



# Blind Welfare Allowance

## Application form

Blind Welfare Allowance is a means-tested payment from the HSE to people who are blind or visually impaired and qualify for the allowance.

Before completing this form, read all the information about [applying for Blind Welfare Allowance](#). This has important details that may affect your application.

## How to qualify

To qualify for Blind Welfare Allowance you must:

- be age 18 or older
- live in Ireland and intend to live here for more than 1 year
- meet the required visual impairment criteria
- provide evidence of your visual impairment (unless you are receiving a Blind Pension from the Department of Social Protection)
- pass a means test
- provide the documents we ask for

The medical requirements are that your best vision must be equal to or less than 6/60 in the better eye. If your field of vision is limited, the widest area you can see must be no more than 20 degrees across.

# Documents you need to provide

You will need to send us:

- your completed Blind Welfare Allowance application form
- proof of income - including 3 months of bank statements for all accounts
- a report from an ophthalmic surgeon or physician on your level of vision - if you get the Blind Pension you don't need to provide this
- your PPS number

## How to complete this form

You can complete this form by hand or electronically.

### By hand

Print the form and complete it in block capitals with a black ballpoint pen.

### Electronically

You can use a recent version of Adobe Acrobat Reader to complete this form electronically.

You can also:

- save your progress and return to the form later
- use a screen reader to complete the form

**Please note:** Once completed, you must print and sign the form and send it to us. Online submission is not available.

Download Adobe Acrobat Reader free of charge - [get.adobe.com/reader](https://get.adobe.com/reader)

## When completing this form

Answer all the questions on the form that apply to you. When you have completed the form, print, sign and date it.

Send the form and the supporting documents to your local health office. You can do this by post or deliver it yourself.

If you need help completing this form, contact your local health office or Citizens Information Centre. They can help you complete the form.

[Find your local health office](#)

# Part 1(a): Applicant details

**First name**

**Surname**

**PPS number**

A PPS number is 7 numbers followed by 1 or 2 letters

**Date of birth**

For example, 31 03 2026

**Address**

**Town**

**County**

**Eircode**

For example, A65 F4E2

**Email address**

**Mobile phone number**

**Telephone number**

**Title (optional)**

☐ Mr

☐ Mrs

☐ Ms

☐ Mx

☐ Other

If other, please state

**Marital status**

☐ Single

☐ Married

☐ Separated

☐ Widowed

☐ Cohabiting

☐ Divorced

## Part 1(b): Nominated contact/decision-making assistant or co-decision-maker

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

**First name**

**Surname**

**Relationship to applicant**

**Address**

**Town**

**County**

**Eircode**

For example, A65 F4E2

## Contact details

Telephone number

Mobile phone number

Email address

Please note that in nominating a friend, relative (or you have a decision-making assistant/ co-decision-maker or a decision making representative), you consent to them receiving documentation on your medical and financial assessments.

If you wish we can send the correspondence directly to you, the applicant, at the address provided in this application form.

Or if you prefer, we can send the correspondence to your nominated person at the address provided.

Please indicate where you would like your correspondence posted to by ticking the relevant box below:

**Who would you like your correspondence sent to?**

☐

Applicant

☐

Nominated person

If you wish to change the contact for correspondence address in the future please contact your local HSE health office.

## Part 2: Your spouse/partner's details

Complete this section if you have a spouse or partner.

**First name**

**Surname**

**PPS number**

A PPS number is 7 numbers followed by 1 or 2 letters

**Date of birth**

For example, 31 03 2026

**Does he/she have a Social Security Number from another country?**

☐

Yes

☐

No

If yes, please state the number and country

**Address**

**Town**

**County**

**Eircode**

For example, A65 F4E2

**Telephone number**

**Mobile phone number**

**Email address**

## Part 3: Child dependant details

Please give details of any children who are dependent on you, including those who are in full-time education up to the age of 23 years:

### Child 1

**Child's first name**

**Child's surname**

**Relationship to applicant**

**PPS number**

A PPS number is 7 numbers followed by 1 or 2 letters

**Date of birth**

For example, 31 03 2026

**Does the child live with you?**

☐

Yes

☐

No

## Child 2

Child's first name

Child's surname

Relationship to applicant

PPS number

A PPS number is 7 numbers followed by 1 or 2 letters

Date of birth

For example, 31 03 2026

Does the child live with you?

☐

Yes

☐

No

## Child 3

Child's first name

Child's surname

Relationship to applicant

PPS number

A PPS number is 7 numbers followed by 1 or 2 letters

Date of birth

For example, 31 03 2026

Does the child live with you?

☐

Yes

☐

No

## Child 4

Child's first name

Child's surname

Relationship to applicant

PPS number

A PPS number is 7 numbers followed by 1 or 2 letters

Date of birth

For example, 31 03 2026

Does the child live with you?

☐

Yes

☐

No

If you have more than four dependants, please include the details of any additional dependants in the space provided at the end of this form or on a separate sheet.

## Part 4: Incomes awaited

Are you or your spouse/partner awaiting income from:

**A social welfare claim**

☐ Yes

☐ No

If yes, please state if it is you or your spouse/partner and give details

**Employment/redundancy payments**

☐ Yes

☐ No

If yes, please state if it is you or your spouse/partner and give details

**A social security claim to another state or country**

☐ Yes

☐ No

If yes, please state if it is you or your spouse/partner and give details

**A maintenance order/application**

☐ Yes

☐ No

If yes, please state if it is you or your spouse/partner and give details

**A pension application**

☐ Yes

☐ No

If yes, please state if it is you or your spouse/partner and give details

**A compensation claim**

☐ Yes

☐ No

If yes, please state if it is you or your spouse/partner and give details

**Any other source of income**

☐ Yes

☐ No

If yes, please state if it is you or your spouse/partner and give details

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## Part 5: Details of means

Do you or your spouse or partner get weekly payments from the following sources:

### Social welfare payments

☐ Yes

☐ No

If yes, how much are you paid, please give details

If yes, how much is your spouse/partner paid, please give details

### Health Service Executive payments

☐ Yes

☐ No

If yes, how much are you paid, please give details

If yes, how much is your spouse/partner paid, please give details

**Wages/salary**

☐

Yes

☐

No

If yes, how much are you paid, please give details

If yes, how much is your spouse/partner paid, please give details

**Self employment (including farming)**

☐ Yes

☐ No

If yes, how much are you paid, please give details

If yes, how much is your spouse/partner paid, please give details

**Sick pay/income protection schemes**

☐ Yes

☐ No

If yes, how much are you paid, please give details

If yes, how much is your spouse/partner paid, please give details

**Occupational pension(s)**

☐ Yes

☐ No

If yes, how much are you paid, please give details

If yes, how much is your spouse/partner paid, please give details

**Maintenance payments (for yourself excluding children)**

☐ Yes

☐ No

If yes, how much are you paid, please give details

If yes, how much is your spouse/partner paid, please give details

**Solas training allowance**

☐ Yes

☐ No

If yes, how much are you paid, please give details

If yes, how much is your spouse/partner paid, please give details

**Strike pay**

☐ Yes

☐ No

If yes, how much are you paid, please give details

If yes, how much is your spouse/partner paid, please give details

**Any other source(s) - please specify including investments, savings, capital, shares**

☐ Yes

☐ No

If yes, how much are you paid, please give details

If yes, how much is your spouse/partner paid, please give details

**Do you or your partner have a social security payment from another country?**

☐ Yes

☐ No

If yes, how much are you paid, please give details

If yes, how much is your spouse/partner paid, please give details

**Have you or your spouse/partner investments in stocks, shares, or deposits with bank, post office, building society, credit union or any other financial institution**

☐ Yes

☐ No

If yes, please provide details of the amount(s) and where you have invested

If yes, please provide details of the amount(s) and where your partner/spouse has invested

**Do you or your spouse/partner own any property (including land) other than the house you occupy?**

☐ Yes

☐ No

If yes, please give the location and use of your property

If yes, please give the location and use of your spouse/partner's property

## Part 6: Employment/educational schemes

How much are you or your spouse/partner in receipt of per week from the following schemes?

### Area Based Initiative/Back to Work Allowance

☐ Yes

☐ No

If yes, how much are you paid, please give details and provide the date payment(s) started

If yes, how much is your spouse/partner paid, please give details and provide the date payment(s) started

### Revenue Job Assistance/Back to Education Allowance

☐ Yes

☐ No

If yes, how much are you paid, please give details and provide the date payment(s) started

If yes, how much is your spouse/partner paid, please give details and provide the date payment(s) started

**Community Employment (CE) Scheme/other scheme**

☐ Yes

☐ No

If yes, how much are you paid, please give details and provide the date payment(s) started

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If yes, how much is your spouse/partner paid, please give details and provide the date payment(s) started

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## Part 7: Meeting the medical criteria

**Are you in receipt of a Blind Pension from the Department of Social Protection?**

☐ Yes

☐ No

If yes, please provide the amount

\* If you are in receipt of a Blind Pension from the Department of Social Protection, no further medical evidence is required.

**Are you registered with Vision Ireland (formerly the National Council for Blind Ireland NCBI)?**

☐ Yes

☐ No

If yes, please provide a signed and dated letter from Vision Ireland which confirms that you (the applicant's) best vision is equal to or less than 6/60 in the better eye, or, if the field of vision is limited, the widest diameter subtends an angle of not greater than 20 degrees.

Or

Please provide a qualifying Certificate of Visual Acuity from your Ophthalmic Surgeon/Ophthalmic Physician.

Or

**Are you in receipt of an equivalent type Social Welfare payment from another country and satisfy the clinical requirement with a certificate of visual impairment from an Ophthalmic Surgeon/ Ophthalmic Physician or a letter from Vision Ireland (NCBI).**

☐ Yes

☐ No

If yes, please provide the amount

Please provide details of country

## Part 8: Your payment details

If Blind Welfare Allowance is awarded any rate of payment applicable will be made directly by electronic fund transfer (EFT) into your chosen financial institute. We can only make payments to an account that has a BIC and IBAN. This is usually a bank, building society or credit union account. You will find details on statements.

**Name of financial institution**

**Sort code**

**Bank Identifier Code (BIC)**

**International Bank Account Number (IBAN)**

**Name(s) of account holder(s)**

I confirm that the information I have provided is correct. I understand that any payment approved will be made to the account details given above.

**\*Note:** You must tell the HSE if the account details you have provided change. This will help ensure your payments are made to the correct account.

**Signed**

**Date**

DD/MM/YYYY

## Part 9: Declarations

Please read this carefully before signing.

- You must give complete and accurate information.
- By law, if you give false or misleading information, or deliberately leave out important details, you could face a fine, prosecution, or both.
- You must tell the HSE immediately if your circumstances change that could change your eligibility for the Blind Welfare Allowance. If you do not keep your details up to date you may face a fine.
- The HSE may check your details with other Government Departments to confirm your eligibility.
- The HSE may review or change Blind Welfare Allowance eligibility at any time.

## Statements

- I declare that the information given by me on this form is truthful and complete.
- I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, I will be required to repay any payment I receive from you and I may be prosecuted.
- I undertake to immediately tell the HSE of any change in my circumstances which may affect my continued entitlement, including changes in income(s), dependency, address and/or any such changes relating to my spouse/partner which may occur affecting my eligibility for Blind Welfare Allowance.
- I declare that I am ordinarily resident in Ireland. "Ordinarily resident" means that you are living in Ireland and intend to live here for more than one year.
- I agree that the HSE, when assessing initial and ongoing eligibility, in the absence of supporting documentation will contact other Government Departments including the Department of Social Protection and Revenue through real time systems to confirm information that should be supplied as supporting documentation.
- I agree to tell the HSE immediately of any changes that may affect my/our eligibility to Blind Welfare Allowance. I agree that the HSE, when assessing eligibility, may contact other Government Departments including the Department Social Protection and Revenue to confirm the information that I have given.
- I agree to inform the HSE of any change in my address or other personal data so that the HSE can keep my personal data accurate and up to date.
- I understand that if I am dissatisfied with a decision on my claim, I have a right of appeal to the HSE National Appeal Service, details of which will be included in my Decision Letter.

**I am aware of the content of this application and knowingly make this declaration.**

**Signature of applicant**

**Date**

DD/MM/YYYY

If you cannot sign your name, make a mark such as an X and have it witnessed.

The witness should also sign below.

**Signature of witness**

**Date**

DD/MM/YYYY

It is an offence to give false or misleading information.

Information may be shared with other bodies in accordance with law.