Data Classification R

Application form for Child Benefit

What is Child Benefit?

Child Benefit is a monthly payment to support parents and guardians. It is paid for each child who:

- normally lives with you and is being fully supported by you; and
- is under 16, or under 19 if in full-time education, full-time training or has a disability and cannot support themselves.

Child Benefit is not paid on behalf of children 19 or older, even if they stay in education or training.

How do I qualify?

To qualify for Child Benefit, you must meet the habitual residence condition. This applies to all applicants regardless of nationality.

Child Benefit is normally paid to the child's mother or step-mother. If the child does not live with their mother or step-mother but lives with their father or step-father, Child Benefit can be paid to them. If the child is not living with or being maintained by their parents, the person caring for the child may get Child Benefit.

How do I apply?

If your baby is born in Ireland and you are not already claiming Child Benefit for any other children, the Child Benefit Section will automatically send you a claim form to complete when you register the birth of your child. This form also includes information on how to claim for your new baby online at www.MyWelfare.ie.

If you are already getting Child Benefit, your new baby is added to your Child Benefit claim when you register their birth and payment begins automatically from the month after the birth.

If your child is not born in Ireland, or their birth is not registered within the required time of three months, you must fill in Child Benefit form (CB1) and send it to the Child Benefit Section as you cannot apply online. A CB2 application form must also be filled out for each child aged 16, 17 or 18 years, available from www.gov.ie/CB2.

How to complete this application form?

There are examples on the back of this page that can be used as a guide to fill in this form. Please:

- write with a black pen, use capital letters and place an X in the relevant boxes; and
- complete all parts relevent to you and sign the declaration in Part 9.

Where to send this form?

Please send this completed form to:

Child Benefit Section

Department of Social Protection St. Oliver Plunkett Road Letterkenny Co. Donegal F92 T449

How can I get help and further information?

If you need any help to complete this form, contact the Child Benefit section on **0818 300 600**, or **074 916 4496** if calling from outside of Ireland. You can also contact your local Intreo Centre or Social Welfare Office, details available by visiting **www.gov.ie/intreocentres**, or any Citizen's Information Centre. For more information on Child Benefit, visit **www.gov.ie/CB**.

How to fill in this form

To help us in processing your application, write letters and numbers clearly and use one box for each. Please see examples below.

Part 1	Your details
1. Your PPS Number:	1 2 3 4 5 6 7 T
2. Title, insert an X or specify:	Mr X Mrs Ms Other
3. Surname:	M U R P H Y
4. First names:	M A U R E E N
	M A R Y
5. Birth surname:	M C D E R M O T T
6. Mother's birth surname:	WALSH
7. Date of birth:	2 8 0 2 1 9 7 0 D D M M Y Y Y Y
8. Address:	1 NEW STREET
	O L D T O W N
	DONEGAL TOWN
County	D O N E G A L Errcode C 1 5 A 9 6 V
9. Telephone number:	0 8 8 1 2 3 4 5 6 7
10. Email address:	M M U R P H Y @ W E L F A R E . I E

SAMPLE

Data Classification R



Application form for Child Benefit

Part 1	Your details
1. PPS Number:	
2. Title, insert an X or specify:	Mr Mrs Ms Other
3. Surname:	
4. First names:	
5. Birth surname:	
6. Mother's birth surname:	
7. Date of birth:	D D M M Y Y Y Y
8. Address:	
County	Eircode Eircode
9. Telephone number:	
10. Email address:	
11. Are you?	Single Cohabiting Married In a Civil Partnership or Union Separated A surviving Civil Partner Divorced A former Civil Partner, meaning you were in a Civil Partnership that has since been dissolved.

•			
Married or entered into a	civil partnership, from what date?	D D M M	Y Y Y Y
A cohabiting couple, from	what date?	D D M M	YYYY
Separated, divorced or yowhat date?	our civil partnership is dissolved, from	D D M M	Y Y Y Y
3. Are or were you getting C	hild Benefit?	Yes	☐ No
If yes , please state:			
Reference number:			
Last date of payment:	D D M M Y Y Y Y	7	
Country that pays you:			
	urance Number or the equivalent, urance, Pesel, CNP or ID Number?	Yes	☐ No
If yes , please state:			
Number:			
5. Are you getting any other	social protection benefit or pension?	Yes	No
If yes , please state:			
Country that pays you:			
Name of benefit or pension:			
Reference number:			

Habitual residence condition

The habitual residence condition means that you have a proven close link to Ireland. The term also

foreseeable future.	person has been here for some time and intends to stay here for the
Habitual residence in Ireland i including Child Benefit.	is a condition that you must satisfy for certain social protection payments
16. Are you employed?	Yes No
If yes , please state:	
Your National Insurance number:	
Name of country where you work:	
Name of country in which you pay social insurance:	
Name of employer:	
Date you started your current employment:	D D M M Y Y Y Y
4	
17. Are you self-employed?	Yes No
If yes , please state:	Yes No
	YesNo
If yes , please state: Your National Insurance	Yes No
If yes , please state: Your National Insurance number: Name of country where	Yes No
If yes , please state: Your National Insurance number: Name of country where you work: Name of country in which	Yes No
If yes , please state: Your National Insurance number: Name of country where you work: Name of country in which you pay social insurance:	Yes No
If yes , please state: Your National Insurance number: Name of country where you work: Name of country in which you pay social insurance: Name of business: Date you started your	

Habitual residence condition

20. If you have recently move	d to the Stat	e, when di	d you and your fami	ly move here?	
You:					
	D D	M M	YYYY		
Your spouse, civil partner or cohabitant:					
	D D	M M	Y Y Y Y		
Your children:					
	D D	M M	YYYY		
21. Have you lived in the Stacame to live here or return22. Please give details of each have lived in:	ned to live h	ere?	·	Yes utside of the State th	☐ No
	Country	y 1			
Country:					
Date from:					
Date to:					
	D D	M M	YYYY		
Last address there:					
	Country	y 2			
Country:					
Date from:					
Date to:					
	D D	M M	YYYY		
Last address there:					

		Со	un	try	3																
	Country:																				
	Date from:																				
	Date to:]]														
		D	D	_	M	M		Y	Y	Υ	Y										
	Last address there:																				
	Note: A separate sheet of p	ape	r ca	n b	e us	sed 1	for r	nore	e de	tails	s if r	need	ded.								
23.	. Have you lived at the same a	addr	ess	for	the	last	2 y	ear:	s?				Γ		Yes	8					No
	·						•						_								
	If no , please state:		1	1	1		1	1	1	1	1	1	1	1		1	1	1			
	Last address:																		<u> </u>	<u> </u>	
					<u> </u>														<u> </u>	<u> </u>	
					<u> </u>														<u> </u>	<u> </u>	
	D									Fror	n:										
	Dates you lived there:									To:									Ī	Ī	
												D	D	J	M	M	1	Υ	Y	Y	Υ
24.	Do you have a current Irish F	Resi	den	ice l	Peri	mit (IRP)?							Yes	3					No
	If yes , please state:																				
	Irish Residence Permit (IRP)) Nu	mb	er:																	
	If no , have you ever made a to remain in the State?	n ap	oplic	catio	on fo	or re	fug	ee s	statu	IS OI	r lea	ave			Yes	3					No
	If yes , are you awaiting a de	cisi	on c	n y	our	арр	lica	tion	?				Γ		Yes	6					No

Habitual residence condition

Part 2 continued

If **yes**, please provide verified copies of all relevant documentation from the Department of Justice. Please do not post the original documents, as the Department of Justice advise that you must keep the originals with you at all times. To verify, please bring these original certificate copies to any office of the Department of Social Protection.

Payment details

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. Please complete one option below.

Po	ct	of	fic	ء د
$- \upsilon$	21	OΙ	ш	,

Please enter below the name and	l address of the i	post office where	vou wish to collect	vour payment.
			,	,

Post office name and address:

					Eir	cod	е				

County

Financial institution

You will find the following details printed on statements from your financial institution.

(IBAN) International Bank Account Number:

Name of financial institution:

Currency	ot	the	account:	

Names of account holders:

Name 1:

Name 2, if any:

,									

An Post Childcare Savings Account

Account number:

If you do not have an account and wish to open a childcare savings account with An Post, application forms are available from any post office.

Part 4

Details of your children

If your child is residing in Ireland you should apply for a Personal Public Service (PPS) Number for your child before applying for Child Benefit.

Please provide evidence of residency in the State for each child. Please study the checklist in **Part 8** for details of evidence.

25. Please give details of children who normally live with you and are being supported by you.

	Ch	ild	1																	
Surname:																				
First names:																				
Date of birth:]									
	D	D	J	M	M	J	Υ	Υ	Υ	Υ	1									
Nationality:																				
How is the child related to you?																				
Is this child living with you?		Ye	s		No	0														
If yes , the date they came here:	D	D		M	M		Y	Y	Y	Y										
If no , what country do they live in?																				
What is their PPS Number o	r the	e eq	uiva	alen	t, fo	r ex	amı	ple,	Nat	iona	al In	sura	ance	e Nu	ımb	er, l	Pes	el, (CNP	or
ID Number?																				

	Ch	ild	2																	
Surname:																				
First names:																				
Date of birth:	D	D		M	M		Y	Y	Y	Y]									
Nationality:																				
How is the child related to you?																				
Is this child living with you?		Ye	S		No)														
If yes , the date they came here:	D	D		M	M		Y	Y	Y	Y										
If no , what country do they live in?																				
What is their PPS Number o ID Number?	r the	eq	uiva	alen	t, fo	r ex	amı	ole,	Nat	tiona	al In	sura	ance	e Nu	ımb	er, I	Pes	el, C	NP	or
ID Number:																				
	Ch	ild	3					,	,	,										
Surname:																				
First names:																				
Date of birth:																				
Nationality:	D	D		M	M		Y	Y	Y	Y									,	
How is the child related to you?																				
Is this child living with you?		Ye	s		N	0														
If yes , the date they came here:																				
If no , what country do they live in?	D	D		M	M		Y	Y	Y	Y										
What is their PPS Number o ID Number?	r the	e eq	uiva	alen	t, fo	r ex	am _l	ple,	Nat	tiona	al In	sura	ance	e Nu	ımb	er, I	Pes	el, C	ONP	or

Details of your children

Notes: A separate sheet of paper can be used for more details if needed.

Part 4 continued

Part 4 continued	D	et	ail	s (of y	/Ol	ır (chi	ild	rer	1									
26. How many children live with y	/ou′	?								ag	e 0 1	to 1	5				ag	e 16	i to	18
27. If any children under 19 years parent or guardian with whom							with	ı yo	u, p	leas	se st	tate	the	nar	ne d	of th	e			
Surname:																				
First names:																				
Birth surname:																				
Date of birth:																				
ī	D	D	I	M	М	T	Y	Υ	Y	Y	1			Г		1		T		
Address:																				
					1															
					<u> </u>				<u> </u>	 1		L .								
County											Eir	cod	е							
Their relationship to the children:																				
Their PPS Number or the eq	uiva	len	t, fo	r ex	kam	ple,	Nat	ion	al In	sura	ance	e Nu	ımb	er, l	Pes	el, (CNF	or	ID	
Number?																				
28. Are any of the children that you in question 25:	ou li	iste	d		Add	opte	d?				Yes						No			
·					Fos	stere	ed?							Yes						No
					Not	t you	ur o	wn?	•				,	Yes						No
If yes , please state the socia	l wc	rke	r's:																	
Surname:																				
First names:																				
Address:																				
County											Eir	cod	е							
Telephone number:																				

Email address:

30. Do you support your children?

29. Do you have legal custody of your children?

Page 9

No

No

Yes

Yes

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31. PPS Number:																				
32. Title, insert an X or specify:		Mr			Mrs	s [Ms				Ot	her							
33. Surname:																				
34. First names:																				
35. Birth surname:																				
36. Their PPS Number or the equivalent	uiva	lent	i, fo	r ex	amp	ole,	Nat	iona	al In	sura	ance	Nu	mbe	er, F	Pese	el, C	NP	or	ID	
						<u> </u>														
37. Date of birth:	D	D		M	M		Υ	Y	Υ	Y										
38. Address:																				
Only answer this question if you do																				
not live together. County]	Eir	cod	е							
39. Nationality:																				
40. Are they getting Child Benefit?		Yes	S		No)	ı	1		'	I				I	I	1			
If yes , please state:																				
Reference number:																				
Last date of payment:	D	D		M	M		Y	Y	Y	Y										
Country that pays them:					141		· 													

Part 5 continued	Your spouse, civil partner or cohabitant's deta	ails
41. Are they getting any other so	ocial protection benefit or pension?	No
If yes , please state:		
Country that pays them:		
Name of benefit or pension:		
Reference number:		
42. Are they employed?	Yes No	
If yes , please state:		
Name of country where they work:		
Name of country in which they pay social insurance:		
Name of their employer:		
Date they started their current employment:	D D M M Y Y Y Y	
43. Are they self-employed?	Yes No	
If yes , please state:		
Name of country where they work:		
Name of country in which they pay social insurance:		
Name of their employer:		
Date they started their		

current employment:

Events that may affect your Child Benefit

You must notify the Child Benefit Section in writing if any of these events occur.

- You change address.
- You change post office, bank or building society.
- You change An Post Childcare Account or account name.
- A child aged 16, 17 or 18 finishes education or changes or leaves school or college.
- There is a death of a child for whom benefit is being paid.
- You are imprisoned or your child is admitted to a home or detention centre.
- A child is no longer living with you or in your care.
- A child is abandoned, deserted or removed from your custody.
- · You or your child leave the State.
- You marry or enter into a civil partnership or civil union.
- You or your spouse, civil partner or cohabitant start work in another EU country or the UK.
- · The person receiving child benefit dies.
- You adopt or foster a child or give birth to a child outside of the State.
- Your family come to live in Ireland.

Part 7

Late application details

Claims should be submitted within 12 months of:

- the birth of the child;
- the child becoming a member of your household;
- you and your family moving to Ireland; and
- you or your spouse, civil partner or cohabitant commencing employment in Ireland.

Claims received outside this timeframe may result in loss of payment.

If you have not applied within 12 months and you wish to apply for arrears, please give the reasons why in the space provided and attach evidence in support of your reasons if available.

Part 8

Important information and checklist

Claims should be submitted within 12 months. If you have not applied within 12 months please complete Part 7.

As part of the department's control policy, Child Benefit claims are reviewed every 12 to 18 months to check continued entitlement. This is done by issuing forms to be completed and returned by Child Benefit claimants. If these forms are not returned to the Child Benefit Section, payments may be suspended until continued entitlement is confirmed.

To verify documents, please bring the original documents to any office of the Department of Social Protection. Please note that only verified copies of the original versions of certificates are acceptable. Translations of birth certificates on their own are not sufficient.

For all non-EU and non-EEA nationals, a verified copy of your certificate of registration, IRP card and letter from the Minister for Justice. If your spouse or partner is not in employment, you should also submit a verified copy of their certificate of registration, IRP card and letter from the Minister for Justice.
Letter from school or college for each child of school going age confirming the dates your child has been attending.
Letter from, playschool, crèche, Gardaí, or medical practitioner confirming residency of each child not of school going age.
A completed and signed HRC1 form if the applicant is a non-EU or non-EEA national, or an unemployed UK, EU or EEA national. The HRC1 form is available at www.gov.ie/hrc .
A completed Child Benefit 2 (CB2) form for each child aged 16, 17 or 18 years.
Relevant documents from the Department of Justice if you have applied for refugee or residency status.
Completed guestion 21 if you have moved here from another country.

If your children are resident in another EU or EEA member state or the UK and do not have a PPS Number:

Original or verified copies of birth certificates, which must include the parents names, for each child you wish to claim for.

Sending in certificates or documents later

Have you completed and enclosed the following?

To avoid delay, please send all the certificates and documents that are needed with this form.

If you are sending in certificates or documents later, give details in the box below and include your full name, present address and your PPS Number with them.

Part 9	Declaration
of the information I provide is unt required to repay any payment I	en by me on this form is truthful and complete. I understand that if any true or misleading or if I fail to disclose any relevant information, I will be receive from the department and that I may be prosecuted. I undertake the things are continued that I may be prosecuted. I undertake the things are continued to any change in my circumstances which may affect my continued
	Date: 2 0
Signature, not capital letters.	D D M M Y Y Y
Warning: If you make a false sta a prison term or both.	atement or withhold information, you may be prosecuted leading to a fine,
For official department us	se only
I award payment of Child Benefit	not satisfied HRC1 issued t for the children named in Part 4.

Date:

D D

2

M

Signature of deciding officer, **not** capital letters.

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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