Social Welfare Services Application form for Data Classification R **Guardian's Payment Contributory or Non-Contributory**

What is the Guardian's Payment?

Guardian's Payment is a payment made to a person caring for a child, where that child is considered an orphan. The payment is for the benefit of the child.

What is the difference between Contributory and Non-Contributory?

- · Guardian's Payment Contributory is based on the child's parents or step-parents' Pay Related Social Insurance (PRSI) contributions.
- · Guardian's Payment Non-Contributory is based on the means of the child.

How do I qualify?

A child is regarded as an orphan if:

- They are under age 18 or 22 if in full-time education; and
- Both parents are dead; or ٠
- · One parent is either dead or unknown or has abandoned and failed to provide for the child; and
- The other parent is unknown or has abandoned and not provided for the child; and
- The child is not residing with a parent, adoptive parent or step-parent.

Guardians Payment is not payable if:

- · The child has been adopted by you; or
- Foster Care Allowance is in payment for the child.

How to complete this application form:

- You need a Personal Public Service (PPS) Number, before you apply.
- Use this page as a guide to filling in this form. There is an example on the back. ٠
- Use BLACK ballpoint pen.
- Use BLOCK LETTERS and place an X in the relevant boxes.
- Answer all questions that apply to you, leave blank any that don't apply.
- Read Part 8 Checklist and sign the declaration in Part 1.

How do I apply?

Send this completed form to: **Guardian's Payment Section** Department of Social Protection Social Welfare Services **College Road** Sligo F91 T384

If you need any help to complete this form, please contact the Guardian's Payment Section, your local Intreo Centre, Social Welfare Office or any Citizens Information Centre. You can find the name and address of your local Intreo Centre or Social Welfare Office by visiting: www.gov.ie/intreo

For more information on Guardian's Payment visit www.gov.ie/guardians



GP 1

How to fill in this form

To help us process your application:

- Write letters and numbers clearly; and ٠
- Use one box for each letter or number. ٠

Please see examples below on how to fill in the first page of this form.

- 1. Your PPS Number:
- 2. Title, insert an X or specify:
- 3. Surname:
- 4. First names:
- 5. Your first name as it appears on your birt certificate:
- 6. Birth surname:
- 7. Your date of birth:
- 8. Your mother's birth surname:

1.	Your PPS Number:	1	2	3	4	5	6	7	Т									
2.	Title, insert an X or specify:	Mr]	Mrs	x		Ms			0	ther	. [
3.	Surname:	Μ	U	R	Ρ	Н	Y											
4.	First names:	Μ	A	U	R	E	E	Ν										
5.	Your first name as it appears on your birth certificate:	Μ	A	R	Y													
6.	Birth surname:	Μ	С	D	Е	R	Μ	0	Т	Т								
7.	Your date of birth:	2 D	8 D		0 M	2 M		1 Y	9 Y	7 Y	0 Y							
8.	Your mother's birth surname:	K	E	L	L	Y												
				(Co	nta	act	de	eta	ils								
9.	Your address:	1		N	E	W		S	Т	R	E	Е	Т					
		0	L	D		Т	0	W	Ν									
		D	0	Ν	E	G	A	L		Т	0	W	Ν					
	County	D	0	Ν	Е	G	Α	L										
	Eircode	С	1	5	A	9	6	E										
10	. Your telephone number:	0	8	8	1	2	3	4	5	6	7	Mo	obil	е				
		0	2	8	1	2	3	4	5	6	7	La	nd	line)			

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11. Your email address:

Application form for Guardian's Payment Contributory or Non-Contributory





Part 1	Υ	′oui	۲ O \	٧N	de	eta	ils												
1. Your PPS Number:]										
2. Title, insert an X or specify:	Mr		Mr	s		Ms				C	Dthe	er							
3. Surname:																			
4. First names:																			
 Your first name as it appears on your birth certificate: 																			
6. Birth surname:																			
7. Your date of birth:								V					<u> </u>						
8. Your mother's birth surname:		D	M	M		Y	Y	Y	Y										
Contact details																			
• • · · ·									1		1	1						,,	
9. Your address:				<u> </u>															
County																			
Eircode																			
10. Your telephone number:														Μ	obi	le			
-														La	and	line)		
11. Your email address:									<u> </u>										
					lar	oti	<u></u>		<u> </u>		ļ	[
Declaration 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, that I will be required to repay any payment I receive from the department and that I may be prosecuted. I undertake to immediately advise the department of any change in my circumstances which may affect my continued entitlement.																			

Date:					2	0			
	D	D	Μ	Μ	Y	Y	Y	Y	

Signature **not** block letters.

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 1 continued	Your own details
11. State your spouse's or part	ner's PPS Number:
12. Are you in receipt of Foster	Care Allowance?
13. If No , have you applied, or	do you intend to apply, for Foster Care Allowance?
14. Are you, or any other perso	on, in receipt of any payment for the child?
	Yes No
If Yes , state:	
Claimant's surname:	
Claimant's first names:	
Type of payment:	
Weekly amount: ϵ	
Claim number:	
15. Are you in receipt of an Orp	phan's Pension or Guardian's Payment from another country?
	Yes No
If Yes , state: Country:	
Weekly amount: \in	

Note: Provide documentary evidence from the paying authority stating weekly amount, claim number and details.

Your payment details

You can get your payment direct to your post office or financial institution. An account must be in your name or jointly held by you.

Where would you like to get your payment? Please complete one option below.

Financial Institution

Note: You will find the information requested below printed on statements from your financial institution.

Name of financial institution:																			
Bank Identifier Code (BIC):]						
International Bank Account Number (IBAN):																			
Names of account holders:					_											-	-		
Name 1:																			
Name 2 if any:																			
					Ρ	ost	t O	ffi	се										
Enter the name and address o	f the	e po	st c	offic	e w	her	e yo	ou v	vish	n to	coll	ect	you	ır pa	aym	ent	:		
Post office name and address:																			

Child's details

If you are claiming for more than one child, complete Part 3 for the first child and complete form GP1(A) for every other child. The GP1(A) form is available at www.gov.ie/guardians														
16. How many children do you wish to claim for?	u													
You must attach written confir	mation fro	m the s	chool o	or coll	ege	for	child	ren a	age	d 18	8 - 2	22.		
17. Child's surname:														
18. Child's first names:														
19. Child's PPS Number:														
20. Child's date of birth:	D D	M		Y	Y	Y								
21. Child's relationship to you:														
22. Is the child living with you?	Yes		No	I										
23. If Yes , when did this child come into your care?	D D	MN		Y Y	Y	Y								
24. Have you adopted this child?	Yes		Nc	-										
If No , are you in the process of adopting this child?	Yes		No	I										
25. Are both parents deceased?	Yes		No	1										
26. If No, is there a social wor	rker acting	for this	child?											
If Yes , state their:	Yes		No	I										
Name:														
Telephone number:]				
Note: Attach a report from confirming parental abanc						our C	Guard	dian	's P	ayn	nen	t cla	aim	
27. What were the circumstar	nces of this	child c	oming	into y	our	care	?							
Page 6														

Guardian's Non-Contributory Payment only

Guardian's Non-Contributory Payment is a means tested payment based on the means of the child. Complete all of Part 4 if you wish to have your entitlement examined. Otherwise go to Part 5.

4	(A) Habitual Residend	e Condi	tion														
	Are you legally entitled to reside in Ireland?	Yes			No												
	Note: If you are a holder of card and your letter from t						RP)	card	, ple	ease	e pr	ovic	le a	col	ру о	f thi	S
29.	Were you born outside of Ireland?	Yes			No												
	If Yes , state:																
	Country you were born in:																
	Your nationality:																
	Note: Provide your origina	al birth cert	tificate	e with	you	ap	olicat	ion.	Pho	toco	opie	es a	re n	ot a	acce	epte	d.
30.	Have you lived outside of years?		any p			ger t	han t	hree	e mo	onth	s w	/ithir	n the	e la	st fiv	/e	
		Yes			No												
	If Yes , when did you come to live in Ireland?	D D	M	Μ	Y	Y	YY										
4	(B) Means details of c	hild															
	u must declare all the child			•							•			und	s,		
inv	estment bonds, properties	or busines	ss ass	ets, fo	or ex	amp	ole, fi	om	pare	ent's	es	state					
31.	Does the child have incon	ne from an	y sou	rce? I	For e	xan	nple,	full c	or pa	art-ti	ime	e em	plo	yme	ent.		
		Yes			No		•		•				• •				
	If Yes , state:																
	Weekly income: €																
32.	Does the child have any so other financial institution,								avin	ıgs i	in a	a bai	nk,	00S	t off	ice,	or
		Yes			No												
	If Yes , state:																
	Amount: €		,		•												
33.	Does the child own a propestate.	erty, that i	s not	the fa	mily	hon	ne? F	or e	xam	ple	, fro	om t	heir	ра	rent	s'	
		Yes															

Guardian's Non-Contributory Payment only

34. Is the child attending a Youthreach or any other training or apprenticeship programme?

Yes	
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If **Yes**, attach a letter from the training centre confirming the name of the course, the start date and amount earned per week.

No

Part 5

Details of child's mother

	Please g	jive details	of the child's	s mother or	stepmother.
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- 35. PPS Number: 36. First names: 37. Surname: 38. Birth surname. **39**. Date of birth. D D Μ Μ 40. Address: 41. Previous address, if known[.] 42. Telephone number: 43. Date of marriage, if applicable: D Μ Μ D 44. Date of death, if applicable: M M YYY D D 45. Were they ever in insurable employment? Yes No
- 46. If deceased, was their death due to a work-related accident or disease?

Yes

No

Part 5 continued	Details of child's mother
If the child's moth	ner is deceased, go to Part 6 - Details of child's father
47. What prevents her from car	
48. Would she be in a position	to have her child live with her?
	Yes No
49. Does she provide financial	support for her child?
	Yes No
If Yes , state:	
Weekly amount: €	
If No , please state what pre	events her from providing financial support for her child.
50. How often does she contac	t her child?
Daily Weekly	Monthly Less often Never
51. What type of contact does	she have with her child?
Phone or Day vis	its Overnight Weekend or Ionger visits None
52. If visits are overnight or long	ger, how often do these occur?
Daily Weekly	Monthly Less often

Details of child's father

lease give details of the child's father or stepfather.																		
53. PPS Number:																		
54. First names:																		
55. Surname:																		
56. Birth surname:																		
57. Date of birth:	D	D		M	5.0		Y	V	Y	V								
58. Address:				IVI				I	I	Т 								
59. Previous address, if																		
known:																		
60. Telephone number:																		
61. Date of marriage if applicable:	D	D		M	M		Y	Y	Y	Y								
62. Date of death if applicable:		D		M	M		Y	v	V	V								
63. Were they ever in insurab																		
••••••••••••••••••••••••••••••••••••••		Ye	-		- [7	No											
64. If deceased, was their dea	uth di			WO	∟ rk_r			acci	don	t or	die	020	<u>_</u> 2					
		Ye		vvO	и к- ге	_			uen		uis	cas	C !					
lf the childle					L		No	- D.	f -	7 1	-			- - - -	4a:1	_		
If the child's						a, g	jo to) Pa	art i	/ -	_ate	e Cla	aim	ae	talis	5		
65. What prevents him from c	anng	ior	nis		iu ?													

Ρ	art 6 continued	Details of child's father
66.	Would he be in a position to	have his child live with him?
		Yes No
67.	Does he provide financial s	upport for his child?
		Yes No
	If Yes , state:	
	Weekly amount: \in	· ·
	If No , please state what pre	events him from providing financial support for his child.
68.	How often does he contact	his child?
	Daily Weekly	
69.	What type of contact does	ne have with his child?
	Phone or Day vis	sits Overnight Weekend or Ionger visits None
70.	If visits are overnight or lon	ger, how often do these occur?
	Daily Weekly	Monthly Less often
Pa	art 7	Late claim details
71.	If you have not claimed with you give reasons why you o	hin three months of the child being orphaned or coming to live with did not claim before now

Note: If you fail to claim within three months of becoming eligible, you may lose some payment.

Checklist

Ensure you enclose all documents requested as failure to do so may delay your application.

Have you enclosed the following?

- A report from the child's social worker if one is acting for the child, unless both parents are deceased.
- If you are the child's legal guardian, a copy of the court's Guardianship Order.
- A letter from the school or college if the child is between 18 and 22 years of age.
- If you are the holder of an Irish Residence Permit (IRP) card, attach a copy of this card and your letter from the Department of Justice.

Include the original certificates **only** if the following events occurred outside the Republic of Ireland.

- Your birth certificate.
- The child's birth certificate.
- Child's father's death certificate, if applicable.
- Child's mother's death certificate, if applicable.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact:

- · Guardian's Payment Section
- Your local Intreo Centre;
- · Your local Social Welfare Office; or
- Any Citizens Information Centre.

You can find the name and address of your local Intreo Centre or Social Welfare Office by visiting **www.gov.ie/intreo**

Send this completed application form to:

Guardian's Payment Section Social Welfare Services Department of Social Protection College Road Sligo F91 T384

Telephone: (071) 915 7100

If you are calling from outside of Ireland please call +353 71 915 7100

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at **www.gov.ie/dsp/privacystatement** or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.
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00K 02-21
Edition: February 2021