



## Section 1A: Personal details, continued

Do you currently hold a DPS card? Yes  No

If 'YES' please enter existing card number:  
(This number is in bold print on the centre of your DPS card.)

## Section 1B: Residency

To be eligible for the Drugs Payment Scheme, you must satisfy the Health Service Executive (HSE) that you are 'ordinarily resident'. This means that you (and your family) are living in Ireland and intend to live here for at least one year.

### Applicant:

Are you Ordinarily resident? Yes  No

How long have you lived in Ireland?

Are you?

Irish  EU/EEU or Switzerland   
Non EU/EEU or Switzerland

If non-EU/EEU or Switzerland, what is your current immigration status?

### Spouse or Partner:

Are you Ordinarily resident? Yes  No

How long have you lived in Ireland?

Are you?

Irish  EU/EEU or Switzerland   
Non EU/EEU or Switzerland

If non-EU/EEU or Switzerland, what is your current immigration status?

To establish that a person is ordinarily resident, the HSE requires a photocopy of *one* item from 1 – 4 below.

1. A current utility bill dated within the last three months, for example, a gas, electricity or phone bill.
2. A current car or home insurance policy in the name of the applicant.
3. An official document issued from a government department, Revenue or local authority. For example a notice of assessment from Revenue, proof of rent from The Housing Assistance Payment or county council.
4. Recent correspondence from a bank, building society, credit union or other financial institution. For example, a bank statement or credit card statement.

If you ticked non-EU/EEA or Switzerland you must also give us a photocopy of *all* of the following three items:

1. The identification page from your passport.
2. The landing stamp page from your passport.
3. Your Irish Residence Permit (IRP).

## Section 1C: Your dependant children (aged 0-23)

First name:	Surname:	Date of birth:						Gender (please tick)		PPS number: For example: 2221111AW								In continuing education (please tick 'Y' for yes and 'N' for no)			
		D	D	M	M	Y	Y	M	F											Y	N
		D	D	M	M	Y	Y	M	F											Y	N
		D	D	M	M	Y	Y	M	F											Y	N
		D	D	M	M	Y	Y	M	F											Y	N
		D	D	M	M	Y	Y	M	F											Y	N
		D	D	M	M	Y	Y	M	F											Y	N
		D	D	M	M	Y	Y	M	F											Y	N
		D	D	M	M	Y	Y	M	F											Y	N

## Section 2A: School or college details

**Complete this section only if your child is between 18 and 23 and continuing in full-time education.**

Please ask your school or college principal to complete this section of the form.

Where there is more than one student in full-time education, please submit college or school details for each student on additional application forms.

I certify that

\_\_\_\_\_ is in full time education at this school or college since (state both dates)

Date of entry:

D	D	M	M	Y	Y	Y	Y
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and is expected to continue until:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

This student is in year \_\_\_\_ of a \_\_\_\_ year course.

**Signature:**

**Phone:**

**Date:**

D	D	M	M	Y	Y	Y	Y
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**School or office stamp:**

## Section 3A: Data Protection and Freedom of Information Notice

We will treat all personal information and data you give us as part of this application as confidential and store it securely.

When we receive the completed application form, we will make a computer record for the named applicant or applicants. This record will contain the relevant personal information you have given us.

We will use and keep this personal record, only to process your Drugs Payment Scheme application.

We will not share the personal information you have given us with any other person or organisation unless you (or someone authorised on your behalf) have given us consent to do this, or we are required to do so by law.

Our Privacy Statement explains how we use your information you give us as part of your application form. Full details of this Privacy Statement can be found on [www.medicalcard.ie](http://www.medicalcard.ie) or by calling Lo Call 1980 252 919.

## Section 3B: Declaration and consent

Before signing this form, please take time to read and consider the following important information.

By law, anyone who deliberately gives false information on this form, or who deliberately withholds information relevant to an assessment of eligibility for a Drugs Payment Card could face a fine, imprisonment or both.

Also, by law, anyone who does not tell the HSE about a change in their circumstances that could affect their eligibility for a Drugs Payment Card could face a fine.

Where appropriate, the HSE reserves the right to review and modify Drugs Payment Card eligibility status at any time.

**Please read the following statements. If you agree with them, please tick the boxes, sign your name below and fill in the date.**

I am applying for a Drugs payment Card for myself, and, if it applies, my spouse and dependants.

I declare that the information I have given as part of this application is correct to the best of my knowledge.

I agree to tell the HSE immediately of any changes that may affect my/my family's eligibility for health services.

I agree that the HSE, when assessing eligibility, may contact other government departments including the Department of Employment Affairs and Social Protection, Revenue and the Department of Justice and Equality to confirm the information I have given.

I authorise the HSE to deal directly with my nominated contact person (advocate) on all aspects of my application, which includes the sharing of personal sensitive information.

Sign  
Here

Signature: 

Date:

D D M M Y Y Y Y

## Checklist

To avoid a delay in processing your application, send us all the required documents.

Completed and signed application form.

College stamp or medical report for dependent or dependents, if required.

Documentation to prove “Ordinarily resident” – you must give us one item from 1- 4 below.

1. A current utility bill dated within the last three months, for example, a bill for:
  - gas
  - electricity
  - phone.
2. A current car or home insurance policy in the name of the applicant.
3. An official document issued from a government department, Revenue or local authority. For example:
  - a notice of assessment from Revenue
  - proof of rent from The Housing Assistance Payment or County Council.
4. Recent correspondence from a bank, building society, credit union or other financial institution. For example:
  - a bank statement
  - credit card statement.

**If you ticked non-EU/EEA or Switzerland in Section 1A, Residence Status, you must provide *all* of the next three items:**

The identification page from your passport.

The landing stamp page from your passport.

Your Irish Residence Permit (IRP).

## Help and information

The Drugs Payment Scheme covers families and individuals for part of the cost of their approved prescribed drugs, medicines, or appliances, or both. Under the Drugs Payment Scheme, families and individuals will not have to pay more than the approved monthly threshold amount in any calendar month.

### Eligibility

Anyone ordinarily resident in Ireland can apply to join the scheme, regardless of family, financial circumstances or nationality. Those who hold a Medical Card are not eligible for the scheme.

### Definition of a family for the purpose of the scheme

An adult, his or her spouse or partner, dependant or dependants and any children under 18 years of age.

### Definition of a dependant for the purpose of the scheme

A member of the family who is over 18 years of age and under 23 years of age, who is in full time education – you must provide a school or college stamp or other validation.

A member of the family with a physical disability, intellectual disability or mental illness, who cannot maintain himself or herself fully, may be included under this scheme regardless of age. You must supply a medical report.

### How to use the scheme

Once we have processed your application form, we will send you a card for each member of your family. You must present your card each time you attend the pharmacy before a prescription can be dispensed. We advise you to use the same pharmacy in a particular month if you wish to avoid paying more than the monthly threshold amount.

## Application form submission

If you have any questions before you send off this form, please LoCall **1890 252 919**.

**Please send your completed form to:**

**Drugs Payment Scheme**

**Client Registration Unit**

**PO Box 12966**

**Dublin 11**

**D11 XKF3**