



BACK TO SCHOOL CLOTHING AND FOOTWEAR SCHEME 2014

Data Classification
Confidential

(PLEASE READ THE INSTRUCTIONS OVERLEAF BEFORE COMPLETING YOUR APPLICATION)

APPLICANT'S DETAILS								SPOUSE/CIVIL PARTNER/COHABITANT DETAILS							
PPSN:								PPSN:							
Name: _____								Name: _____							
Address: _____								Address: _____							
Telephone (Mobile): _____								Telephone (Mobile): _____							
Email Address: _____								Email Address: _____							

PAYMENT DETAILS (Bank or Post Office but not both)

Name of Post Office: _____	Name of Bank: _____										
Address: _____	Sort Code: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										
	Account Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										

DETAILS OF MEANS – <u>WEEKLY INCOME</u> FOR YOURSELF AND YOUR SPOUSE/CIVIL PARTNER/COHABITANT FROM THE FOLLOWING:			
SOURCE	YOURSELF	SPOUSE/CIVIL PARTNER/COHABITANT	Details
	€	€	
Social Welfare Payments (including Carer's)			
Social Security Payments from another State			
Wages/Salary (include current payslip)			
Self Employment (including Farming)			
Sick Pay/Income Protection Schemes			
Occupational Pensions(s)			
Maintenance Payments			
SOLAS (FÁS) TÚS/CES Training Allowance			
FIS			
Foster Allowance Payment			
Any other sources e.g. Investments, Property etc. Please Specify			

DETAILS OF ALL CHILDREN RESIDING WITH YOU (NO ENTITLEMENT FOR CHILDREN BORN ON OR AFTER 1/10/2010)
*FOR CHILDREN AGED 18-22 CONFIRMATION THAT THEY WILL RETURN TO SECOND LEVEL EDUCATION IN SEPTEMBER MUST BE PROVIDED.

Name	Date of Birth	Relationship to you	AGE 4 - 11	AGE 12 - 17	* AGE 18 – 22 (In Second Level Education)	(FOR OFFICE USE ONLY) Amount €

DECLARATION

I declare that the information provided above is correct and complete	Applicant's Signature: _____ Date: _____
---	---

FOR OFFICE USE ONLY			
Household Income € _____	Income Limit € _____	Recommended YES <input type="checkbox"/>	NO <input type="checkbox"/>
SIGNED: _____ (Deciding Officer)		DATE: _____	TOTAL PAYMENT: _____

INSTRUCTIONS FOR COMPLETING THIS APPLICATION FORM

- This application form should be completed in **BLOCK CAPITALS** by the person in receipt of the qualifying payment.
- You must tell us how you want to be paid – **Post Office or Bank but not both**. Please note that payments can only be collected at a nominated Post Office if you have a Social Welfare or Public Services Card.
- Enter the **weekly income** for both yourself and your spouse/civil partner/cohabitant.
- If either you or your spouse/civil partner/cohabitant are employed or in receipt of Community Employment, Back to Work Scheme, SOLAS (FÁS)/TÚS etc., you should attach a recent payslip to the application form.
- If you are self-employed, you must provide evidence of your income from self-employment.
- If you are in receipt of maintenance, a copy of your maintenance order, separation agreement or other verifying evidence must be provided.
- If you are in receipt of income from any other source, e.g. investments, property, etc., you must provide proof of this income.
- Please provide further details on a separate page if there is insufficient room on the form.
- Read and sign the declaration to confirm the information you have given us.

RATE OF PAYMENT FOR EACH ELIGIBLE CHILD - 2014

Child's date of birth	Payment Amount
01/10/2002 – 30/09/2010	€100.00
01/10/1996 – 30/09/2002	€200.00
*01/10/1991 – 30/09/1996	€200.00 (If in Second level Education)

WEEKLY INCOME LIMITS - 2014*

Number of children	Weekly income - Couple	Weekly income – Lone Parent
1	€563.60	€410.10
2	€593.40	€439.90
3	€623.20	€469.70
4	€653.00	€499.50
Additional children	Limit increases by €29.80 for each additional child	Limit increases by €29.80 for each additional child

*Your total household income includes your main social welfare payment and any other income you may have including wages (before tax, but excluding PRSI and a standard travel allowance of up to €20 per week), income from home help, maintenance, savings and investments.

NOTE: Children getting their own social welfare payment such as disability allowance or children for whom you receive a Foster Allowance will not qualify for a Back to School Clothing & Footwear Allowance payment.

Incomplete applications, including those which omit supporting information/documentation regarding employment, will be returned to the applicant; this may result in a delay in processing the application.

Completed application forms should be returned to:

**Department of Social Protection
PO Box 131
Letterkenny, Co. Donegal
Lo-Call: 1890 66 22 44**

Further information available at www.welfare.ie

Closing Date: 30th September 2014. Applications will not be accepted after the closing date.

The Department of Social Protection will only disclose information and personal data as allowed by Data Protection and Freedom of Information law.