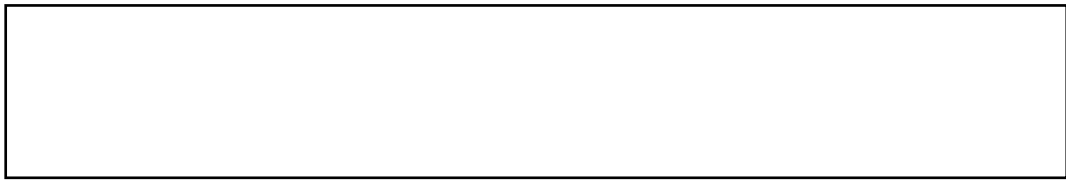


Application For Nursing Home Subvention

Please read carefully before completion.

Instructions

1. Please note that this application should be submitted to the health board prior to admission. Failure to do so could disqualify from subvention.
2. Please supply all the information requested. A health board may refuse to consider an application for a subvention if the relevant information has not been provided or if false or misleading information has been given. Forms with unanswered questions will be returned for completion. This will cause unnecessary delays so please ensure that all questions are answered.
3. A letter from the applicant's GP should be submitted with this application outlining the nature of his/her illness, medical diagnosis, etc. and the need for nursing home care.
4. The following should be submitted with this application:
 - If the person seeking a subvention is in receipt of income other than a pension paid by the Department of Social, Community and Family Affairs, please enclose a recent payslip or a P60 certificate.
 - Verification from appropriate financial institutions of annuities, cash assets and investments.
 - An official verification of sale of house, farm or business and amount realised from such sale.
5. Nursing Home Subventions will only be paid in respect of care in nursing homes registered by a health board under the Health (Nursing Home) Act, 1990.
6. If a person qualifies for a subvention, arrangements will be made to have the subvention paid directly to the nursing home of the person's choice on his / her behalf
7. All information given by or on behalf of persons seeking subvention will be treated in the strictest confidence.
8. Data will be stored electronically.
9. This form should be returned with the necessary documentation to:
(Health Board of applicant)



Application for Nursing Home Subvention

To be completed in BLOCK CAPITALS throughout and boxes should be ticked where appropriate

Person seeking subvention

Surname Title

Forename

Home address

Current address if different from above (e.g. residing with a relative or in hospital)

Date of birth Sex Male Female

Marital Status Single Married Widowed Other

Name of next of kin

Relationship

Address

Telephone number

If the application is made by a person other than the person seeking a subvention please complete the next four questions.

Name

Address

Do you wish correspondence to be forwarded to this address? Yes No

Telephone number

Has prospective subvented person been informed of this application? Yes No

Name of GP of person seeking a subvention

Address

Telephone number

Name of Public Health Nurse

Are you a resident in a nursing home? Yes No Was the admission an emergency? Yes No

if yes, date of admission to nursing home *if yes, please include a GP's report stating details of emergency and reasons why admission to the nursing home was necessary.

Name and address of nursing home

Do you have a current medical card? Yes No Medical card number

Have you made a previous application for subvention? Yes No If yes, when?

**Assessment of income and assets in accordance with
the second schedule of The Health (Nursing Homes) Regulations, 1993**

INCOME (Amount per week to be shown)

Sources of income of applicant and spouse:	a	
	b Applicant	Spouse
Department of Social, Community and Family Affairs pension/allowance(excluding allowances such as fuel etc.)	€ <input type="text"/>	€ <input type="text"/>
Occupational pension	€ <input type="text"/>	€ <input type="text"/>
Wages/salary (including for part time work)	€ <input type="text"/>	€ <input type="text"/>
Income from rentals	€ <input type="text"/>	€ <input type="text"/>
Income from savings/investments	€ <input type="text"/>	€ <input type="text"/>
Other income not included above	€ <input type="text"/>	€ <input type="text"/>
Total income	€ <input type="text"/>	€ <input type="text"/>

If income arises from a farm or business please attach accounts in respect of same for the previous tax year

Have you transferred any income prior to date of application? Yes No

Date of transfer of income

If yes, what is the value per week

	Applicant	Spouse
Claim number	<input type="text"/>	<input type="text"/>
Pension book number	<input type="text"/>	<input type="text"/>
RSI number	<input type="text"/>	<input type="text"/>

LIST VALUE OF ASSETS OF PERSON SEEKING A SUBVENTION (Amount per week to be shown)

Principal residence address

Please indicate the **estimated** current market value of your home

Please indicate if you are the owner/tenant/lodger/other

Indicate loan repayments on same (amount per month)

Other property (inc. land)

Savings and deposits (Please state where savings and deposits are held)

Financial assets: stocks, shares and securities

Other assets (please specify)

Total assets

If you have transferred a house, farm of business are you in receipt of a continuous income from this house, farm or business?

Yes	
-----	--

No	
----	--

Date of transfer of house, farm or business

To whom was the house, farm or business transferred?

If you have sold your house, farm or business in the last 5 years please state the date of sale

Amount realised from the sale

€	
---	--

Who lives at the applicants residence?

Spouse

Yes	
-----	--

No	
----	--

Sons/daughters under 21 or in full time education

Yes	
-----	--

No	
----	--

Other (please specify)

Relatives in receipt of disabled persons maintenance allowance or social welfare allowance or social welfare disability benefit, invalidity pension or blind pension

RESIDENTS OF NURSING HOMES

What is the weekly maintenance charge of the nursing home?

€	
---	--

Are you a member of the VHI/BUPA or any other medical insurance scheme?

Yes	
-----	--

No	
----	--

If so, are you in receipt of a contribution from the VHI/BUPA or other insurance scheme towards the cost of the nursing home

Yes	
-----	--

No	
----	--

If you were resident in a nursing home on 1st September, 1993 please specify contributions per week paid to the nursing home prior to that date

Applicant's income/assets

€	
---	--

Family contributions

€	
---	--

Subvention

€	
---	--

DECLARATION

I hereby apply for a nursing home subvention under the Health (Nursing Homes) Act, 1990 for myself, or on behalf of , my (state relationship). I have read the notice below and I declare that the information given by me on this form is correct to the best of my knowledge. I agree that the Health Board may make any inquiries they think fit for the purposes of considering this application and I further agree to report, forthwith, any change in circumstances which may render me/my ineligible.

SIGNATURE OF APPLICANT

	Date
--	------

NOTE:

- (a) A person who knowingly makes a false statement, conceals any material fact or produces a false document is liable to a fine up to C127 or to imprisonment for up to three months or both a fine and imprisonment - Section 75 Health Act 1970.
- (b) A person who fails to notify the Board of a change of circumstances which would affect their eligibility for a nursing home subvention is liable to a fine of up to C63 - Section 49 of Health Act 1970.

ASSESSMENT OF DEPENDENCY OF PERSON SEEKING A NURSING HOME SUBVENTION IN ACCORDANCE WITH THE FIRST SCHEDULE OF THE HEALTH (NURSING HOMES) REGULATIONS 1993.

APPLICATION FOR PAYMENT UNDER HEALTH BOARD SCHEME

DECLARATION OF CONSENT

In order to speed up processing of this application/review, the Health Board may seek limited access to Social Welfare data to confirm details of your dependants, if any, the source and type of your payment, commencement date of this payment, and financial details relevant to this application and further reviews.

If you consent to the use of this data, in line with the circumstances set out in notes (a), (b), (c) and (d) below please tick the YES box below.

If you do not consent, please tick the NO box. In this case, you will be required to provide such documentary evidence as may be required to support your application.

Yes	
-----	--

No	
----	--

Signature of Applicant:

	Date
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NOTE:

- (a) Access to Social Welfare data for persons in receipt of means tested payments at maximum rate, Supplementary Welfare Allowance, frontier workers, and participants in Community Youth Training and VTOS Schemes, will be confirmation purposes only.

Access to Social Welfare data for persons in receipt of means tested payments at reduced rate of payment (either personal or dependant), Contributory Pensions, and the self employed (including farmers and seasonal workers) will be for confirmation and for the purposes of obtaining financial details.

Access to Social Welfare data for persons who are participants on CE and other employment schemes, will be for confirmation and for the purposes of verification of commencement dates.

Access to Social Welfare data for dependants details will be for confirmation and checking of dates of birth and financial details.

FOR OFFICIAL USE ONLY
TO BE COMPLETED BY DESIGNATED OFFICER

Name of person seeking a subvention		Date of birth				
Ability to carry out activities of daily living as per paragraph 6 of the first schedule						
Housing conditions						
Number of persons in the household						
Ability of household to cope						
Extent of community support for the applicant						
Health and welfare services which the applicant is receiving						
Medical condition of person seeking a subvention						
Can care needs of person be met other than by admission to nursing home?	Yes		No		If yes, please specify	
Signed: (Designated officer)					Date	

TO BE COMPLETED BY ASSESSMENT TEAM

Does the person on the basis of dependency require nursing home care?	Yes		No		If yes, should the person be offered care in a Health Board institution?	Yes		No	
What is the level of dependency of the person	Maximum		High		Medium				
Signed (Chairperson, assessment team)								Date	

FOR OFFICIAL USE ONLY

Date application received

Date on which all necessary information was received

Does the person qualify for subvention Yes No

Recommendation of assessment of dependency level Maximum High Medium

Assessed weekly income of applicant

Net weekly value of assets

Date

Amount which an applicant, who was resident in a nursing home on 1st September 1993 was paying per week to the home prior to that date

Amount of subvention to be paid per week

Date on which applicant was notified of Board's decision to grant Subvention