

Nursing Homes Support Scheme Information and Application Form

Use this form to apply for the Nursing Homes Support Scheme. Completed forms should be returned to your HSE Nursing Homes Support Office, who can also provide help to complete your application. Contact details for HSE Nursing Homes Support Offices are on the back page of this form. Before completing this form, you can read more detailed information on this scheme in the Nursing Homes Support Scheme Information Booklet.

■ What is the Nursing Homes Support Scheme?

The Nursing Homes Support Scheme provides financial support towards the cost of long-term nursing home care. It replaces the Nursing Home Subvention Scheme. Under the scheme, people who need nursing home care have their income and assets assessed, and then make a contribution towards the cost of their care based on their assessment. The HSE will pay the rest, if any, of the costs of their care in public and registered private nursing homes covered under the scheme. As the budget for this scheme is fixed each year, at times a waiting list for financial support may be in place.

■ Who can apply for the scheme?

Anyone who may need long-term nursing home care can apply. You must be ordinarily resident in the State, which means that you have been living here for at least 1 year or you intend to live here for at least 1 year.

■ How does the application process work?

There are 2 parts to the application process: a Care Needs Assessment and a Financial Assessment. The Care Needs Assessment is carried out by healthcare staff e.g. Doctors, Nurses, Social Workers, and looks at your healthcare needs and your family and social supports. The results will show if you need long-term nursing home care.

If the Care Needs Assessment shows that you need long-term nursing home care, the Financial Assessment will work out the amount that you will pay towards the cost of your care and the amount that the HSE will pay. The amount that you pay for your care depends on your income and the value of your assets. People who have less income/assets pay less and people who have more income/assets pay more. No-one will pay more than the cost of their care.

■ What financial support does the HSE offer?

There are two types of financial support available under this scheme; State Support and a Nursing Home Loan (Ancillary State Support).

State Support: Your income and assets are assessed and your weekly contribution is worked out. The HSE will pay the rest of the weekly cost of your care, this is called State Support.

Nursing Home Loan (Ancillary State Support): This is an optional extra feature of the Nursing Homes Support Scheme for people who own property or assets in the State. Instead of paying your full weekly contribution for your care from your own means, you can choose to apply for a Nursing Home Loan, to cover the portion of your contribution which is based on property or land-based assets within the State. The HSE will then pay that portion of your cost of care on top of your State Support payment. The loan is paid back to the State after the sale of the asset or your death, whichever occurs first. Repayment of the loan is made to the Revenue Commissioners. In certain cases, repayment of the loan can be deferred, and you can read more about this in the Information Booklet. This part of the scheme is designed to protect people from having to sell their home during their lifetime to pay for nursing home care.

The HSE has a fixed budget for the scheme each year, so at times a waiting list for support may be in place.

Do you assess a couple's income jointly?

People not living as part of a couple are assessed singly, and people who are living together as part of couple are assessed jointly. A couple includes:

- Married couples living together
- Co-habiting couples (living together for 3 years or more)
- Same sex couples (living together for 3 years or more)

It does not include siblings who live together, or two adults living together but not as life partners. Where a member of a couple is applying for the nursing home loan, their spouse or partner must sign that part of the application.

Who should fill in this form?

The form should be completed by and must be signed by the person applying for nursing home care. Help and advice is available from health care workers and from the HSE Nursing Homes Support Offices. If a person applying for nursing home care has reduced ability to make decisions, a specified person can apply for State Support on their behalf. If the person has reduced ability to make decisions and is applying for the Nursing Home Loan, a Care Representative must make the application. A person appointed under Enduring Power of Attorney or the Committee of a Ward of Court can also make an application in such circumstances. You can read more about this in the Information Booklet.

What do I need to include with my application form?

Your application must include documentary evidence to support any information you have provided. Details of what is required are given in each section.

If my circumstances change?

You must advise the HSE within 10 working days if you or your partner's circumstances change, as your financial support may be affected.

OFFICE USE ONLY

Date Received _ _ _ _ _ Ref No. _ _ _ _ _

Part 1A – Applicant's Details – Please use BLOCK CAPITALS

(The applicant is the person who may need care)

Surname:											Are you ordinarily resident in Ireland? Yes <input type="checkbox"/> No <input type="checkbox"/>
First Name(s):											Home address:
Date of Birth:			D	D	M	M	Y	Y	Y	Y	
Daytime Phone:	0										
Gender:	Male <input type="checkbox"/>			Female <input type="checkbox"/>							Current address if different from home address: (living with relative, or in hospital/nursing home)
PPS Number:											
E-mail address:											
Birth surname: (If different from above)											Town:
											County:
											If in hospital/nursing home please state date of admission:

Relationship Status – Please choose only one of the following:

Couple	Tick <input type="checkbox"/>	You are married and living together/co-habiting/co-habiting in a same-sex life partnership
Single	Tick <input type="checkbox"/>	Not married/Not living as part of a couple/Share a home with another adult, e.g. a sibling or a friend.

If co-habiting, please state the number of years you have been co-habiting with your partner Years

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Have you or your partner (living or deceased) previously applied for State Support or Subvention?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, when (if known)		

Do you currently hold a Medical Card, GP Visit Card, or a Drugs Payments Scheme Card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please supply the Number (if known)		

We understand that you may wish to have some help or support from a relative or friend in making this application and gathering documentation. If you do, please provide contact details for this person here:

Name: _____

Address: _____

Tel No.: _____

Please note that in nominating a contact person you consent to that person receiving copies of documentation on your care needs and financial assessments.

Part 2 – Application for Care Needs Assessment

Part 2 A – To be completed by a person who may need care services.

I, _____ hereby apply for a Care Needs Assessment under the Nursing Homes Support Scheme.

Signed: _____

Dated:

D	D	/	M	M	/	Y	Y	Y	Y
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Part 2 B – To be completed where a person is unable to make application for Care Needs Assessment on their own behalf.

I, _____ hereby apply for a Care Needs Assessment under the Nursing Homes Support Scheme on behalf of _____ who it appears may need care services and is unable to make application on his/her own behalf by reason of ill-health, physical disability or a mental condition.

I make this application as: (Tick correct box)

- | | | | |
|--------------------------------------|--------------------------|--|--------------------------|
| (a) spouse/partner; | <input type="checkbox"/> | (f) registered social worker; | <input type="checkbox"/> |
| (b) a relative over 18 years of age; | <input type="checkbox"/> | (g) Committee of Ward of Court*; | <input type="checkbox"/> |
| (c) legal representative; | <input type="checkbox"/> | (h) next friend appointed by the Court*; | <input type="checkbox"/> |
| (d) registered medical practitioner; | <input type="checkbox"/> | (i) Attorney under Enduring Power of Attorney*; | <input type="checkbox"/> |
| (e) registered nurse; | <input type="checkbox"/> | (j) Care Representative appointed by the Court*; | <input type="checkbox"/> |

Signed: _____

Dated:

D	D	/	M	M	/	Y	Y	Y	Y
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Address: _____

Tel: _____ Email: _____

(* Please enclose documentary evidence)

Part 3A – Details of income

If you are part of a couple please supply details for your spouse/partner. Please include documentary evidence of all income. Net Weekly Income should be provided, i.e. your weekly income after Tax, PRSI etc. have been deducted.

Income

	Applicant	Spouse/Partner
Department of Social and Family Affairs pension/allowance/benefit	€	€
Any other non-Irish pension	€	€
Occupational pension <i>Please include a copy of your pension slip</i>	€	€
Employment, trade, profession or vocation (including for part time work) <i>Please include a copy of a pay slip, P60 or P21</i>	€	€
Income from rentals (in the State or otherwise)	€	€
Income from holding an office or directorship	€	€
Income from fees, commissions, dividends, interest, or income of a similar nature	€	€
Payments under a settlement, covenant, estate or a payment in respect of maintenance	€	€
Income from royalties and annuities	€	€
Income that was transferred from you to another person within the last 5 years.	€	€
Farming/Business Income <i>If income arises from a Farm or Business please attach accounts in respect of same for the previous tax year</i>	€	€
Any other income:		
	€	€
	€	€

Please supply

	Applicant	Spouse/Partner
Department of Social and Family Affairs Pension claim number <i>or</i>		
Department of Social and Family Affairs Pension book number <i>or</i>		
PPS number		

Part 3B – Allowable Deductions

Some expenses may be deducted from your income for this assessment. Please give details of allowable deductions.

	Amount per year	
	Applicant	Spouse/Partner
Health Expenses (e.g. doctors' fees, pharmacy costs)	€ <input type="text"/>	€ <input type="text"/>
Interest on loans related to your principal residence	€ <input type="text"/>	€ <input type="text"/>
Rent Payments (If you live in rented accommodation)	€ <input type="text"/>	€ <input type="text"/>
Maintenance Payments to another person	€ <input type="text"/>	€ <input type="text"/>

Amounts in Part 3B should be provided annually, net of Tax Relief. The HSE may request evidence of these deductions during your assessment.

Part 4A – Details of Cash Assets

Please give details of all Cash Assets, giving the total balance amounts for you and your spouse or partner. Please provide documentary evidence of cash assets.

	Applicant	Spouse/Partner
Savings and Deposits (please give a total amount)		
Bank	€ <input type="text"/>	€ <input type="text"/>
Credit Union	€ <input type="text"/>	€ <input type="text"/>
Post Office	€ <input type="text"/>	€ <input type="text"/>
Other (please specify) <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Stocks, shares, bonds, securities etc.		
<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Money loaned to another person which is repayable	€ <input type="text"/>	€ <input type="text"/>
Total Cash Assets transferred to another person within the last 5 years (cash, savings/deposits, shares, bonds, securities etc.)		
<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
If any of the transferred assets have been returned, please state the total amount returned		
<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Other Cash Assets		
<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

Part 4B – Details of Non-Cash Assets

Non-Cash Assets means all forms of property, land or valuables owned by you and your spouse or partner, whether within the State or outside. Please include documentary evidence of assets and values.

Principal Residence

Home Address

Please indicate if you are the owner/joint owner/tenant/lodger/local authority tenant purchaser/other (please specify)

If you own or partly own your property please provide current market value of your home. (Please furnish a Certificate of Market Value from an Auctioneer or a Valuer)

€

Indicate loan repayments (amount per month) and outstanding balance on same

Loan Repayment	Outstanding Balance on Loan
€ <input type="text"/>	€ <input type="text"/>

Transferred Assets

Please supply details of any non-cash assets (property/land) sold or transferred to another person in the last 5 years.

Asset Details	Date of Transfer	Value at time of Sale or Transfer €	Amount Received from Sale/Transfer €	If transferred, to whom?

Please supply documentary evidence of the amount received or the market value of asset at the time of sale/transfer

Other Non-Cash Assets (property or valuables)

Please provide details (including address if appropriate)

Value in € for applicant and spouse

Outstanding Balance on Loan

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

Please furnish a Certificate of Market Value from an Auctioneer or a Valuer.

Please supply details of any mortgage or charge on the Non-Cash Assets listed above.

Part 5 – Application for State Support

Please read the following and then sign either Part 5A or 5B as appropriate

As part of this application, the HSE will make arrangements for a Care Needs Assessment and a Financial Assessment to be carried out. Any organisation with information relevant to the applicant's care needs may provide the HSE with this information. The content of the care needs assessment report may be provided to, or shared with, relevant health professionals, if required. All required information which the HSE may request in connection with the consideration of this application will be provided. To process this application the HSE may seek limited access to social welfare data to confirm details of the applicant, their spouse/partner and dependants. The signature below indicates consent to this access. The HSE will treat all information and personal data provided to them as confidential. The HSE will only disclose information or personal data to other people or bodies according to law. The applicant must report to the HSE, within 10 working days, any changes in his/her or their partner's circumstances which may affect entitlement to financial support.

Part 5A To be completed by the person who needs care services:

I hereby apply for State Support under the Nursing Homes Support Scheme. I have read Part 5 above and I say that the information given by me on this form is correct to the best of my knowledge and belief.

Signed:

Dated:	D	D	/	M	M	/	Y	Y	Y	Y
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Part 5B To be completed only where the person who may need care services has reduced capacity to make decisions and is unable to make the application

I, _____ hereby apply for State Support under the Nursing Homes Support Scheme on behalf of _____
(persons name)

I make this application as: (Tick correct box)

- (a) Committee of Ward of Court**
- (b) Attorney under Enduring Power of Attorney**
- (c) Care Representative appointed by the Court**
- (d) spouse/partner;
- (e) a relative over 18 years of age;
- (f) next friend appointed by the Court**;
- (g) legal representative;
- (h) registered medical practitioner;
- (i) registered nurse;
- (j) registered social worker;

Categories (a) to (c) above have priority over those at (d) to (j). Please refer to the Information Booklet for further information.

I have read Part 5 above and I say that the information given by me on this form is correct to the best of my knowledge and belief. No person has priority to make this application before me / All persons with higher priority have consented in writing (copy/copies attached) to my making this application (delete as applicable). (See Information Booklet)

Signed:

Dated:	D	D	/	M	M	/	Y	Y	Y	Y
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(*Please enclose documentary evidence)

Part 6 – Nursing Home Loan (Ancillary State Support)

The Nursing Home Loan (Ancillary State Support) is an additional support designed to ensure that people do not have to sell assets such as their home during their lifetime in order to meet their care costs.

This is an optional extra feature of the Nursing Homes Support Scheme for people who own property or assets in the State. It is a loan advanced by the HSE to you. It is paid to help you meet the portion of your contribution to the cost of care that is based on Irish land-based assets (i.e. land and property within the Irish State).

Payment of the Nursing Home Loan (Ancillary State Support) by the HSE results in the creation of a charge (a simple type of mortgage) in favour of the HSE against the interest of the applicant and his/her partner in the asset(s) set out in this application. The HSE will notify the Property Registration Authority of the charge who will register it against the asset(s) specified in this application.

You may therefore wish to seek **independent legal advice** before you apply for a Nursing Home Loan (Ancillary State Support).

The Nursing Home Loan (Ancillary State Support) together with interest is repayable

- (a) when the applicant dies, or
- (b) when any part of the charged asset is transferred, or
- (c) if the applicant or his/her partner is made a bankrupt, or
- (d) if the HSE determines that it has been given false/misleading information relating to this loan application

Where the home, farm, business or other asset is owned by more than one person, the HSE requests all joint owners to fill in Part 6B of this form.

The Nursing Home Loan (Ancillary State Support) may be applied for at any time, not just when entering into long-term nursing home care. Applications for the Nursing Home Loan may be granted by the HSE subject to the overall budget available to it.

Part 6A – Application for a Nursing Home Loan (Ancillary State Support)

I/We hereby apply for and request payment of the Ancillary State Support (Nursing Home Loan) under the Nursing Homes Support Scheme Act, 2009 (“the Act”) in respect of the following land-based asset(s) within the State. I/We acknowledge that payment of Ancillary State Support results in the creation of a Charge in favour of the Health Service Executive (which by virtue of the Act is deemed to be a mortgage made by deed) against the interest of the person to whom payment relates and of the partner of that person in such land as is specified in the request for payment of the Ancillary State Support (Nursing Home Loan). I/We consent to the creation of a Charge in favour of the Health Service Executive over the asset(s) listed below.

1st Property

2nd Property

1st Property	2nd Property
Details of Asset:	Details of Asset:
House No./Name:	House No./Name:
Street:	Street:
Town/City:	Town/City:
Townland:	Townland:
County:	County:
Folio Number (if known):	Folio Number (if known):

(Please provide documentary evidence if available of the title to property e.g. copy land registry folio or copy lease or conveyance to applicant)

Signed:

_____ *(Applicant)*

Dated: / /

Signed:

_____ *(Partner/Spouse)*

Dated: / /

Signed:

_____ *(Representative of Applicant)*

Dated: / /

Signed:

_____ *(Representative of Partner)*

Dated: / /

If you are signing as a representative, please provide evidence of your appointment as a Care Representative/ Attorney under Enduring Power of Attorney/Committee of a Ward of Court.

A person who knowingly or recklessly gives the HSE information which is false or misleading in connection with an application for financial support is liable on conviction to a fine and/or imprisonment.

Part 6B – Consent of Joint Owner(s)

Any person(s) who jointly owns a property with the applicant is requested to sign this section.

I/we _____ and _____, (the joint owner(s) of the asset(s) listed below), hereby give my/our prior written consent to the creation of a Charge in favour of HSE under the Nursing Homes Support Scheme Act, 2009 (“the Act”) in respect of the following land-based asset(s) within the State. I/we acknowledge that payment of Ancillary State Support results in the creation of a Charge in favour of the Health Service Executive (which by virtue of the Act is deemed to be a mortgage made by deed) against the interest of the person to whom payment relates and of the partner of that person in such land as is specified in this request for payment of Ancillary State Support.

1st Property

2nd Property

1st Property	2nd Property
Details of Asset:	Details of Asset:
House No./Name:	House No./Name:
Street:	Street:
Town/City:	Town/City:
Townland:	Townland:
County:	County:
Folio Number (if known):	Folio Number (if known):

Signed:

(Joint Owner)

Dated: / /

Signed:

(Joint Owner)

Dated: / /

The absence of prior consent in writing of a joint owner does not render void the making of a charge in favour of the HSE.

Checklist

Where documentary evidence is being sent with this application, photocopies are acceptable - you do not need to send original documents

Have you provided proof of income from

- Department of Social & Family Affairs pension/allowance/benefit
- Occupational Pension – recent payslip, P60 or P21
- Non-Irish pension
- Employment trade, profession or vocation
- Rentals – in the state or otherwise
- Holding an Office or Directorship
- Fees, commissions, dividends, interest or income of a similar nature
- Payments under a settlement, covenant, estate or a payment in respect of maintenance
- Royalties and annuities
- Transferred income
- Farming/business – please attach accounts in respect of previous year
- Any other income

Have you provided details of Cash Assets?

- Savings and Deposits – please provide copies of full statements from banks, credit union, post office etc.
- Stocks, Shares, Bonds, Securities and other financial instruments – please provide statements of value
- Money loaned by you to another person which is repayable – please provide details
- Details of any cash assets transferred in the past five years
- Details of any other cash assets

Have you provided details of Non-Cash Assets – Property and Land?

- If you own your home provide details of current valuation
- Details and valuations of interest in other houses/land/business in the State
- Details and valuations of interest in overseas houses/land/business
- Details of any non-cash assets transferred in the past five years
- Details of any other non-cash assets
- Details of any mortgage or charge on Non-Cash Assets

Have you provided information if applying for a Nursing Home Loan (Ancillary State Support)?

- Details of Property and Folio Numbers – if known
- Have you considered taking independent legal advice?

Additional Information

- Have you signed the application for Care Needs Assessment in Part 2?
- Have you signed the application for State Support at Part 5?
- If you are applying for the Nursing Home Loan, have you read and signed Part 6?
- If you are applying on behalf of another person, have you provided the requested details of your entitlement to do so?
- If you are currently in a nursing home/hospital please supply a letter stating date of admission.

HSE Nursing Home Support Offices

Your Nursing Homes Support Office is available to help you fill in the form or answer questions about your application. When you have completed this form, send it to the Nursing Homes Support Office for your area:

Carlow/Kilkenny	HSE Nursing Homes Support Office, Community Services, James's Green, Kilkenny. Tel: 056 7784761 & 056 7784633
Cavan/Monaghan	HSE Nursing Homes Support Office, St. Felim's Hospital, Cavan. Tel: 049 436 0446/451/456
Cork/Kerry	HSE Nursing Homes Support Office, Floor 5, 26 South Mall, Cork. Tel: 021 492 1842/43/44/45
Donegal	HSE Nursing Homes Support Office, Navenny House, Navenny Street, Ballybofey. Tel: 074 9189172
Dublin South, Wicklow and Kildare	HSE Nursing Homes Support Office, Oak House, Millennium Park, Naas, Co. Kildare. Tel: 045 88040
Dublin North City and County	HSE Nursing Homes Support Office, Civic Office, Main Street, Ballymun, Dublin 9. Tel: 01 8467148
Galway	HSE Nursing Homes Support Office, Community Services, West City Centre, Seamus Quirke Road, Galway. Tel: 091 548427/28/26
Laois/Offaly	HSE Nursing Homes Support Office, Health Centre, Arden Road, Tullamore, Co. Offaly. Tel: 057 9359625
Limerick, Clare and North Tipperary	HSE Nursing Homes Support Office, St. Joseph's Hospital, Mulgrave Street, Limerick. Tel: 061 461499
Longford/Westmeath	HSE Nursing Homes Support Office, Health Centre, Longford Road, Mullingar, Co. Westmeath. Tel: 044 9394995
Louth	HSE Nursing Homes Support Office, Community Care, Dublin Road, Dundalk. Tel: 042 9381344
Mayo	HSE Nursing Homes Support Office, County Clinic, Castlebar. Tel: 094 9042261
Meath	HSE Nursing Homes Support Office, An Tealach, Commons Road, Navan. Tel: 046 9066272
Roscommon	HSE Nursing Homes Support Office, Community Services, Lanesboro Road, Roscommon. Tel: 0906 637561
Sligo/Leitrim	HSE Nursing Homes Support Office, Markievicz House, Barrack St, Sligo. Tel: 071 9155193
Tipperary South	HSE Nursing Homes Support Office, Community Care Centre, Western Road, Clonmel. Tel: 052 6177283
Waterford	HSE Nursing Homes Support Office, Waterford Community Services, Cork Road, Waterford. Tel: 051 842963
Wexford	HSE Nursing Homes Support Office, Wexford Community Services, Grogan's Road, Wexford. Tel: 053 9123522

You can read more about this scheme on www.hse.ie. Information is also available from the HSE infoline on 1850 24 1850, Monday to Saturday, 8am to 8pm