



MEDICAL CARD

Domiciliary Care Allowance (DCA)

Registration Form

Please read 'Help and information' on page 4 before completing this form.

Complete all four parts of this form.
Please complete in CAPITAL letters
and place a tick (✓) where appropriate
in the single boxes provided.

FOR OFFICIAL USE ONLY

Reference number:

Date received:

Part 1A Parent's or guardian's details (parent or guardian who is in receipt of a DCA payment)

First Name:	Surname:	Date of birth:	Gender: (Please tick)	PPS number:
		For example:		For example:
		0 5 1 1 1 9 7 0		2 2 2 1 1 1 1 A W
		D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	

Part 1B Parent's or guardian's contact details (parent or guardian who is in receipt of a DCA payment)

Address

Mobile -

Please tick this box to accept SMS (text message) from the HSE. You will receive updates on the progress of your application.

Home telephone:

Email address:

Part 1C Residency (where you live or intend to live)

Does your child (or children) live, or intend to live, in the Republic of Ireland for at least one year? Yes No

Part 2 Your child's or children's details (who receive a DCA payment)

First name:	Surname:	Date of birth: (dd/mm/yyyy)	Gender: (Please tick)	PPS number:
		For example:		For example:
		0 5 1 1 2 0 1 4		1 1 1 2 2 2 2 C W
		D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	
		D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	
		D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	
		D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	
		D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	
		D D M M Y Y Y Y	<input type="checkbox"/> M <input type="checkbox"/> F	

Part 3 GP of choice

Please ask your family doctor (GP) of choice to complete this section of the form.

You can find a list of GPs at www.medicalcard.ie or phone LoCall 0818 224 478. If your children attend separate GPs, you will need to complete a separate registration form for each child and then get each GP to sign the relevant form.

<p>GP name: <table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"></table></p> <p>GMS number: <table border="1" style="width: 150px; height: 30px; border-collapse: collapse;"></table></p>	<p>Practice address: <table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"></table></p>
<p>I agree to provide medical services to the child (or children) named on this registration form.</p>	
<p>Signature of GP:</p>	<p>GMS stamp here:</p>

Part 4A Data Protection

The HSE will treat all personal information and data you provide as part of this registration as confidential and store it securely.

When the HSE receives your child's completed registration, it will make a computer record in your child's name.

This record will contain the relevant personal information you have supplied. This personal record will be used and kept by the HSE, solely to process your child's registration for Medical Card eligibility under the Medical Card DCA scheme.

The HSE will not share with other people or organisations the personal information you give in your child's registration unless you (as parent or guardian) give permission to do so, or the HSE is obliged by law to do so.

Part 4B Declaration

The HSE has the right to review and change your child's (or children's) Medical Card eligibility at any time, for example if your child's (or children's) residency status changes or the DCA is no longer payable.

Please read the following statements. If you agree with them, sign the form below and fill in date.

Declaration

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

I will inform the HSE immediately of any change that may affect my child's (or children's) eligibility for a Medical Card.

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

I confirm that I am the parent or guardian of the child (or children) listed in this Registration Form.

Please sign here: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Help and information

Who should complete this Registration Form?

The parent or guardian of a child (or children) who are in receipt of a DCA payment.

What details are needed to complete this form?

Please make sure that you complete parts 1, 2 and 4 and that part 3 'GP of choice' is completed by your child's GP.

- | | |
|-----------------------------------|---|
| 1. Parent's or guardian's details | 2. Your child's (or children's) details |
| 3. GP of choice | 4. Declaration |

Send this completed form to:

National Medical Card Unit, PO Box 11745, Dublin 11, D11 XKF3.

What happens if my children attend separate GPs?

If your child (or children) attend different GPs, you will need to complete a separate registration form for each child and then get each GP to sign the form for that child.

My child (or children) already have Medical Card eligibility or GP Visit Card eligibility. Do I need to fill in this form?

No. If you have already applied for a Medical Card or a GP Visit Card, do not fill out this form. We will assess your application **for one of these cards only.**

Important: If your child (or children) is under the age of 16 and is receiving a Domiciliary Care Allowance (DCA), they will automatically be entitled to a Medical Card. This is true whether or not other family members are entitled to a Medical Card or a GP Visit Card.

If your family qualifies for a Medical Card, each family member will receive a Medical Card.

If your family qualifies for a GP Visit Card, each family member will receive a GP Visit Card. However, if your child (or children) is under the age of 16 years and is receiving Domiciliary Care Allowance, they are already entitled to a Medical Card and so won't also get a GP Visit Card. The Medical Card covers GP visits.

My child (or children) is almost sixteen, should I still register them under this scheme?

Yes, please register all children under the age of 16 years for whom DCA is payable. Your child (or children) will be entitled to use a Medical Card until the end of the month in which his or her sixteenth birthday occurs.

Checklist

- | | |
|---|--------------------------|
| Have you completed your details, including your contact details? | <input type="checkbox"/> |
| Have you completed your child's (or children's) details? | <input type="checkbox"/> |
| Have you selected a GP of choice and has the GP filled in and stamped Part 3? | <input type="checkbox"/> |
| Have you read the declaration and signed it? | <input type="checkbox"/> |

If you have any questions before you send this form, please phone LoCall at **0818 224 478**

Please send your completed form to:

National Medical Card Unit
PO Box 11745
Dublin 11
D11 XKF3