



FOR OFFICIAL USE ONLY

Reference Number:

Date received:



# Application Form

# Drugs Payment Scheme (DPS)

You can also apply for the Drugs Payment Scheme on [www.myDPS.ie](http://www.myDPS.ie)

## Instructions for filling in this application form

Please make sure all sections of this form are completed. Forms that are not signed (Section 1) will not be processed.

Please complete in CAPITAL letters, in black pen and place a tick (✓) where appropriate in the single boxes provided.

Please include each person's Personal Public Service Number (PPSN). You can get this number from:

- your payslip or Revenue form; or
- the registration section of the Department of Employment Affairs and Social Protection.

Did you know the quickest way to apply for a Drugs Payment Scheme card is to apply online? Apply at [www.myDPS.ie](http://www.myDPS.ie)

## Section 1: Declaration and consent

Before signing this form, please take time to read and consider the following important information.

By law, anyone who deliberately gives false information on this form, or who deliberately withholds information relevant to an assessment of eligibility for a Drugs Payment Card could face a fine, imprisonment or both.

Also, by law, anyone who does not tell the HSE about a change in their circumstances that could affect their eligibility for a Drugs Payment Card could face a fine.

Where appropriate, the HSE reserves the right to review and modify Drugs Payment Card eligibility status at any time.

**Please read the following statements. If you agree with them, please tick the boxes, sign your name below and fill in the date.**

I am applying for a Drugs payment Card for myself, and, if it applies, my spouse and dependants.

I declare that the information I have given as part of this application is correct to the best of my knowledge.

I agree to tell the HSE immediately of any changes that may affect my/my family's eligibility for health services.

I agree that the HSE, when assessing eligibility, may contact other government departments including the Department of Employment Affairs and Social Protection, Revenue and the Department of Justice and Equality to confirm the information I have given.

I authorise the HSE to deal directly with my nominated contact person (advocate) on all aspects of my application, which includes the sharing of personal sensitive information.



Signature:

Date: 

D	D	M	M	Y	Y	Y	Y
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## Section 2A: Personal details

### Applicant:

First name:

Surname:

Date of birth:

PPS number:

Gender: Male  Female

### Spouse or Partner

First name:

Surname:

Date of birth:

PPS number:

Gender: Male  Female

### Contact details:

Eircode:

Address:

Email address:

Daytime phone:

Mobile phone:

(If you enter your mobile phone number, we may text you about your application.)

Do you currently hold a DPS card? Yes  No

If 'YES' please enter existing card number:  
(This number is in bold print on the centre of your DPS card.)

## Section 2B: Your dependant children (aged 0-23).

Children over the age of 18 should only be included in this section if in education. Over 18 and not in education must apply for their own card on a separate application.

First name:	Surname:	Date of birth:	Gender (please tick)	PPS number: For example: 2221111AW	In continuing education (please tick 'Y' for yes and 'N' for no)
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## Section 3: Residency

To be eligible for the Drugs Payment Scheme, you must satisfy the Health Service Executive (HSE) that you are 'ordinarily resident'. This means that you (and your family) are living in Ireland and intend to live here for at least one year.

### Applicant:

Are you Ordinarily resident? Yes  No

How long have you lived in Ireland?

### Spouse or Partner:

Are you Ordinarily resident? Yes  No

How long have you lived in Ireland?

## Application form submission

If you have any questions before you send off this form, please LoCall 0818 224 478.

**Please send your completed form to:**

**Drugs Payment Scheme**

**Client Registration Unit**

**PO Box 12966**

**Dublin 11**

**D11 XKF3**

Did you know that instead of posting your application and supporting documentation, you can email this to us at [PCRS.Applications@hse.ie](mailto:PCRS.Applications@hse.ie)

You can take photographs or scans of each page of your application and these can be then emailed to us. Can you please ensure the following:

1. The photo or scan is not blurry
2. The full page is captured with all figures/details visible
3. Email your application and supporting documentation to [PCRS.Applications@hse.ie](mailto:PCRS.Applications@hse.ie)

We look forward to processing your application as quickly as we can.

## Help and information

The Drugs Payment Scheme covers families and individuals for part of the cost of their approved prescribed drugs, medicines, or appliances, or both. Under the Drugs Payment Scheme, families and individuals will not have to pay more than the approved monthly threshold amount in any calendar month.

### Eligibility

Anyone ordinarily resident in Ireland can apply to join the scheme, regardless of family, financial circumstances or nationality. Those who hold a Medical Card are not eligible for the scheme.

### Definition of a family for the purpose of the scheme

An adult, his or her spouse or partner, dependant or dependants and any children under 18 years of age.

### Definition of a dependant for the purpose of the scheme

A member of the family who is over 18 years of age and under 23 years of age, who is in full time education.

A member of the family with a physical disability, intellectual disability or mental illness, who cannot maintain himself or herself fully, may be included under this scheme regardless of age. You must supply a medical report.

### How to use the scheme

Once we have processed your application form, we will send you a card for each member of your family. You must present your card each time you attend the pharmacy before a prescription can be dispensed. We advise you to use the same pharmacy in a particular month if you wish to avoid paying more than the monthly threshold amount.

## Data Protection and Freedom of Information Notice

The HSE will treat all personal data you provide as part of this application as confidential and store it securely. When the HSE receives your completed application form and any supporting documents, it will make a computer record in your name(s). This record will contain the relevant personal information you or your spouse/partner (if relevant) have supplied.

This record will be used and retained by the HSE, for the purposes of processing your Drugs Payment Scheme Card application. The HSE may also use details you provided to contact you or your spouse/partner (if relevant) in relation to eligibility under the Scheme, and/or in relation to services received based on eligibility awarded. The HSE will not disclose (share) to other people or organisations the personal information you have given unless permission has been given by the person to whom the information relates or the HSE is required to do so by law.

The HSE's privacy statement is available to use at [www.hse.ie](http://www.hse.ie).