

# Mother and Baby Institutions Payment Scheme Application Form



Rialtas na hÉireann  
Government of Ireland







# Application Form

## Mother and Baby Institutions Payment Scheme

**This form has five sections. Please read each section carefully and complete all sections relevant to you. Where a section does not apply to you, please leave blank and move on to the next section. Sections in green should be completed in all instances, while other sections are colour coded to reflect the capacity in which you're completing the application.**

**Please complete this form in block capitals, using a blue or black pen.**

### About this form and the Scheme

This application form is for the Mother and Baby Institutions Payment Scheme. This Scheme provides financial payments and health supports to eligible people, to acknowledge the circumstances that they experienced while in a Mother and Baby or County Home Institution.

You can apply to the Scheme by completing this form and posting it to the Payment Scheme Office. Alternatively, you can apply online at [www.gov.ie/paymentscheme](http://www.gov.ie/paymentscheme).

There is an information booklet on the Scheme available, which all applicants are encouraged to read. The booklet contains information to help you complete this form, as well as information on supports available to anyone completing an application. You can also call the Payment Scheme Office on +353 1 522 9992 if you have any questions about the application process. There is no need to engage a solicitor in order to apply to the Scheme.

If you don't have the Information Booklet, you can find it on the Payment Scheme website [www.gov.ie/paymentscheme](http://www.gov.ie/paymentscheme) or call the Payment Scheme Office on +353 1 522 9992 and we will email or post it to you.

### What do I need to know before I apply?

You will need to include the name of the scheduled institution or institutions you, or the person you are making an application for, spent time in.



A scheduled institution is one of the institutions listed in **Section 2** of this form. If the institution you spent time in is not on this list, then it is not included in the Payment Scheme and you are not eligible for the Scheme.

In order to be considered for benefits under the Scheme, you will need to have entered the institution on or before 31 December of the concluding year, as listed in section 2

If you plan to apply, and you do not know the name of the scheduled institution for this form, you may be able to find it out using Birth Information and Tracing Services. Further information is available at [www.birthinfo.ie](http://www.birthinfo.ie).

## What is included in the Scheme?

There are three main benefits under the Scheme:

- A **general payment** if you were in any of the institutions listed in Section 2 of this form:
  - for **at least one night** as a mother, for reasons relating to your pregnancy, or the birth or care of your child or
  - for **at least 180 days**, as a child.
- A **work-related payment** if you were in Tuam Children's Home, Sean Ross Abbey or any County Home for **at least 90 days**, for reasons relating to pregnancy or the birth or care of your child.
- **Health supports** if you spent **at least 180 days** as a mother or as a child in any institution listed in Section 2, in the form of
  - a) an **enhanced medical card** or
  - b) for people living outside of Ireland only, a **health support payment** valued at €3,000, in place of the enhanced medical card.

You can choose which benefits you are applying for in Section 3 below.



## Where do I send my completed application form and other supporting documentation?

You can return this form and supporting documentation to the Payment Scheme Office by post. Please send the completed form and any other requested documents to:

**Payment Scheme Office**  
**PO Box 13668**  
**Waterford**  
**Ireland**

If you are having any difficulties scanning or photocopying your supporting documentation, please phone the Payment Scheme Office on +353 1 522 9992 and we will assist you.

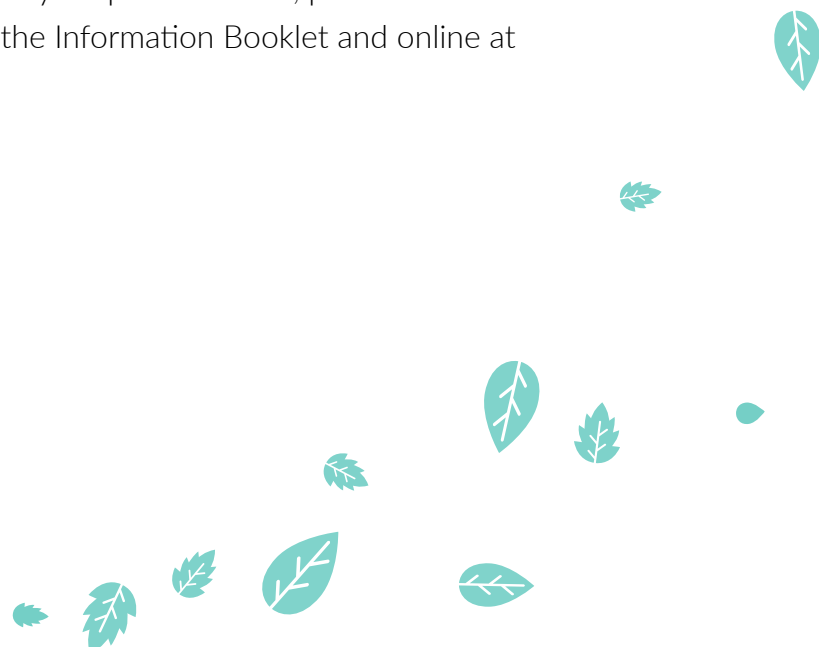
## What happens after I send in my application form?

After we receive your application form, you will receive an acknowledgement from us in writing, along with a reference number for your application.

Further information on all of the steps in the application process is contained in the Information Booklet.

## How will my personal data be treated?

For information on how we use and store your personal data, please read the privacy statement, which is available in the Information Booklet and online at [www.gov.ie/paymentscheme](http://www.gov.ie/paymentscheme).



# Section 1 – Contact details of person completing this form

## 1.1 Who is completing this form?

I am completing this form (tick one):

**On my own behalf – I spent time in an scheduled institution** ☐

Please provide your contact details at **Section 1.2**.

If you are making this application on your own behalf and have a Decision-Making Assistance Agreement or a Co-Decision Making Agreement under the Assisted Decision-Making (Capacity) Act 2015, which covers arrangements under this Payment Scheme, please provide your own details at **Section 1.2** and the details of the person helping you at **Section 1.2.1**.

For Co-Decision Making Agreements, the Co-Decision Maker must also sign this application form at **Section 5b**.

**As a support person, who has a formal arrangement in place to act on behalf of someone who may be eligible for the Scheme** ☐

These formal arrangements are:

- Decision-Making Representative appointed by the court under the Assisted Decision-Making (Capacity) Act 2015.
- Ward of Court as the court appointed committee of the ward.
- Enduring Power of Attorney under the Powers of Attorney Act, 1996
- Enduring Power of Attorney under the Assisted Decision-Making (Capacity) Act 2015
- A similar legal arrangement in another State.

**Please provide your contact details at Section 1.2.**

**As a personal representative, on behalf of the estate of a deceased person who died on or after 13th January 2021.** ☐

Please provide your contact details at **Section 1.2**.

If you are aware that the deceased person had submitted an application prior to their death, please contact the Payment Scheme Office in relation to this application. You can reach the Payment Scheme Office at +353 1 522 9992.

## 1.2 Contact Details

We will need to correspond with you in writing about this application. All correspondence will issue to you directly by post, so please ensure you include your full postal address below.

**NOTE:** Alternatively, you can apply to the Payment Scheme online at [www.gov.ie/paymentscheme](http://www.gov.ie/paymentscheme). If you do apply through this online portal, you will receive written correspondence on the portal, rather than by post.

**NOTE:** Fields marked with \* are mandatory

*First Name(s)	<input type="text"/>
*Last Name	<input type="text"/>
*Address Line 1	<input type="text"/>
*Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Address Line 4	<input type="text"/>
*Postcode/Eircode	<input type="text"/>
*Country	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

### 1.2.1 Contact details of your Decision Making Assistant or Co-Decision Maker (if applicable)

First Name(s)	<input type="text"/>
Last Name	<input type="text"/>
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
Address Line 4	<input type="text"/>
Postcode/Eircode	<input type="text"/>
Country	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

## Section 2 – Person who spent time in a scheduled institution

### 2.1 Please provide your details or the details of the person who spent time in a scheduled institution.

Please fill in the name(s) that you, or the person on whose behalf you're applying, had while they were in the institution.

\*First name(s):

\*Last name:

Birth Mother's Full Maiden Name (if known):

Other names (if any):   
(Please include any name(s) that you may have been known by)

\*Date of birth [DD/MM/YYYY]  /  /   
(per identification documents):

Date of birth [DD/MM/YYYY]  /  /   
if different to above (if known from records)

### 2.2 Time spent in the relevant institution

The tables below set out the scheduled Institutions.

Name of Institution	Alternative name institution is known by	Concluding year
Carlow County Home	Sacred Heart Home, Co. Carlow	1963
Cavan County Home	St. Felim's County Home, Co. Cavan	1962
Clare (Ennis) County Home	St. Joseph's Hospital, Co. Clare	1952
Cork County Home	County Home section of St.Finbarr's Hospital, Co. Cork	1960
Cork (Midleton) County Home	Our Lady of Lourdes Home, Co. Cork	1960
Cork (Clonakilty) County Home	Mount Carmel Home, Co.Cork	1965
Cork (Fermoy) County Home	St. Patrick's Hospital Fermoy, Co. Cork	1969
Donegal (Stranorlar) County Home	St. Joseph's Stranorlar, Co. Donegal	1964
Galway (Loughrea) County Home	St. Brendan's Home, Loughrea	1964



Name of Institution	Alternative name institution is known by	Concluding year
Kerry (Killarney) County Home	St. Columbanus House, Killarney	1963
Kildare (Athy) County Home	St. Vincent's Hospital, Athy	1969
Kilkenny (Thomastown) County Home	St. Columba's County Home	1966
Laois (Mountmellick) County Home	St. Vincent's Hospital	1969
Leitrim (Carrick on Shannon) County Home	St. Patrick's Home	1951
Limerick (Newcastlewest) County Home	St. Ita's Home	1965
Limerick (City) County Home	St. Camillus Hospital	1970
Longford County Home	St. Joseph's Hospital	1952
Mayo (Castlebar) County Home	Sacred Heart Home	1938
Meath (Trim) County Home	St. Joseph's Home, Trim	1964
Monaghan (Castleblaney) County Home	St. Mary's Hospital	1966
Offaly (Tullamore) County Home	St. Vincent's Hospital	1956
Roscommon County Home	Sacred Heart Home	1957
Sligo County Home	St. John's Hospital	1973
North Tipperary (Thurles) County Home	Hospital of the Assumption/ Our Lady's Community Hospital of the Assumption	1955
South Tipperary (Cashel) County Home	St. Patrick's Hospital	1955
Waterford (Dungarvan) County Home	St. Joseph's Hospital	1970
Westmeath (Mullingar) County Home	St. Mary's Hospital	1955
Wexford (Enniscorthy) County Home	St. John's Hospital	1936
Wicklow (Rathdrum) County Home	St. Colman's, Rathdrum	1971
The Tuam Children's Home		1961
Sean Ross Abbey, Co. Tipperary		1969

Name of Institution	Alternative name institution is known by	Concluding year
St. Patrick's/Pelletstown, Navan Road (Eglinton House), Dublin		1998
Bessborough Mother and Baby Home, Cork, Co. Cork		1998
Manor House, Castlepollard, Co. Westmeath		1971
Árd Mhuire, Dunboyne, Co. Meath		1991
Bethany Home, Dublin		1971
Denny House, Dublin		1994
Miss Carr's Flatlets, Dublin		1998
The Regina Coeli Hostel, Dublin		1998
The Castle, Newtowncunningham, Co. Donegal		1998
The County Clare Nursery, Kilrush, Co. Clare		1932
Belmont Flatlets, Dublin		1998
St. Gerard's, Dublin		1939
St. Kevin's Institution (initially the Dublin Union), Dublin		1935

I confirm that I, or the person on whose behalf I'm applying, spent time in one of the scheduled institutions listed in the above table ☐

**Only one application may be made to the Scheme. Please ensure that all periods of time spent in scheduled institutions, either as a mother or as a child or both, are included in this form.**

If you, or the person you are making an application for, spent time in one or more scheduled institutions **as a mother, please complete section 2.2.1**

If you, or the person you are making an application for, spent time in one or more scheduled institutions **as a child, please complete section 2.2.2.**

If you, or the person you are making an application for, spent time in one or more scheduled institutions **as a mother and as a child, please complete sections 2.2.1 and 2.2.2.**

### 2.2.1 Time spent as a mother in scheduled institution(s):

Please enter all dates in the format DD/MM/YYYY. Don't worry if you do not know the exact dates, you can provide an indication, or your best estimate. Name of institution is a mandatory field and must be filled in.

First period of time spent in a scheduled institution:

\*Name of Institution:

Arrival Date   /   /

Departure Date   /   /

Second period of time spent in a scheduled institution (if applicable):

Name of Institution:

Arrival Date   /   /

Departure Date   /   /

Third period of time spent in a scheduled institution (if applicable):

Name of Institution:

Arrival Date   /   /

Departure Date   /   /

Any further information that might assist the Payment Scheme Office with a records search.

## 2.2.2 Time spent as a child in a scheduled institution

Please enter all dates in the format DD/MM/YYYY. Don't worry if you do not know the exact dates, you can provide an indication, or your best estimate. Name of institution is a mandatory field and must be filled in.

First period of time spent in a scheduled institution:

\*Name of Institution:

Date of Arrival if  
different from date  
of birth.

Departure Date

Second period of time spent in a scheduled institution (if applicable):

Name of Institution:

Date of Arrival if  
different from date  
of birth.

Departure Date

Third period of time spent in a scheduled institution (if applicable):

Name of Institution:

Date of Arrival if  
different from date  
of birth.

Departure Date

Any further information that might assist the Payment Scheme Office with a records search.

## Section 3 – Benefits being applied for

**You must indicate on this form the benefits you are applying for.** Before filling out this section, please refer to the eligibility criteria set out in this form and in the information booklet.

### 3.1 Has the person who spent time in any of the scheduled institutions in Section 2 ever received a court settlement in respect of the circumstances experienced, and relating to the same time period in the institution (or institutions) that is being applied for?

Please tick one

Yes ☐ No ☐

If you have ticked 'yes', please note that you will not be entitled to apply for a general payment or a work-related payment under this Payment Scheme but may apply for the enhanced medical card or the health support payment (subject to the conditions outlined below).

### 3.2 I would like to apply for the following:

#### 3.2.1 General payment

Please tick one

Yes ☐ No ☐

#### 3.2.2 Work-related payment

Please tick one

Yes ☐ No ☐

#### 3.2.3 Health supports

Anyone who has previously received health supports under the Magdalen Restorative Justice Ex-Gratia Scheme is not eligible for an enhanced medical card or health support payment under this Scheme.

If you are applying for a health support, please confirm that the person who spent time in any of the scheduled institutions in Section 2 has not received health supports under the Magdalen Restorative Justice Ex-Gratia Scheme. ☐

**Please note:**

- In order to be issued an enhanced medical card, you will need a Personal Public Service Number (PPSN). In addition, to avail of the services offered through the enhanced medical card, an eligible person must be registered with a General Practitioner in Ireland.

- If you are making an application as a personal representative, you should not apply for the enhanced medical card or the health support payment as these health supports are not available in respect of applications made on behalf of the estate of a deceased person.
- If you are already in possession of a means-tested medical card, it may still be worthwhile to apply for the enhanced medical card under this Payment Scheme. This is because the enhanced medical card is not means tested, meaning once you are awarded it, you will have it for life.

I wish to apply for health supports:

**A. Enhanced medical card**

Yes ☐

If yes, please provide your Personal Public Services Number (PPSN):

Your PPSN can be provided now or, if preferred, at a later stage when needed.

**OR**

**B. Health Support Payment (only available if resident outside of Ireland)**

Yes ☐

If yes, please confirm that you do not live in Ireland ☐



**If you are making this application on your own behalf please go now to SECTION 4.1**

**If you are making this application as a support person please go now to SECTION 4.2**

**If you are making this application as a personal representative please go now to SECTION 4.3**

## Section 4 – Checklists and documentation

### 4.1 Checklist where I am applying on my own behalf

Please provide the following as applicable along with this application form:

#### 4.1.1 Certified form of identification

Please note that the identification you provide **must be certified**. A certified copy of an original document is a photocopy that has been signed by an authorised person. For information on who can certify your identity documents, please refer to the Information Booklet.

**What form of valid certified identification are you including for you?**

**Please pick one:**

- |  |                          |
|--|--------------------------|
| Passport                                       | <input type="checkbox"/> |
| Driving Licence                                | <input type="checkbox"/> |
| Public Services Card or National Security Card | <input type="checkbox"/> |

**What form of valid certified identification are you including for your Co-Decision Maker (if applicable)?**

**Please pick one:**

- |  |                          |
|--|--------------------------|
| Passport                                       | <input type="checkbox"/> |
| Driving Licence                                | <input type="checkbox"/> |
| Public Services Card or National Security Card | <input type="checkbox"/> |

#### 4.1.2 Proof that you live outside Ireland if you are applying for the Health Support Payment

**What proof of residence are you including? (NOTE: Proof must be dated within the last six months)**

**Please pick one:**

- |  |                          |
|--|--------------------------|
| Mortgage Statement   | <input type="checkbox"/> |
| Tenancy/rental agreement                                       | <input type="checkbox"/> |
| Letter from the owner or manager of a nursing home             | <input type="checkbox"/> |
| Utility bill (gas/electricity/telephone/broadband in own name) | <input type="checkbox"/> |
| Other  | <input type="checkbox"/> |

#### 4.1.3 Copy of Decision-Making Assistance Agreement or Co-Decision Making Agreement

I have a Decision-Making Assistant in place and I enclose a copy of my Decision-Making Assistance Agreement which covers arrangements under this Payment Scheme

☐

I have a Co-Decision Maker and I enclose a copy of my Co-Decision Making Agreement which covers arrangements under this Payment Scheme

☐

Not applicable - I do not have a Decision-Making Assistant or Co-Decision Maker

☐

#### 4.1.4 Request for prioritisation on health grounds if you are terminally ill

You can request that your application is prioritised on health grounds if you are terminally ill. The Payment Scheme Office will require a short letter from your medical practitioner to state this.

**I would like to apply for prioritisation of my application on health grounds due to terminal illness and I am including a letter from my medical practitioner with my application:**

☐

#### 4.1.5 Bank Account details

This information can be provided now or, if preferred, at a later stage when needed.

**Bank Account Holder's Name**

**Name of Bank**

**Currency of Bank Account**

**IBAN (if your bank account has an IBAN)**

**Account Number**   
(not required if you provided an IBAN)

**Swift/BIC Code/ Sort Code**

**Routing Number/ Clearing Code**   
(if used in the country of the bank account, and where an IBAN is not available)

**If the account holder's name is not the applicant's name, please state the relationship of the account holder to the applicant**



**Please now proceed to sign Section 5a.**



## 4.2 Checklist where I am applying as a support person

### 4.2.1 Details of arrangement in place and supporting documentation provided

Please indicate which formal support arrangement applies to you and provide a copy of the relevant documents in respect of this arrangement.

I am making an application on behalf of an applicant as **Decision-Making Representative** appointed by the court under the Assisted Decision-Making (Capacity) Act 2015.

☐

I am making an application on behalf of an applicant who is a **Ward of Court** as a committee of a Ward of Court.

☐

I am making an application on behalf of an applicant as an attorney appointed under a registered **Enduring Power of Attorney** under the Powers of Attorney Act, 1996

☐

I am making an application on behalf of an applicant as an attorney appointed under a registered and notified **Enduring Power of Attorney** under the Assisted Decision-Making (Capacity) Act 2015

☐

I am making an application on behalf of an applicant, who is not resident in Ireland, having been authorised to do so under **a legal arrangement from another State**.

☐

#### What supporting documentation are you including?

An authenticated copy of Decision Making Representation Order

☐

An authenticated Court Order

☐

An authenticated copy of Enduring Power of Attorney Agreement (1996)

☐

An authenticated copy of Enduring Power of Attorney Agreement (2015)

☐

Other documentation to verify a legal arrangement from another State

☐

#### 4.2.2 Certified form of identification (required for both you and the person you are making the application for)

Please note that the identification you provide **must be certified**. A certified copy of an original document is a photocopy that has been signed by an authorised person. For information on who can certify your identity documents, please refer to the Information Booklet.

##### What form of valid certified identification are you including for you (support person)?

Please pick one:

- Passport ☐
- Driving Licence ☐
- Public Services Card or National Security Card ☐

##### What form of valid certified identification are you including for the person you are making the application for?

Please pick one:

- Passport ☐
- Driving Licence ☐
- Public Services Card or National Security Card ☐

#### 4.2.3 Proof that the person you are making an application for lives outside Ireland if you are applying for the Health Support Payment for them

##### What proof of residence are you including? (NOTE: Proof must be dated within the last six months)

Please pick one:

- Mortgage Statement ☐
- Tenancy/rental agreement ☐
- Letter from the owner or manager of a nursing home ☐
- Utility bill (gas/electricity/telephone/broadband in own name) ☐
- Other ☐

#### 4.2.4 Request for prioritisation on health grounds if the applicant is terminally ill

If the person you are making an application for is terminally ill, you can request that this application is prioritised on health grounds. The Payment Scheme Office will require a short letter from the applicant's medical practitioner to state this.

I would like to apply for prioritisation on health grounds due to terminal illness and I am including a letter from the person's medical practitioner with this application: ☐

#### 4.2.5 Bank Account details

This information can be provided now or if preferred, at a later stage when needed.

Bank Account Holder's Name	<input type="text"/>
Name of Bank	<input type="text"/>
Currency of Bank Account	<input type="text"/>
IBAN (if your bank account has an IBAN)	<input type="text"/>
Account Number (not required if you provided an IBAN)	<input type="text"/>
Swift/BIC Code/ Sort Code	<input type="text"/>
Routing Number/ Clearing Code (if used in the country of the bank account, and where an IBAN is not available)	<input type="text"/>

If the account holder's name is not the applicant's name, please state the relationship of the account holder to the applicant



Please now proceed to sign Section 5b.

## 4.3 Checklist where I am a personal representative

### 4.3.1 Please provide the date of death of the deceased person

[DD/MM/YYYY]:   /   /

### 4.3.2 Grant of Representation

In order to process this application, we require proof that you have the legal right to act on behalf of the estate of the deceased person. The Payment Scheme Office will only deal with one personal representative for an application.

**Are you the sole personal representative for the deceased person's estate?** Yes ☐ No ☐

If no, please attach a letter to this application, signed by all personal representatives, nominating you as the personal representative for this application and agreeing that the Payment Scheme Office will deal with you alone in respect of the application. If this letter cannot be provided, an application will proceed, and the Payment Scheme Office will deal with the first personal representative to come forward.

#### What proof are you sending with this application?

For information on who can certify your documents, please refer to the Information Booklet

Certified copy of Death Certificate (required). ☐

Additionally, please pick which additional proof you are providing  
(you must select one of the options):

a. A Grant of Probate (certified copy) ☐

b. A Letter of Administration (certified copy) ☐

c. A certified copy of the will, and an affidavit swearing that I am entitled to act  
as personal representative, as there is a will, but no Grant of Probate ☐

d. An affidavit swearing that I am entitled to act as personal representative,  
as there is no will, Letter of Administration or Grant of Probate. ☐

e. Evidence of a legal arrangement in another country. ☐

Please note that if the application is successful, a Grant of Probate or Letter of Administration **will be required** before any award can be made to the nominated bank account provided.

### 4.3.3 Certified Form of Identification

Please note that the identification you provide **must be certified**. A certified copy of an original document is a photocopy that has been signed by an authorised person. For information on who can certify your identity documents, please refer to the Information Booklet.

**What form of valid certified identification are you sending with this application?**

**Please pick one:**

- Your Passport ☐
- Your Driving Licence ☐
- Your Public Services Card or National Security Card ☐

### 4.3.4 Bank Account details

This information can be provided now or if preferred, at a later stage when needed.

Bank Account Holder's Name	<input type="text"/>
Name of Bank	<input type="text"/>
Currency of Bank Account	<input type="text"/>
IBAN (if your bank account has an IBAN)	<input type="text"/>
Account Number (not required if you provided an IBAN)	<input type="text"/>
Swift/BIC Code/ Sort Code	<input type="text"/>
Routing Number/ Clearing Code (if used in the country of the bank account, and where an IBAN is not available)	<input type="text"/>

I confirm that this is the bank account of a personal representative or legal representative with authority to receive these funds:

☐

**Please now proceed to sign Section 5c.**

## Section 5 – Declaration and Signature

### PLEASE READ THIS SECTION CAREFULLY BEFORE YOU SIGN THIS FORM

- By signing this form, I declare that to the best of my knowledge, all information and all supporting documentation given by me is true and accurate.
- I acknowledge that I can only make one application to the Scheme in respect of time spent in the scheduled institutions listed above.
- I agree to notify the Chief Deciding Officer in writing if there are any changes to my circumstances or to the circumstances of the person on whose behalf I am making this application, should these affect this application.

If you would be willing to participate in a satisfaction survey in relation to your experience with the Payment Scheme please tick this box ☐

#### 5a – I am making this application on my own behalf

##### SIGNATURE OF APPLICANT

Signature

Date

  /   /    

##### SIGNATURE OF CO-DECISION MAKER, where the applicant has a Co-Decision Making Arrangement in place which covers arrangements under this Payment Scheme

Signature

Date

  /   /    

#### 5b – I am making this application as a support person

##### SIGNATURE OF SUPPORT PERSON

Signature

Date

  /   /    

#### 5c – I am making this application as a personal representative

##### SIGNATURE OF PERSONAL REPRESENTATIVE

Signature

Date

  /   /    

**Thank you for filling in this application form. We will contact you soon.**



