1**. If you are applying for the first time, you should also include the original Primary Medical Certificate. You may also need to submit additional documents along with your application.

TO:

Central Repayments Office
Office of the Revenue Commissioners

TEK II Building
Armagh Road
Monaghan
Ireland

Tel: 01 738 3671

LoCall: 1890 60 60 61

SECTION THREE:

HSE Supports



Home Support Services

HSE offer Home Support Services for older people (subject to availability and funding) aimed at supporting older people remain in their own homes for as long as possible and to support their informal (family) carers. These supports are free of charge and do not require the person to have a medical card. They are primarily aimed at over 65's with some exceptions for under 65's. This support includes help with:

- Getting in and out of bed
- Dressing/undressing
- Personal care
- Intensive support packages of care

Health Centres

Health Centres provide a wide range of primary care and community services in towns and villages throughout the country.

The services that you can access from your Health Centres include:

GP services, Medical Cards and GP Visit Cards, Public Health Nurses, Social Work and Child Protection Services, Child Health Services, **Community Audiology Service**, Disability Services, Older People Services, Chiropody, Ophthalmic, Speech Therapy, Addiction Counselling and Treatment, Physiotherapy, Occupational Therapy, Psychiatric Services, Home Help and more.

Primary Care: Health and Social Care Services

Primary Care is all of the health or social care services that you can find in your community, outside of hospital. It includes GPs, Public Health Nurses and a range of other services. They provide a single point of contact to the health system.

Nursing Home Support Scheme (Fair Deal)

The Nursing Homes Support Scheme, also known as the "Fair Deal", provides financial support to people who need long-term nursing home care. The scheme is operated by the Health Service Executive (HSE).

Under this scheme, you make a contribution towards the cost of your care and the HSE pays the balance. The scheme covers approved private nursing homes, voluntary nursing homes and public nursing homes. You can get a list of approved nursing homes from the HSE – see [Where to Apply](#).

Anyone who is ordinarily resident in the State and needs long-term nursing home care can apply for the scheme.

When you apply, your care needs are assessed to confirm that long-term nursing home care is the most appropriate option for you.

Your financial situation is also assessed to see how much you will have to contribute towards your nursing home fees. If your contribution is less than the amount of the fees, the HSE will pay the rest.

Assets, such as savings and property, are taken into account when assessing your financial situation. You can apply for the Nursing Home Loan if you want to defer the part of your contribution that is based on your home or other property.

What does Fair Deal cover?

The scheme covers long-term nursing home care only. It does not cover short-term care such as respite, convalescent care or day care although these types of services may be provided in some nursing homes.

Services covered include: bed and board; nursing and personal care appropriate to the level of care needs of the person; laundry service; and basic aids and appliances necessary to assist a person with the activities of daily living. Other goods and services may be available under schemes such as the Medical Card or Drugs Payment Scheme.

There is a set level of funding for the scheme each year, so there may be situations where a person's name must go onto a waiting list until funding becomes available. If this is the case, the HSE will let you know when it writes to advise you whether you are eligible for State support.

Moving from hospital care to long-term care

If you are in hospital but no longer need acute care, then you can be charged for long-term care in that hospital. If, for example, you are waiting to move to long-term care, then you should apply for Fair Deal as soon as you can.

Medical Card

If you have a Medical Card, you don't have to pay to see your doctor or for medicines they prescribe.

A Medical Card also covers:

- public out-patient and in-patient services
- eye and ear tests
- dental checks.

NOTE: Prescription charges may apply.

Check if you can apply

Anyone who is 'ordinarily resident' in the Republic of Ireland can apply for a Medical Card or GP Visit Card. This includes families, single people, even those working full or part-time. 'Ordinarily resident' means that you are living here and intend to live here for at least one year.

Check if you might be eligible

Being eligible for a Medical Card depends on your circumstances. If you do not automatically qualify for a Medical Card, the HSE will carry out an assessment.

You will need to provide information about your:

- income
- expenses
- marital status
- dependants.

If you're not eligible for a Medical Card, the HSE will then automatically assess you for a GP Visit Card.

People who automatically qualify

You may automatically qualify for a Medical Card if you:

- are participating in certain government schemes
- have been affected by the drug Thalidomide
- have had a surgical Symphysiotomy
- are a child diagnosed with cancer within the last 5 years
- are in foster care
- live in direct provision
- qualify under EU Regulations.

For any of these, you will not be subject to a financial assessment but you will still need to apply.

Prescription charges for Medical Card holders

If you have a **Medical Card**, there is a charge for **prescribed medicines** and other items that you get on prescription from pharmacies.

From the 1st July, 2020 the prescription charges for people over 70 will be €1.00 for each item that is dispensed to you under the Medical Card scheme, up to a maximum of €10 per month per person or family.

For people aged under 70, the prescription charge will be €1.50 per item, up to a maximum of €15 per month per person or family.

GP Visit Cards

If you are not eligible for a **Medical Card**, you may be eligible for a **GP Visit Card**. A GP Visit Card allows you to visit a participating family doctor (GP) for free.

The GP Visit Card does not cover hospital charges. Prescribed drugs are not free but may be covered by the Drugs Payment Scheme. The GP Visit Card does cover visits to GP out of hours services. Blood tests to diagnose or monitor a condition are covered.

In order to qualify for a GP Visit Card, you must meet the eligibility rules below and be ordinarily resident in Ireland. That is, you must have been or intend to be living in Ireland for at least one year.



ELIGIBILITY CRITERIA:

- ✓ All children under the age of 6 can get a GP Visit Card.
- ✓ The GP Visit Card is available to everyone aged over 70 without an income test.
- ✓ If you are aged under 70, eligibility for the GP Visit Card is means tested. That is, your income is assessed by the HSE as part of the application process.

Income limits for people aged under 70

The rules for assessing the amount of your income are the same as for the Medical Card means test for people aged under 70 but the income limits for the GP Visit Card are higher than the limits for the Medical Card.

GP Visit Card weekly income limit (gross less tax, USC and PRSI)

Category	Aged under 66	Aged 66-69
Single person living alone	€304	€333
Single person living with family	€271	€286
Married or cohabiting couple (or lone parent with dependant children)	€441	€492
Allowance for each of first 2 children aged under 16	€57	€57
Allowance for 3rd and for each subsequent child under 16	€61.50	€61.50
Allowance for each of first 2 children aged over 16 (with no income)	€58.50	€58.50
Allowance for 3rd and for each subsequent child over 16 (with no income)	€64	€64
Each dependant over 16 years in full-time non-grant aided third-level	€117	€117

There are also allowances for reasonable expenses incurred in respect of childcare costs and rent/mortgage payments.

Allowances for weekly travel costs to work are assessed as the actual cost of public transport or, if a car is required, as mileage at 30 cent per mile (18 cent per km). Where a couple needs two cars to travel to work, a double allowance applies. The cost of parking can be taken into account.

Dependents of people aged over 70

If you are aged over 70 and you have dependants, for example a spouse, civil partner or cohabiting partner aged under 70, your dependants may qualify for a GP Visit Card if your income is below a certain level.

The rules for assessing the amount of your income are the same as for the Medical Card means test for people aged under 70 but the income limits for the GP Visit Card are higher than the limits for the Medical Card.

If you have a spouse, civil partner or cohabiting partner, the limit for your combined income is €1,400 per week, not including the first €72,000 of savings or similar investments.

If you do not have a spouse, civil partner or cohabiting partner, the income limit is €700 per week, not including the first €36,000 of savings or similar investments.

Income over the limit

When you apply for a GP Visit Card, you will first be assessed for eligibility for a Medical Card. If your income is over the relevant limit, the deciding officer will consider whether it would cause you undue hardship if you are refused a Medical Card.

If you don't qualify for a Medical Card, you are then assessed for a GP Visit Card. If your income is over the relevant limit, the Deciding Officer will consider whether it would be 'unduly burdensome' for you to pay for GP services if you don't have a GP Visit Card.



APPLICATION PROCESS:

Aged under 70

If you are aged under 70, you use the same application process to apply for a GP Visit Card as for a Medical Card. As part of the application process for the GP Visit Card, your entitlement for a Medical Card will also be assessed.

You can apply online for a Medical Card or GP Visit Card on [medicalcard.ie](https://www.medicalcard.ie).

Alternatively, you can download an application form for the GP Visit Card and the Medical Card.

Aged over 70

For the GP Visit Card for people aged 70 and over, you can register for the card

online on gpvisitcard.ie, you can download the registration form for people over 70 or you can call 1890 252 919 to request a registration form.

If you are over 70 with a dependant who is under 70, and you think your income may be under the limit, you can apply for GP Visit Cards for both of you. To do this, you use the standard Medical Card/GP Visit Card application form and include details of your income. (For the relevant income limits, see 'Dependants of people aged over 70' above).

Carers

If you get Carer's Benefit or Carer's Allowance, at full or half-rate, you are eligible for a GP Visit Card. You can register for the GP Visit Card for Carers online or by post.

Contact LoCall 1890 252 919 or your **Local Health Office** for more information on GP Visit Cards. You can also contact the Client Registration Unit. This is where you return the completed application form to:

Client Registration Unit

4th Floor
HSE PCRS
Finglas
Dublin 11

Tel: (051) 595 129

LoCall: 1890 252 919

Long-Term Illness Scheme

Under the Long-Term Illness (LTI) Scheme you can get some drugs, medicines and approved appliances for free from your pharmacy. There is no means test for the scheme.

Diseases and disabilities covered by the scheme

The diseases and disabilities covered by the scheme are:

- Acute leukaemia
- Cerebral palsy
- Cystic fibrosis
- Diabetes insipidus
- Diabetes mellitus (does not include Gestational Diabetes)
- Epilepsy
- Haemophilia

- Hydrocephalus
- Intellectual disability (referred to in legislation as “mental handicap”)
- Mental Illness - under the age of 16 years
- Muscular dystrophy
- Multiple sclerosis
- Parkinsonism
- Phenylketonuria (PKU)
- Spina bifida
- Thalidomide conditions.

If you have a medical condition that is not listed above, you can apply for a Medical Card.

How you qualify

To qualify, you must be ‘ordinarily resident’ in the Republic of Ireland. This means that you are living here and intend to live here for at least one year.

Students from outside the EU do not qualify for the LTI Scheme.

Long-Term Illness Scheme card

If your application is successful, you will get a Long-Term Illness Scheme card.



APPLICATION PROCESS:

Download the application form or LoCall 1890 252 919 to order one.

Send the completed application form to:

LTI Client Registration Unit

PO Box 12962
Dublin 11
D11 XFF3

Drugs Payment Scheme

Under the Drugs Payment Scheme, you pay a maximum of €124 in a calendar month for approved prescribed drugs, medicines and certain appliances for use by yourself and your family in that month.

In Budget 2020, it was announced that the monthly maximum will reduce to €114 from September 2020.

If a reference price has been set for the drugs you are prescribed, this is the price that the HSE will use to calculate your monthly drugs costs.



ELIGIBILITY CRITERIA:

- ✓ In order to qualify for this scheme, you must be ordinarily resident in Ireland. Being ordinarily resident in Ireland means that you have been living here for a minimum of one year or that you intend to live here for a minimum of one year.
- ✓ The scheme covers the person who applied, his or her spouse/partner and children aged under 18 (or under 23 if in full-time education).
- ✓ A family member who has a physical or intellectual disability or an illness and is unable to fully maintain himself/herself can be included in the family expenditure regardless of age.
- ✓ When you register for the scheme, you will get a plastic swipe card for each person named on the registration form. You should present this card whenever you are having prescriptions filled.

Using the card

You do not have to register with a particular pharmacy for the scheme but for convenience it is advisable to use the same pharmacy in a particular month if you wish to avoid paying more than the maximum €124.

Claiming a refund for amounts over the threshold

If you pay over the maximum, for example because you need to use two or more pharmacies in one month, you can apply for a refund of the amount above the threshold.

To apply for a refund, get a claim form from your Local Health Office, online at drugspayment.ie, or by calling 1890 252 919. Return the completed claim form to the address given on the form. You can check the status of your application

for a refund at drugspayment.ie.

Expired Drugs Payment Scheme Cards

Drugs Payment Scheme Cards are issued for a limited time and the expiry date will be printed on your card. Before your card expires, you will be contacted to check if there are any changes to your details.

Lost or stolen Drugs Payment Scheme Cards

If your Drugs Payment Scheme Card is lost, stolen or damaged, you should report it using the contact details below.



APPLICATION PROCESS:

You can get a paper application form from your Local Health Office. You can also download a copy of the Drug Payment Scheme Application form.

Drugs Payment Scheme Client Registration Unit

PO Box 12966
Dublin 11

LoCall: 1890 252 919



SECTION FOUR:

Other Supports

Disabled Person's Parking Card

Disabled Person's Parking Permits or Cards (also known as European Parking Cards or Disabled Parking Badge) are available to people living in Ireland with certain disabilities and those who are registered blind, whether they are drivers or passengers. The parking card can be used by a disabled person in any vehicle in which he or she is travelling. This means that a disabled person who is being driven at different times by different people can bring the parking card with himself or herself and display it in the appropriate vehicle. The parking card is valid for 2 years from date of issue. Generally, the card is not issued to anyone under 5 years of age.

The parking card scheme for disabled drivers and passengers applies to public car parking areas only. However, the scheme also enables private car parks, supermarkets, etc. to more effectively monitor parking in areas that they have designated for people with disabilities. If you have a parking card, the disabled parking spaces provided by local authorities are free of charge. Under local by-laws, each local authority has the discretion to set time limits for parking in these spaces. Some local authorities apply no time limit, while others state that you must abide by the time limits displayed for the area.

Contact your local authority for further information about time limits in your area. Some private car parks may charge for use of a disabled parking space, but this will vary depending on the operator. You can read more about parking facilities for people with disabilities in Ireland [here](#).

The parking card scheme is administered by the Disabled Drivers Association of Ireland (DDAI) and the Irish Wheelchair Association (IWA).



ELIGIBILITY CRITERIA:

- ✓ You will automatically qualify for a parking card if you hold a Primary Medical Certificate (exempting you from payment of VAT, motor tax and Vehicle Registration Tax). However, you must still formally apply for the parking card.

Local Health Offices of the Health Service Executive (HSE) process applications for a Primary Medical Certificate. If the HSE refuses your application for a Primary Medical Certificate, you may appeal the refusal to the Disabled Drivers Medical

Board of Appeal, National Rehabilitation Hospital, Rochestown Avenue, Dun Laoghaire, Co. Dublin.

Parking offences and disabled spaces

It is an offence to park a vehicle in a disabled parking space unless you have a current, valid Disabled Parking Card. If you illegally park in a disabled parking space, you will incur a fixed charge parking fine. Both traffic wardens and members of An Garda Síochána have the power to request and inspect a parking card to ensure it is not being misused.

Rates

A parking card costs €35.

Illegally parking in a disabled parking space will result in an €150 fine, rising to €225 if unpaid within 28 days.



APPLICATION PROCESS:

To request a parking card application form from the Disabled Drivers Association, you can email parkingcard@ddai.ie.

Alternatively, you can apply online on the website of the Irish Wheelchair Association or email maats@iwa.ie.

Decision makers within the issuing authorities will determine if you are eligible based on the information provided.

Primary Medical Certificate

To obtain a Primary Medical Certificate, you must first obtain an application form from your Local Health Office. You must complete the application form and return it to the Senior Medical Officer of the Local Health Office. The Senior Medical Officer then appoints a HSE doctor to visit your home and carry out an assessment of the level of your disability. If you satisfy the requirements, you are then granted a Primary Medical Certificate by the HSE.

Replacing a lost parking card

Applications to have lost/misplaced cards replaced should be made directly

to either the Disabled Drivers Association or the Irish Wheelchair Association (whichever organisation issued the card).

Renewing a parking card

The parking card must be renewed every 2 years. You will be sent a renewal form several weeks before your parking card is due to expire. Therefore, if you change address, you should tell the organisation that issued the card.

If you have had any corrective surgery or treatment that may have altered the level of your mobility, you should report it in the mobility section of the renewal form.

Further information

Information on how to apply for, replace or renew a parking card is available from your local Family Carers Ireland Support Centre or on the websites of the Disabled Drivers Association and the Irish Wheelchair Association.

Disabled Drivers Association

Parking Card Section
Ballindine
Claremorris
Mayo
Ireland

Tel: (094) 936 4054

Irish Wheelchair Association

National Mobility Centre
Ballinagappa Road
Clane
Kildare
Ireland

Tel: +353 (0)45 893094/5

Mobility Allowance

Mobility Allowance was a means tested monthly payment payable by the Health Service Executive (HSE) to people who are aged 16 and over and under 66 and who have a disability and are unable to walk or use public transport and who would benefit from a change in surroundings (for example, by financing the occasional taxi journey).

In 2013, the Department of Health announced that the Mobility Allowance scheme and the Motorised Transport Grant was closed to new applicants. An alternative scheme is being devised to replace it. This alternative scheme will be called the Transport Support Scheme. In the meantime, the HSE continues to make monthly payments to people who were getting the Mobility Allowance at the time that the scheme closed.

School transport for children with special needs

The Department of Education and Skills provides school transport services for children with special educational needs. Bus Éireann (the State public transport operator) operates the school transport service on behalf of the department. The school transport service may not be available in all areas. Where the transport cannot be provided, you may be eligible for a Special Transport Grant to help with the cost of making private transport arrangements.



ELIGIBILITY CRITERIA:

- ✓ The School Transport Scheme applies to children with a special educational needs recognised by the Department of Education and Skills. The child must be attending the nearest recognised mainstream school or special class/special school or a unit resourced to meet their special educational needs.

If your application has been refused, you are entitled to appeal the decision. You can appeal to the School Transport Appeals Board using the School Transport Appeal Form (pdf). Appeals can be made in the following cases:

- If the department is not in a position to provide a transport service due to excessive cost
- Where the maximum level of grant offered does not cover the assessed cost of the journey involved.

Escort provision

Applications can be made to the department by the Special Educational Needs Organiser (SENO) to employ an escort to accompany a child, if the child's care and safety needs require that support.

Special class arrangements

Transport services for children with special needs are only provided for the period of enrolment in a special class. If the child returns to mainstream classes, special transport arrangements will not be provided.

Eligible children who are enrolled in an autism class/unit attached to a mainstream school and who subsequently mainstream in that school will retain their transport eligibility for the duration of their primary education in

this school. However, a new application must be made if they transfer to a new school.

Rates

Eligible children are exempt from school transport charges.

A Special Transport Grant towards the cost of private transport arrangements may be provided at the discretion of the Department in certain situations.

Special Transport Grant rates are as follows:

Kilometers (km)	Rate per km
Up to 6437	39.12 cent
Over 6437	21.22 cent



APPLICATION PROCESS:

You should apply to the school principal who will contact the school's **Special Educational Needs Organiser (SENO)** in relation to applying for special transport. If the SENO is satisfied that your child is enrolled in the nearest suitable school and that school transport is required, a recommendation will be sent to the School Transport Section of the Department of Education and Skills.

Applications for Special Transport Grant may also be forwarded to the School Transport Section through the SENO, prior to the child's enrolment in school. If grant aid is sanctioned, applications for payment of the grant should include a completed Statement of Attendance form. Applications may be made at the end of the school year by the parent or guardian of the child to the School Transport Section.

Department of Education and Skills

School Transport Section
Portlaoise Road
Tullamore
Offaly
Ireland

Tel: (057) 932 5466/7

Seniors Alert Scheme

The scheme is funded by the Department of Rural and Community Development and administered by Pobal. Pobal is an independent, not-for-profit organisation that manages programmes on behalf of a number of Government departments and the E.U. The Seniors Alert Scheme (SAS) encourages community support for vulnerable older people by providing personal monitored alarms.

Purpose:

To enable older persons to live securely in their homes with confidence, independence and peace of mind by providing them with a free personal monitored alarm.

Criteria:

- ✓ Aged 65 years or older
- ✓ Of limited means or resources
- ✓ Living alone or living with another person who meets the eligibility criteria, living alone for significant periods of time during the day, or is a carer to someone else in their household
- ✓ Resides within the geographical area of the relevant registered organisation
- ✓ Able to benefit from the equipment supplied
- ✓ Prepare to maintain contact with the registered organisation

Cost:

It is free. You will get the equipment with one year's monitoring free. The equipment is funded through the Department of Rural and Community Development.

After year one you will be asked to pay a monitoring fee for the alarm, which is approximately €60-€90 per year.

APPLICATION PROCESS:



Simply contact your local **Family Carers Ireland Support Centre** operating the scheme and they will apply on your behalf by sending you out an application form.

Better Energy Homes Scheme

The Better Energy Homes scheme gives grants to homeowners to improve energy efficiency in their homes. Landlords and owners of more than one property can also apply for a grant under the scheme. If you have previously availed of a grant under the scheme, you can reapply to get additional work done. The Better Energy Homes scheme is administered by the Sustainable Energy Authority of Ireland (SEAI).



ELIGIBILITY CRITERIA:

You can get a grant or the following energy-saving and renewable solutions:

- ✓ Attic insulation
- ✓ Wall insulation - including cavity wall, internal dry lining and external insulation
- ✓ Heating controls upgrade
- ✓ Solar thermal solutions
- ✓ Heat pump systems
- ✓ A Building Energy Rating (BER) after the energy-saving work is carried out (you must get this BER to qualify for the grant)

See the **Application Guide (pdf)** for technical specifications, as well as information on insurance, contracts, inspections, grant limits and how to apply. Your contractor(s) must carry out the works in accordance with the SEAI. **See detailed information about the Better Energy Homes scheme here.**

How to qualify

You must have grant approval before you buy materials or start any grant-funded work. If you have already started work, you will not be eligible for a grant. Once approved, you have 6 months to get the works done and claim the grant.

To qualify for a grant, you must:

- ✓ Be the owner of a dwelling built before 2006 for insulation and heating control systems
- ✓ Be the owner of a dwelling built before 2011 for heat pump and solar thermal grants
- ✓ Use a contractor from **SEAI's registered list**
- ✓ Use newly fitted materials and products
- ✓ Have work done that complies with the required standards
- ✓ Have a BER carried out after the works are done
- ✓ Use a **BER assessor from SEAI's National Register**

You may not get a grant if:

- The measures do not comply with the required standards
- The relevant measure (the work on your home) was already incentivised under another grant programme

How to find out if your home would benefit from energy-saving work

You can get a Building Energy Rating (BER) done in advance of any works. A BER assessor will energy rate your home and provide you with an advisory report which will help identify areas that could be improved to increase the energy efficiency of your home.

Planning permission

In general, you do not need planning permission for most works carried out under this scheme, though you may require it for external wall insulation. This depends on whether the insulation will affect the external appearance of the building or whether the building is a protected structure. Contact your local authority to check if you need planning permission.

Choosing a contractor

Before choosing a contractor from the registered list, the SEAI recommends that you:

- Ask friends, family and neighbours who have done building work recently for advice and recommendations on contractors
- Get a number of quotes and compare the offers
- Request and check the contractor's references
- Formalise the relationship with your chosen contractor by drawing up a contract detailing the required works, prices, timescales, payment terms and warranties.

Getting the work done safely

Under the regulations governing safety, health and welfare at work, homeowners must ensure that construction work on their home is carried out by competent people.

Rates

Grants are paid after the work is completed and you have paid your contractor.

Applications received from specific offshore islands are eligible for 50% additional grant support.

If the cost of the work (including VAT) is less than the maximum grant amount, you will get a grant for the actual cost of the work.

Bonuses

A bonus of €300 is payable when you have completed 3 qualifying measures and a further €100 is payable on completion of a 4th measure. The full grant history of your home is taken into account when calculating whether a bonus is due. A BER does not count as a measure when calculating entitlement to a bonus.



APPLICATION PROCESS:

You can apply online or by post. If applying by post, you should contact the SEAI to get an application form, or download the application form, and send it back to SEAI – see 'Where to apply' below. You need the MPRN number from your

electricity bill and the name of your SEAI-registered contractor.

Online applications get an immediate response. Postal applications should get a response within 5 working days.

SEAI publishes a detailed guide to help with your application.

Better Energy Homes Scheme
Sustainable Energy Authority of Ireland
P.O. Box 119
Caherciveen
Kerry
Ireland

Tel: 01 808 2100

Email: info@betterenergyhomes.ie

SECTION FIVE:

Housing Grants and Schemes



Housing Adaptation Grant for People with a Disability

A Housing Adaptation Grant for Older People and People with a Disability is available from local authorities if you need to make changes to a home to make it more suitable for a person with a physical, sensory or intellectual disability or mental health difficulty.

The grant can help you to make changes and adaptations to your home, for example, making it wheelchair-accessible, extending it to create more space, adding a ground-floor bathroom or toilet or a stair-lift. In some cases, the provision of heating can be included but only under certain conditions.

If you only require minor work, you can apply for the means-tested Mobility Aids Grant Scheme instead.

Housing Aid for Older People Scheme

The Housing Aid for Older People Scheme is used to improve the condition of an older person's home. In general, it is aimed at people 66 years of age and older, who are living in poor housing conditions. However, in cases of genuine hardship, the local authority may assist people under age 66.

If you have a disability and your home needs to be adapted to make it more accessible, the Housing Adaptation Grant for People with a Disability or the Mobility Aids Grant Scheme may be more suitable for you.

These schemes are administered by local authorities, under the Housing (Adaptation Grants for Older People and People with a Disability) Regulations 2007, amended by new Regulations in 2014.

The European Health Insurance Card

This document explains how to apply for a European Health Insurance Card (EHIC) if you are living in Ireland or living in another EU/EEA State and are linked to the Irish Social Security System. If you live in Ireland but you are linked to another EU/EEA State's Social Security System, contact the health authorities in that country for more information.

If you are an EU/EEA national and are travelling or staying temporarily in another state of the European Economic Area (EEA) or Switzerland, you are entitled to receive medical care if you become ill or have an accident.

Ireland and the UK have a reciprocal health agreement under the Common

Travel Area. It gives Irish and British citizens who live, work or visit the other state access to healthcare.

If you are a student or a seconded worker, or if you are entitled to a social security pension in that state, you will be entitled to healthcare beyond the immediate treatment. Further information about student's entitlements to healthcare is available from the European Commission.

The European Health Insurance Card (EHIC) replaced the E111 form and a number of other 'E' forms including the E128, making it easier for you to get medical care quickly and easily when you are travelling in Europe. It is evidence that you are part of a health insurance scheme administered by another state in the EEA/Switzerland. To get healthcare with the card, you can go to the nearest public system doctor, public hospital, or other public treatment centre and present your card.



ELIGIBILITY CRITERIA:

You can only apply for a European Health Insurance Card from the Irish health authorities if you are:

- ✓ Ordinarily resident in Ireland and you are not receiving a social insurance payment from another EU state or paying another EU state's social insurance, or you are not the dependant of such a person.
- ✓ **Resident in another EU State** and you are receiving an Irish Social Insurance payment or paying Irish Social Insurance, or you are a dependant of such a person (you must get this BER to qualify for the grant)

The European Health Insurance Card only entitles you to the state-funded healthcare scheme in the country you are staying. It will not cover any of the costs involved in transporting you back to Ireland.

Every individual member of a family or group will need their own card.

Rates

There is no fee for the European Health Insurance Card or for a Temporary Replacement Certificate.

Renewing a European Health Insurance Card is also free.

APPLICATION PROCESS:



Applying for a European Health Insurance Card for the first time.

If you are travelling to an EU/EEA country or Switzerland, you should apply for a European Health Insurance Card (or Temporary Replacement Certificate) in advance of your travel.

You can apply online for your European Health Insurance Card if you are currently resident in Ireland and you already have either a Medical Card or a Drugs Payment Scheme (DPS) card. Your online application will be forwarded to the HSE Primary Care Reimbursement Service for processing. Your card or certificate will then be posted out to you.

Alternatively, you can download a European Health Insurance Card application form (pdf). You should send the completed form to your Local Health Office at least 1 month before you leave Ireland. Copies of the application form for a European Health Insurance Card are also available from your Local Health Office. The European Health Insurance Card (EHIC) entitles you to healthcare through the public system if you become ill or injured while on a temporary stay. In some states, you may have to make some payment towards the cost of the services you receive, just as residents in that state do. Such payments are non-refundable. If you avail of private healthcare, no refund is paid.

You may be entitled to a refund if you were charged because you did not present a valid EHIC or you were charged in error by the health service provider in the other state.

You should apply for a refund to your HSE Local Health Office. You should bring any receipts you have. The HSE will send an E126 form to the health authorities in the other state to establish:

- If you availed of a public health service
- The level of refund that is due to you.

On return of the completed E126 form from the other state, the HSE should be able to determine if a refund is due or not.

Cross-Border Healthcare Directive

If you are entitled to public health services in Ireland, you may opt to access those services in another member state of the European Union (EU) or European Economic Area (EEA), which also includes Iceland, Liechtenstein and Norway, and be repaid the cost if you meet the requirements.

This is provided for by the Cross-Border Healthcare Directive (EU Directive 2011/24/EU, pdf).

The same rules continue to apply to the UK during the withdrawal transition period. The transition period started after the UK left the EU on 31 January 2020 and will last until 31 December 2020, unless an extension is requested.

The amount that will be repaid is the cost of the public healthcare treatment in Ireland or the cost of your treatment abroad, if that is less. It does not include other costs such as travel.

Treatments that qualify for the Treatment Abroad Scheme are not covered under the Cross-Border Healthcare Directive. In general, the Treatment Abroad Scheme covers treatments that are not available in Ireland while the Cross-Border Healthcare Directive only covers treatments that are publicly funded and available in Ireland.



ELIGIBILITY CRITERIA:

Funding will only be reimbursed for healthcare that is publicly funded and available in Ireland but the referral may be to a public or private health service in the other country. You pay the costs of treatment and then apply for a refund when you return to Ireland.

Examples of healthcare that is available under the scheme include:

- Day, in-patient and out-patient care in acute hospital services, including psychiatric services
- Community-based out-patient care
- Dental and orthodontic services (with some exceptions, such as dental screening services in schools)
- Speech and language services
- Occupational therapy services (with some exceptions, such as assessment for aids at home)
- Psychology services
- Physiotherapy services

- Disability services
- Ophthalmic services
- Mental health services
- Methadone programme
- Addiction care (following the process to access addiction care abroad)

Some health services are not included, for example, organ transplantation and long-term care such as nursing home care.



APPLICATION PROCESS:

To use health services in another country and be refunded under the Cross-Border Healthcare Directive, you must:

- Be referred to the health service abroad
- Get prior authorisation if it is required for your treatment
- Apply for a refund of your costs.

Referral to healthcare abroad

In the same way that you would be referred to public health services in Ireland, you must be referred to the health service you require abroad. This may be, for example, by your GP (family doctor) or public hospital consultant. In the case of some community-based services, the appropriate referral could be by a Health Service Executive (HSE) professional such as a public health nurse, community dentist or HSE orthodontist.

Make sure that the service you are seeking to access abroad is covered by the Cross-Border Healthcare Directive. Your referring clinician can advise you about this but if you are in doubt, you can contact the National Contact Point in Ireland to check.

Prior authorisation

If the treatment involves an overnight stay in hospital, then it will need to be authorised in advance by the HSE. For other treatment, it is advisable to check whether prior authorisation is required by contacting the National Contact Point.

Applying for a refund of costs

To get a refund of the costs that you pay for your treatment, you and your

healthcare provider abroad must complete the HSE Cross-Border Healthcare Directive Pro-Forma Invoice (pdf) and submit it with the invoice from the healthcare provider and receipt.

The refund will only be made to the patient (or to the parents of a child patient). The HSE has published the refund amounts for different treatments. Treatments are listed according to a code – you can get the code for your treatment from the healthcare professional who has referred you. If you prefer, or if your treatment is not listed, you can get details of the refund rates from the National Contact Point.

The maximum refund for a hospital outpatient consultation is €130. If you have more than one consultation on the same day with consultants in the same speciality, the daily limit is €130.

For in-patient treatment, the charges for public in-patients in public hospitals in Ireland will apply. These charges will be deducted from the amount of the refund.

Appeals

If your application is refused, you can appeal to the Assistant National Director of the Contracts Department of the HSE – contact the National Contact Point.

Healthcare Directive in Ireland

National Contact Point
Cross-Border Healthcare Directive Department
St Canice's Hospital
Dublin Road
Kilkenny Ireland

Tel: (056) 778 4546

Email: crossborderdirective@hse.ie

Treatment Abroad Scheme

If you are a public healthcare patient and require treatment that is not available to you in Ireland, you may be able to use the Treatment Abroad Scheme to get the treatment in another country in the European Union (EU), the European Economic Area (the EEA also includes Iceland, Liechtenstein and Norway) or Switzerland.

The same rules continue to apply to the UK during the withdrawal transition

period. The transition period started after the UK left the EU on 31 January 2020 and will last until 31 December 2020, unless an extension is requested. Treatment that is available in Ireland may be accessed abroad under the Cross-Border Healthcare Directive.



ELIGIBILITY CRITERIA:

To qualify for the Treatment Abroad Scheme, you must need medical treatment that is:

- ✓ Not available in Ireland or
- ✓ Not available within the time normally necessary to get it in Ireland, taking into account your current health and the likely course of your condition or disease.

It must be a treatment that is within Irish law. Unproven, experimental or test treatments are not covered.

The treatment you have abroad must be in public healthcare under a registered medical practitioner in a recognised hospital or other institution that accepts form S2 (also known as E112). Form S2 authorises treatment abroad so that the patient does not have to make any payment to the healthcare provider.

You must provide confirmation of every appointment you are due to attend so that the Health Service Executive (HSE) can issue an S2 form that will cover the cost of your visit. If you do not have the document at your appointment, you may be charged and not be refunded.

Additional treatments or associated examinations or consultations, which may arise while you are abroad but have not been pre-approved, will not be covered. The Treatment Abroad Scheme may provide assistance with reasonable fares for air or sea travel for you and a travelling companion, where appropriate. For more information, see the Treatment Abroad Scheme policy on travel expenses (pdf).

Private patients

If you are a private patient, you cannot be referred for the scheme by a private hospital consultant. If you have applied to a private health insurance provider to fund your treatment abroad, you can apply to the Treatment Abroad Scheme if

your health insurer refuses your application and you have exhausted its appeals process.



APPLICATION PROCESS:

You must be referred for treatment abroad by an Irish-based consultant who is treating you as a public patient. You cannot refer yourself or be referred by a GP.

You and your referring consultant must complete an application form and include a copy of your referral letter. The HSE has produced a guide for consultants referring patients for funding under the Treatment Abroad Scheme (pdf).

Your application must be approved by the HSE before you travel or start treatment abroad. You will get a decision on your application by letter, usually within 15 to 20 working days. If your application is not approved, you will be told the reasons and given information on how to appeal the decision.

Download an application form for the Treatment Abroad Scheme or contact the Treatment Abroad Scheme Office.



SECTION SIX:

Family Carers Ireland Supports

Family Carers Ireland

Family Carers Ireland is the national charity dedicated to supporting Ireland's 355,000+ family carers and to ensuring they are properly recognised, supported and empowered. Our focus as an organisation is on family carers, as we are the charity that asks the carer how they are. Whether you are looking after a young child or an adult with an intellectual or physical disability, a spouse with palliative care needs, an ageing parent or a loved one with a mental health condition, Family Carers Ireland is here to help you develop and maintain a sustainable caring routine and to ensure that we inform policy and public debate surrounding family caring. We understand that as rewarding a role as family caring can be, it can also sometimes be a struggle and when you need our help, we are standing by to support you. We believe that no one should have to care alone.

The range of supports and service we can offer you are outlined briefly below. For more information on any of our supports, please visit our website at www.familycarers.ie or contact our Freephone Careline on 1800 24 07 24.

Membership – join Family Carers Ireland

Your involvement counts. Carers' strength comes from unity in numbers. The bigger our carer community grows, the stronger your voice becomes through Family Carers Ireland on issues directly related to the care you give in the home.

As a Family Carers Ireland member, you can avail of 100+ excellent discounts and offers that we have negotiated for family carers. Further information is available on our website www.familycarers.ie. Our membership card also has an 'in case of an emergency' contact displayed on the card, so should anything happen to you outside the home (i.e. you fall or have an accident), it means that someone realises from your membership card that you are a family carer and can in turn get in touch with your emergency contact.

Other exclusive benefits include receipt of our newsletter, accessing a member only subsidy for our National Respite Weekend as well as an option to be nominated for appointment as a board member to FCI. Joining is simple! You can become a member online by visiting www.familycarers.ie or you can request an application form from our Careline or your local Support Centre.

National Freephone Careline 1800 24 07 24

Family Carers Ireland offer a free, confidential Careline service to family carers around the country. Our experienced staff and trained volunteers listen without judgment to the concerns of callers and offer practical information on a wide range of topics. These include Family Carers Ireland supports and services (e.g. membership, contact information for local Support Centres, respite, training and education, counselling, emergency care plans, rights and entitlements, personal alarms, support groups, information on Carer's Allowance and Carer's Benefit) and signposting to supports available from Local Authorities, the Health Service Executive and the Department of Employment Affairs and Social Protection.

The Careline is open from 9am to 8pm Monday to Friday and 9am to 12pm on Saturday. Since 2016, we have partnered with the Samaritans who take calls outside of these hours to ensure family carers can speak to someone 24/7. The Careline number is 1800 24 07 24.

Carer Support Managers

Our network of Carer Support Managers are available to meet one-to-one with a family carer in any one of our 22 centres around the country. Carer Support Managers can support you with specific queries relating to your caring role, advocate on your behalf, or carry out an individual carer well-being assessment to help identify supports you may need to maintain your well-being as a carer and develop a sustainable caring routine.

Carer Well-being Review

If you would like to take part in a well-being review, you will have a chance to talk about how you are doing in 7 different areas of your life as outlined on the Carers Star™.

These areas cover: Time for yourself; your caring role; life at home; work; finances; how you feel and health.

Based on this discussion, you and your Carer Support Manager will agree an action plan, designed to support you to develop a sustainable care routine, and to improve your overall wellbeing. It's really important when you talk with the Carer Support Manager, you are as honest as possible, so that the actions agreed will really make a difference to you as a family carer.

Carer Support Groups

Family Carers Ireland currently run Carer Support Groups from our centres around the country. Carer Support Groups allow carers to share their experiences, feelings, ideas, concerns, information and problems; have a sense of connection with other family carers in similar circumstances; learn from other carers; socialise and have a break from their caring role.

Carers can share coping strategies and local information as well as offer emotional support in a safe, non-judgemental space through these support groups. Some groups bring together carers with similar experiences, for example carers of children with special needs, so that members can discuss issues specifically related to their caring situations. Other groups might focus on a shared activity. All groups provide a welcoming space for carers to meet, share support and develop enduring friendships.

Education and Training Opportunities

Family Carers Ireland provides a range of accredited and non-accredited education and training programmes and workshops to provide family carers with practical care skills and knowledge and the tools and techniques of self-care to support the development of a sustainable caring routine.

We work to constantly identify carers' education and information needs and work in partnership with many statutory, voluntary and community organisations to meet those needs.

Counselling

Many carers find positive meaning in their caring role and with the right supports carers can flourish. However, inconsistent and irregular support combined with the demands of the caring role can have a major negative impact on the emotional well-being and mental health of a family carer.

Family Carers Ireland can offer access to counselling free of charge for carers in need of this type of support. The counselling service can be accessed through speaking to one of our Carer Support Managers. Call into your local centre or phone the Careline on 1800 24 07 24 to find out more.

Emergency Card Scheme

One of the biggest worries for family carers is what will happen to the person they care for if they are in an accident or suddenly take ill. The Family Carers Ireland FREE Emergency Scheme can put your mind at rest with access to a 24/7 emergency helpline. Joining the scheme will ensure that the person you care for will continue to receive the support they need during a time of crisis from people you trust.

You can get your plan and join the scheme by e-mailing emergencyscheme@familycarers.ie, visiting www.familycarers.ie or by calling the Freephone Careline on 1800 24 07 24.

Family Carers Ireland Website

Our website – www.familycarers.ie – is a hub of information on all of the supports and services offered by Family Carers Ireland across the country. You can find details of your local support centre; social events, workshops and carer groups in your area; home support services; our current campaigns and lobbying activities; sign up to become a member and view your membership benefits, discounts and offers; and seek support and advice through an online chat tool supported by the Careline.

Family Carers Ireland App

The Family Carers Ireland App is free to download on the Google Play Store (Android) and App Store (Apple) or accessible on your PC/laptop through our website. It includes an essential care planning hub which allows you to create a profile of the cared-for person; coordinate care with family and friends; keep track of medications and appointments and a community section where you can connect and chat with other family carers.

Homecare Services

Family Carers Ireland is a HSE approved Home Care Provider. Our focus has always been on providing a personalised quality reliable home care service that responds to changing needs with comprehensive, premium quality supports. We pride ourselves in the knowledge that we understand your needs and are truly committed to ensuring you are safe, comfortable and cared for to the highest of standards. Our care plans can include any combination of a general call-in service, light housekeeping, social activities, personal care and more

specialised support, e.g. dementia or palliative care. Please call us on 1800 929 020 for more information.

Respite

Family Carers Ireland also provide respite services. Similar to the homecare services we provide, respite can include any combination of a general call-in service, light housekeeping, social activities, personal care and more specialised support, e.g. dementia or palliative care. Respite support takes into account both the needs of the carer and the cared for person and is provided in such a way as to ensure the carer is able to maximise the respite offered from a care worker coming into the home. Respite is often provided in blocks of 2+ hours and the carer is encouraged to use this time to take a break from their caring role.

Campaigns, Lobbying & Advocacy

Part of our work in Family Carers Ireland is to work with carers to ensure their issues are brought to the attention of Government and policy makers. We deliver a range of campaigns to raise awareness of carers and advance policy and we advocate for carers by offering practical advice, information and emotional support. Our policy and campaigning efforts are grounded in the reality of carers' experiences, backed up with evidence through our programme of research. In our media campaigns, we support carers to tell their stories in order to help other carers and improve public understanding of how caring affects people's lives.

Young Carers

Young carers are children or young people who help to care for somebody in their family with an illness, a disability, a mental health issue or an alcohol or other drug problem. A young carer may help care for a parent, a sibling, a grandparent or even other relatives. If you are a young carer, there are lots of ways that Family Carers Ireland can help you. For information on any of the following supports, contact our Young Carers Office on 057 9370208 or youngcarers@familycarers.ie

- Individual and Family Support

Individual support is available to young carers and young adult carers struggling with any aspect of their caring role. We offer information, advocacy, advice, practical supports, counselling and emergency planning. We can also offer help to the wider family through our network partners and local Family Carers Ireland Centres.

- Young Carer Support Network

Family Carers Ireland has a network of local young carer supports in several locations across the country. These services offer supports such as young carer groups, information, advice and practical supports.

- Free Young Carer Card

Family Carers Ireland offers a free Young Carer Card which gives young carers aged 10-24 access to a variety of deals and discounts. There are currently over 20 deals and discounts available to young carers including offers from Carlingford Adventure Centre, Zipit Forest Adventure, Grafton Barbers, Omniplex Cinemas, Gym Plus, The Body Shop and many more. The card can also be used as disclosure tool for schools, colleges and health services.

Young Carer Card holders will also receive regular updates about upcoming events and activities. To apply for a Young Carer Card, visit www.familycarers.ie and fill in the online form.

- National Events

At Family Carers Ireland, we recognise the importance of peer support, networking and respite breaks for young carers. Our annual Young Carer Respite Weekend gives young carers aged 12-17 a break from their caring roles and an opportunity to meet with other young carers while taking part in fun activities. We also organise regular conferences and forums which give young carers the opportunity to have their voices heard.

- Young Carers in Education

Family Carers Ireland's Young Carers in School Programme works with schools across the country to support students with caring responsibilities. We have a guide for teachers and other school staff to help ensure that they understand the issues affecting young carers and how to meet their needs. We also offer awareness talks and support schools to set up in-school young carer groups.

Our supports for young adult carers in further and higher education include information, advocacy, help with accessing financial support (such as the SUSI Grant) and emergency care planning. We also have a network of colleges and third level institutions who have put in place structures to make further and higher education more accessible to young carers.



Family
Carers
Ireland

No one should have to care alone

www.familycarers.ie

Freephone Careline 1800 24 07 24