Home Support Service
Application form

Before you apply for the Home Support Service visit www.hse.ie/homesupportservice.

Freephone HSE Live on 1800 700 700 or phone 00 353 1 240 8787 from outside the Republic of Ireland and we will post the information to you.

What is home support?

The home support service helps older people stay in their own homes for as long as possible. The home support service can help with everyday tasks such as getting in and out of bed, dressing and undressing, personal care such as showering and shaving.

How do I apply for home support?

Step 1.

Fill in this form. Complete the parts that apply to you and provide as much information as possible to help us process your application. If completing this form digitally, you can proceed to relevant Parts by clicking on the Part below.

By completing this application form, a healthcare professional will carry out a needs assessment to decide if your needs can be met by the home support service and the level of support you may need. A needs assessment is a comprehensive assessment of your health, physical, sensory, emotional and social care needs. It may be undertaken by a nurse, social worker or occupational therapist.

Step 2.

Use the checklist on page 24 to make sure you have completed all relevant sections and have included documentary evidence if you have Decision Support Service arrangements in place. Do not send original documents as we cannot return them.

Step 3.

Send your completed application form and any supporting documents to your local Home Support Office. Find your Home Support Office on www.hse.ie/homesupportservice.

Important information when completing your application

The application form should be completed by you. If you need help, you can nominate someone to complete the application form on your behalf, with your knowledge and consent. A nominated person can be:

- Your spouse or partner
- Your child or stepchild over 18 years
- Your nominated family member/carer
- A registered medical practitioner for example, General Practitioner (GP)
- A registered healthcare professional, for example, nurse, a social worker, physiotherapist, occupational therapist, dietician.
- The committee of a ward of court *
- A person(s) appointed under a registered enduring power of attorney *
- A decision-making representative appointed by court order *

(*Please enclose documentary evidence)

How to complete this form

By hand

Complete the form in block capitals with a black ballpoint pen.

Electronically

Use a recent version of Adobe Acrobat Reader if you want to:

- save any changes you make to this form
- use a screen reader to complete this form

When completing this form

- Use your full legal name.
- Please ensure that you have your Eircode and Personal Public Service (PPS) Number available. We use your PPS number to find your individual health identifier (IHI) number. An IHI is a unique number used to identify you when you use a health or social care service.
- You can find your PPS number on a payslip, letter from Revenue, social services card or medical card.

More information

For more information about HSE Home Support Service, freephone HSE Live on 1800 700 700 or phone 00 353 1 240 8787 from outside Ireland.

HSE Live is open:
Monday to Friday 8am to 8pm
Saturday 9am to 5pm

Part 1: Applicant details

First name

Last name

Date of birth

For example, 31 03 2026

PPS number

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

Sex

- ◯ Male
- ◯ Female

Mother's birth name

Address

Address line 1

Address line 2

Address line 3

Town

County

Eircode

For example, A65 F4E2

Your contact details

Mobile phone number

Daytime phone number

Email address

Part 2: Nominated contact person

If you wish to nominate someone to be the point of contact for your application please complete their details below.

First name

Last name

Relationship to applicant

Address

Address line 1

Address line 2

Address line 3

Town

County

Eircode

For example, A65 F4E2

Contact details

Mobile phone number

Daytime phone number

Email address

Part 3: Decision support service arrangements

If you have decision support arrangements in place with the Decision Support Service, please tick the relevant box below and include a copy of the agreement that is registered with the Decision Support Service (www.decisionsupportservice.ie).

Decision support arrangements

- ☐ Decision support assistant
- ☐ Co-decision-making agreement
- ☐ Decision-making representation order
- ☐ Enduring power of attorney (EPA)
- ☐ Advance healthcare directive (AHD)

Co-decision-making agreement

This section should be completed if you have appointed a co-decision maker in writing, in an agreement registered with the Decision Support Service.

I, as the registered Co-decision maker, jointly make an application for Home Support Services, with the applicant.

Registered co-decision maker's name

Home support applicant's name

Date

DD/MM/YYYY

Part 4: Household and caregiver details (if applicable)

If you receive care at home from a family member, provide their details below.

Caregiver 1

First name

Last name

Relationship to applicant

Is this person (caregiver) currently living with you?

- ◯ Yes
- ◯ No

Is this person (caregiver) currently in receipt of Home Support?

- ◯ Yes
- ◯ No

Caregiver 2

First name

Last name

Relationship to applicant

Is this person (caregiver) currently living with you?

- ◯ Yes
- ◯ No

Is this person (caregiver) currently in receipt of Home Support?

- ◯ Yes
- ◯ No

Caregiver 3

First name

Last name

Relationship to applicant

Is this person (caregiver) currently living with you?

- ◯ Yes
- ◯ No

Is this person (caregiver) currently in receipt of Home Support?

- ◯ Yes
- ◯ No

Part 5: To be completed by a healthcare professional only

This section should be completed by a healthcare professional if the applicant is not currently living in their own home.

Current location

Type of residence

- ◯ Community hospital / nursing home
- ◯ Acute hospital
- ◯ Relative
- ◯ Other

Name of hospital / nursing home / acute hospital / relative:

Address

Address line 1

Address line 2

Address line 3

Town

County

Eircode

For example, A65 F4E2

Contact details

Mobile phone number

Daytime phone number

Email address

Part 6: General practitioner (GP) details

Please provide the contact details of your family doctor below.

Doctor’s first name

Doctor’s last name

Practice name

Address

Address line 1

Address line 2

Address line 3

Town

County

Eircode

For example, A65 F4E2

Contact details

Doctor’s phone

Email address

Part 7: Other community supports

If you are currently in receipt of or have applied for other community supports, please put a tick in the box next to those supports.

Other community supports

- [ ] Public health nurse
- [ ] Occupational therapy
- [ ] Physiotherapy
- [ ] Psychology
- [ ] Respite (Home-based)
- [ ] Respite (Residential centre)
- [ ] Community specialist team - older people
- [ ] Community specialist team - chronic disease
- [ ] Full-time / part-time carer
- [ ] School leavers service
- [ ] Disability services
- [ ] Meals on wheels
- [ ] Speech and language therapy
- [ ] Day care services
- [ ] Dietetics
- [ ] Mental health services
- [ ] Personal assistance service
- [ ] Community or voluntary groups (for example, Men’s sheds, ALONE)

☐ Reablement service

☐ Dementia support Services

☐ Other

If other, please specify

Part 8: Healthcare professional details

If you are receiving a service from a community healthcare professional (HCP) such as a Public Health Nurse, please provide their details below.

HCP first name

HCP last name

Healthcare profession

Address

Address line 1

Address line 2

Address line 3

Town

County

Eircode

For example, A65 F4E2

Contact details

Mobile phone number

Clinic phone number

Email address

Part 9: Additional information

Please provide any further details that may support your application.

Additional information

Part 10: Consumer directed home support

If you are applying for Consumer directed home support (CDHS) option, please complete the section below.

Request for consideration for Consumer Directed Home Support (CDHS)

I have read and understand the information regarding Consumer Directed Home Support (CDHS) and wish to avail of this option:

Home support applicant's name

Date

DD/MM/YYYY

Part 11: Data protection and privacy statement

It is important to read this notice. It outlines how we may use the information that you provide to us.

The HSE will treat all personal information you provide as part of this application as confidential and store it securely. When the HSE receives your application form and any supporting documents, it will make a digital record in the name of the person for whose benefit the application has been made ("the applicant"). This record will contain the relevant personal information provided by you or the person you have appointed to act on your behalf. This record will be used and retained by the HSE for any of the following purposes:

a) To process your application for care and assistance under the HSE's Home Support Service ("the Service"), including to contact you or the person nominated by you to act on your behalf to request missing information or verify information provided by you or on your behalf;

b) To operate and administer the Service in respect of the applicant in accordance with the parameters of the Service, including the sharing of your personal information with external approved Home Support providers, and any other statutory obligations and functions of the HSE;

c) To exercise any of the HSE's rights arising from any needs assessment of the applicant made or reviewed in accordance with the parameters of the Service.

d) Your personal information is kept by the HSE for as long as necessary. Records are maintained in line with recommendations of the HSEs records retention policy, which is available on the HSE website.

e) The HSE Privacy Notice for Patients and Service Users is available from the local HSE Home Support Office, or available on the HSE website.

The HSE will not disclose to or share with other people or organisations, save for external approved Home Service providers, the personal information you have given unless (i) it is necessary for any of the above purposes or (ii) permission has been given by the person to whom the information relates or (iii) the HSE is required to do so by law.

The information in this application form is correct at the time of printing. Any changes will be updated on www.hse.ie.

Part 12: Declaration

Please read and sign the declaration.

I confirm that the information provided in this application is accurate and complete to the best of my knowledge. I understand that:

- This application is for support in my home.
- If my needs can be met through other community services, I may not receive home support at this time.
- A needs assessment may be undertaken by a healthcare professional. This will determine if my needs can be met by the home support service and the level of support required.
- I must inform the HSE and/or approved home support provider immediately if my circumstances change, for example, hospital admission, receiving in-home or residential centre respite, if temporarily moving to another region or no longer need home support.

Home support applicant's name

Nominated person's name if applicable

Date

DD/MM/YYYY

Checklist

- [ ] **Applicant information**
  Your full legal name, PPS number, date of birth, postal and email address, Eircode and phone number(s).

- [ ] **Nominated Contact Person**
  Details of your nominated contact person and their relationship to you.

- [ ] **Decision Support Arrangements**
  Details of formal decision support arrangements and copies of supporting documents.

- [ ] **Caregiver Details**
  Details of household and informal caregiver(s).

- [ ] **Current Location (if different to home address)**
  Residence name, address and contact details.

- [ ] **General Practitioner (GP) Details**
  Family doctor name, address and contact details.

- [ ] **Community Supports**
  Indicate if you are in receipt of (or in the process of applying for) any supports, for example Occupational Therapy, Meals on Wheels, Physiotherapy).

- [ ] **Healthcare Professional (HCP)**
  Other relevant healthcare professionals involved in your care (e.g., Public Health Nurse, Dietetics, Social Worker), and their relevant contact details.

- [ ] **Additional Information**
  Provide any further relevant details that may support your application.

- [ ] **Consumer Directed Home Support (CDHS) - Signatures and Declarations**
  Select whether you wish to apply for this option of Home Support.

- [ ] **Data Protection and Privacy Statement**
  Data Protection and Privacy Statement is understood and signed where indicated.

- [ ] **Signatures and Declarations**
  Applicant/Nominated Representative has signed and dated the application form.