



Application form for One-Parent Family Payment

Remember, you must have at least one dependent child living with you to qualify for One-Parent Family Payment.

How to complete application form for One-Parent Family Payment.

- Please tear off this page and use as a guide to filling in this form.
- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS** and place an **X** in the relevant boxes.
- Please answer **all questions** that apply to you. If a question does not apply to you, please leave the answer area blank.
- You need a Personal Public Service Number (PPS No.) before you apply

You should complete **Parts 1 to 5** and **Part 7 A** as they apply to you. Your employer (if any) should fill in **Part 7 B**. When the form is completed, read **Part 6** and sign declaration in **Part 1**.

If you need any help to complete this form, please contact your local Social Welfare Office or Citizens Information Centre.

For more information, log on to www.welfare.ie.

How to fill in first page of this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS No.:	1	2	3	4	5	6	7	T											
2. Title: (insert an 'X' or specify)	Mr.	<input type="checkbox"/>	Mrs.	<input checked="" type="checkbox"/>	Ms.	<input type="checkbox"/>	Other												
3. Surname:	M	U	R	P	H	Y													
4. First name(s):	M	A	U	R	E	E	N												
5. Your first name as it appears on your birth certificate:	M	A	R	Y															
6. Birth surname:	M	C	D	E	R	M	O	T	T										
7. Your mother's birth surname:	K	E	L	L	Y														
8. Your date of birth:	2	8		0	2		1	9	7	0									
	D	D		M	M		Y	Y	Y	Y									

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T								
	O	L	D			T	O	W	N											
	C	O		D	O	N	E	G	A	L										
10. Your telephone number:	0	8	6	1	2	3	4	5	6	7										
	MOBILE																			
	0	1	7	0	4	3	0	0	0											
	LANDLINE																			
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E		

SAMPLE

26. If you are not getting maintenance, do you expect to get any maintenance in the future?

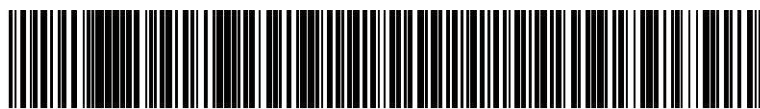
Yes No

If 'No', what steps are you taking to get maintenance?

Please attach a copy of Maintenance Summons if you have one.

27. Are you taking or have you taken part in any of the following courses or schemes?

Type of course or scheme	If 'Yes' insert (X)	Date you started course or scheme				Amount you get paid for scheme or course
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/> , <input type="text"/> . <input type="text"/> a week
		D D	M M	Y Y Y Y		
Community Employment	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/> , <input type="text"/> . <input type="text"/> a week
		D D	M M	Y Y Y Y		
Back to Work Enterprise Allowance	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/> , <input type="text"/> . <input type="text"/> a week
		D D	M M	Y Y Y Y		
Back to Work Allowance (Employees)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/> , <input type="text"/> . <input type="text"/> a week
		D D	M M	Y Y Y Y		
Vocational Training Opportunities Scheme (VTOS)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/> , <input type="text"/> . <input type="text"/> a week
		D D	M M	Y Y Y Y		
Back to Education Allowance	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/> , <input type="text"/> . <input type="text"/> a week
		D D	M M	Y Y Y Y		
Community Services Programme	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/> , <input type="text"/> . <input type="text"/> a week
		D D	M M	Y Y Y Y		
Job Initiative	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	€ <input type="text"/> , <input type="text"/> . <input type="text"/> a week
		D D	M M	Y Y Y Y		



Part 2

Details of your spouse or other parent of your child

42. Their PPS No.:

Grid for PPS No.

43. Title: (insert an 'X' or specify)

Mr. Mrs. Ms. Other

44. Their surname:

Grid for surname

45. Their first name(s):

Grid for first name(s)

46. Their birth surname:

Grid for birth surname

47. Their mother's birth surname:

Grid for mother's birth surname

48. Their date of birth:

Grid for date of birth (DD MM YYYY)

49. Their address:

Grid for address

50. What country were they born in?

Grid for country

51. If you were married, was your spouse ever divorced?

Yes No

52. Is your spouse or other parent of your child employed?

Yes No

If 'Yes', please state:

Their employers name:

Grid for employer name

Their employers address:

Grid for employer address

Their gross weekly pay: € a week

53. If your spouse or other parent of your child is self-employed, please state:

Their occupation:

Grid for occupation

Their gross weekly pay: € a week

Please attach a P60 or a statement from your accountant.

54. If they are getting any payment from this Department or the Health Service Executive (for example, Supplementary Welfare Allowance), please state:

Name of payment:

Grid for name of payment

Their claim or reference number:

Grid for claim or reference number

Amount: € a week



Part 2 continued

Details of your spouse or other parent of your child

55. Are they taking or have they taken part in any of the following courses or schemes?

Type of course or scheme	If 'Yes' insert (X)	Date you started course or scheme				Amount you get paid for scheme or course
Community Employment	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> a week	
Back to Work Enterprise Allowance	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> a week	
Back to Work Allowance (Employees)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> a week	
Vocational Training Opportunities Scheme (VTOS)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> a week	
Back to Education Allowance	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> a week	
Community Services Programme	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> a week	
Job Initiative	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	€ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> a week	

Part 3

Details of your qualified child(ren)

56. How many children do you wish to claim for?

under age 18

age 18 - 22 in full-time education

You must attach written confirmation from the school or college for the children aged 18 - 22

Please state child's:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:

Surname:

First name(s):

PPS No.:



This section must be completed by all applicants.
 Habitual residence is a condition that you must satisfy to qualify for One Parent Family.
 For more information, log on to www.welfare.ie.

57. What country were you born in?

58. What is your nationality?

59. When did you come to live in the Republic of Ireland?
 DD MM YYYY

60. Have you lived in the *common travel area all of your life including the last 2 years?
 Yes No

If 'No', please complete questions 61 to 64.
 If 'Yes', please give details of where you lived.

Country 1

Country:

From: DD MM YYYY

To: DD MM YYYY

Why you lived there:

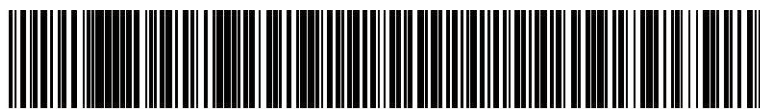
Country 2

Country:

From: DD MM YYYY

To: DD MM YYYY

Why you lived there:



Person 3

Their surname:

Their first name(s):

Their address:

Their date of birth:
D D M M Y Y Y Y

Their relationship to you:

When they came to Ireland:
D D M M Y Y Y Y

Person 4

Their surname:

Their first name(s):

Their address:

Their date of birth:
D D M M Y Y Y Y

Their relationship to you:

When they came to Ireland:
D D M M Y Y Y Y



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

- Your birth certificate (if born outside Republic of Ireland)
- Your marriage certificate (if married outside Republic of Ireland)
- Your late spouse's death certificate if death occurred outside Republic of Ireland (or a memoriam card or press cutting showing date of death)
- Your qualified child(ren)'s birth certificate(s) (if you are not getting Child Benefit for them and they were born outside Republic of Ireland)
- Bank statements, P60 or statement from accountant if self-employed
- Separation Agreement
- Maintenance Summons
- Maintenance Order
- Confirmation of attendance from school or college, for child(ren) aged between 18 and 22
- Decree Absolute

If sending certificates or documents at a later date, please remember to state your full name, present address and your PPS No.

We will return all certificates. Photocopies of certificates are not acceptable.

Please remember to sign the declaration in Part 1.

Send this completed application form to:

When you have completed this form, hand it in to your nearest local Social Welfare Office.

If you are widowed, send this completed form to:

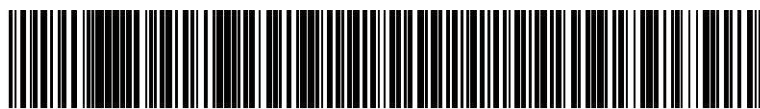
Social Welfare Services
Department of Social Protection
College Road
Sligo

LoCall: 1890 500 000 (from the Republic of Ireland only)

Telephone: + 353 71 9157100 (from Northern Ireland or overseas)

Note: The rates charged for the use of 1890 (LoCall) numbers may vary among different service providers.

Important: If you do not apply within 3 months of becoming eligible you may lose some payment.



Part 7

Complete if you are getting Maternity Benefit, Illness Benefit, Adoptive Benefit, Health and Safety Benefit or Occupational Injury Benefit and are in employment

Give this to your employer so that they can complete Part B. You may first detach it if you do not wish them to see your details.

1. What is your Personal Public Service Number (PPS No.)?

2. Are you getting any of the following social welfare payments?
Please insert an 'X' in the relevant box.
- Maternity Benefit
 - Illness Benefit
 - Adoptive Benefit
 - Health and Safety Benefit
 - Occupational Injury Benefit

- You complete Part A.
- Your employer completes Part B.

Part A - To be completed by you (applicant)

Please insert an 'X' in the relevant box.

- I do not intend to return to work.**
Please give your P45 or a statement from your employer that your employment has ended and have your employer complete Part B over the page.
- I do not yet know if I will return to work and I will inform you as quickly as possible.**
We cannot process your application until you confirm whether or not you are returning to work.
- I intend to return to work on**
D D M M Y Y Y Y

If you intend to resume work, have your employer complete Part B.

A Social Welfare Inspector may interview you about your application. You must give them any details or documents (for example, bank statements or wage slips) that they may need.

Signature (not block letters)

Date:
D D M M Y Y Y Y



Part B - Employer declaration

1. I confirm that employee's name is/was* receiving gross earnings € , . a week while receiving *Maternity Benefit, Adoptive Benefit, Illness Benefit, Occupational Injury Benefit or Health and Safety Benefit (*delete as appropriate)

or

I confirm that employee's name was not paid/will not be paid* earnings by this company while they are receiving *Maternity Benefit, Illness Benefit or Health and Safety Benefit (*delete as appropriate)

2. They stopped working with this company on:
 or
 They have returned/will return to work* with this company on:

Their gross earnings are/will be* (*delete as appropriate):

€ , . a week

Employer's name:

Employer's address:

Employer's telephone number: MOBILE
 LANDLINE

Employer's registered number:

Signature (not block letters)

Date:

Official stamp

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.



Data Protection and Freedom of Information

We, the Department of Social Protection, will treat all information and personal data you give as confidential. We will only disclose it to other people or bodies according to the law.

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

