



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.

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 (PPS) number. You can get this number from:

- your payslip or Revenue form; or
- the Registration section of the Department of Social Protection.

The quickest way to apply for a Drugs Payment Scheme card is online at 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 Health Service Executive (HSE) about a change in their circumstances that could affect their eligibility for a Drugs Payment Scheme 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 complete and sign the form below.

I am applying for a Drugs Payment Scheme 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 Social Protection, Revenue and the Department of Justice 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.

I agree that if I share information with the HSE that identifies a person who may be at risk of suffering abuse or harm, the HSE may contact other relevant services to ensure your/their safety.

Sign
Here

Signature:

X

Date:

D D M M Y Y Y Y

Applicant: First name: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Surname: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PPS number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Spouse or Partner: First name: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Surname: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PPS number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
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[illegible]

Email address:

Daytime phone:

Mobile phone:

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(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.)

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

[illegible]

Section 3: Residency

To be eligible for the Drugs Payment Scheme, you must satisfy the HSE that you are ordinarily resident. This means that you (and your family) are living in Ireland or 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 this form, call 0818 22 44 78.

Please send your completed form to:

Drugs Payment Scheme

Eligibility Unit

PO Box 11745

Dublin 11

or by email to: pcrs.applications@hse.ie

If you are emailing your form, you can send photos or scans of each page of your form, ensuring all details are visible.

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 and appliances. 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 financial or family 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, their spouse or partner, any 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 themselves 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 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 share the personal information you have given with other people or organisations 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 PCRS privacy statement is available at www.pcrs.ie.