

# Department of Social Protection

## SMS Form Request Service

To request an application form text the correct

**FORM CODE** (see list below) followed by your **name and address**

to **51909**.

*Example: FORM BG Mary Murphy 1 New Street Old Town*

<b>Social welfare payment or scheme</b>	<b>Form code</b>
Bereavement Grant	FORM BG
Carer's Allowance	FORM CARA
Carer's Benefit	FORM CARB
Child Benefit (Form CB1)	FORM CHILD
Disability Allowance	FORM DA
Family Income Supplement	FORM FIS
Free Travel	FORM TRAVEL
Fuel Allowance	FORM FUEL
Household Benefits	FORM HHB
Invalidity Pension	FORM INV
Living Alone Allowance	FORM LAA
Maternity Benefit	FORM MAT
One Parent Family Payment	FORM OPFP
Respite Care Grant	FORM RCG
State Pension (Non-Contributory)	FORM SPNC
State Pension (Transition/Contributory)	FORM SPC
Widow(er)s Contributory Pension	FORM WCP
Widow(er)s Non-Contributory Pension	FORM WNCP

**Note:** Standard Text rates apply

# Department of Social Protection

## SMS Statement Request Service

To request a statement of payments you have received, text

**STATEMENT** followed by your **PPS Number** followed by the correct  
**SCHEME CODE** (see list below)

to **51909**.

*Example: STATEMENT 1234567A SPC*

Social welfare payment or scheme	Scheme code
Adoptive Benefit	ADB
Blind Pension	BPP
Carer's Allowance	CARA
Carer's Benefit	CARB
Child Benefit	CHILD
Disability Allowance	DA
Disablement Benefit	DISB
Early Childcare Supplement	ECS
Family Income Supplement	FIS
Health & Safety Benefit	HSB
Invalidity Pension	INV
Maternity Benefit	MAT
State Pension Contributory/Transition	SPC
State Pension Non-Contributory	SPNC
Widow (er)'s Contributory Pension	WCP
Widow (er)'s Non-Contributory Pension	WNCP

**Note:** Standard Text rates apply