



Application form for

Daily Expenses Allowance

You need a Personal Public Service (PPS) Number for yourself and your children before you apply.

How to complete this application form.

- Please use this page as a guide to filling in this form.
- Please use **black** ballpoint pen.
- Please use **BLOCK LETTERS** and place an **X** in the relevant boxes.
- Please answer all questions that apply to you.
- Please do not strikethrough any of the boxes. Leave boxes blank if they do not apply to you.

Please fill in **Parts 1, 2 and 3** as they apply to you. When the form is completed, sign the declaration in **Part 1**.

If you need any help to complete this form, please contact your local Community Welfare Service contact.

Details of your local Community Welfare Service contact are available at your accommodation centre.

For more information, please visit www.gov.ie/dsp

How to fill in first page of this form

To help us in processing your application:

- Print letters and numbers clearly.
- Use one box for each character (letter or number).

Please see example below.

1. Your PPS Number:	1	2	3	4	5	6	7	T										
2. Title, insert an X or specify:	Mr	<input type="checkbox"/>	Mrs	<input checked="" type="checkbox"/>	Ms	<input type="checkbox"/>	Other											
3. Surname:	M	U	R	P	H	Y												
4. First names:	M	A	U	R	E	E	N											
5. Your first name as it appears on your birth certificate:	M	A	R	Y														
6. Birth surname:	M	C	D	E	R	M	O	T	T									
7. Your mother's birth surname:	K	E	L	L	Y													
8. Your date of birth:	2	8		0	2		1	9	7	0								
	D	D		M	M		Y	Y	Y	Y								

Contact Details

9. Your address:	1		N	E	W		S	T	R	E	E	T							
	O	L	D		T	O	W	N											
	D	O	N	E	G	A	L		T	O	W	N							
County	D	O	N	E	G	A	L												
Eircode or Postcode	A	6	5	F	4	E	2												
10. Your telephone number:	0	8	8	1	2	3	4	1	2	3									
11. Your email address:	M	M	U	R	P	H	Y	@	W	E	L	F	A	R	E	.	I	E	

SAMPLE

Part 1 continued

Your own details

12. Are you?

- Single
- Married
- Separated
- Divorced
- Widowed

- Cohabiting
- In a Civil Partnership
- A surviving Civil Partner
- A former Civil Partner (you were in a Civil Partnership that has since been dissolved)

13. What country were you born in?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

14. Your nationality?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

15. Date you arrived in the Republic of Ireland:

D	D	M	M	Y	Y	Y	Y				

16. Your Personal ID Number:

--	--	--	--	--	--	--	--	--	--

17. Date of your application for international protection:

D	D	M	M	Y	Y	Y	Y		

Part 2

Details of your children

18. Do you have children living with you? A child is someone aged under 18.

- Yes
- No

If **Yes**, how many?

--	--

Please state child's:

Child 1

Surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First names:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PPS Number:

--	--	--	--	--	--	--	--	--	--

Date of birth:

D	D	M	M	Y	Y	Y	Y		

Are they living with you?

- Yes
- No

How are they related to you?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For example, are they your son, daughter, niece, nephew, adopted or foster child.

Child 2

Surname:

First names:

PPS Number:

Date of birth:
D D M M Y Y Y Y

Are they living with you? Yes No

How are they related to you?

For example, are they your son, daughter, niece, nephew, adopted or foster child.

Child 3

Surname:

First names:

PPS Number:

Date of birth:
D D M M Y Y Y Y

Are they living with you? Yes No

How are they related to you?

For example, are they your son, daughter, niece, nephew, adopted or foster child.

Child 4

Surname:

First names:

PPS Number:

Date of birth:
D D M M Y Y Y Y

Are they living with you? Yes No

How are they related to you?

For example, are they your son, daughter, niece, nephew, adopted or foster child.

Part 3

Your spouse's, civil partner's or cohabitant's details

19. Their PPS Number:

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20. Title, insert an **X** or specify:

Mr. Mrs. Ms. Other

--	--	--	--	--	--	--	--

21. Their surname:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

22. Their first names:

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23. Their first name as it appears on their birth certificate:

24. Their birth surname:

25. Their date of birth:

D	D	M	M	Y	Y	Y	Y		

26. Their mother's birth surname:

27. Their Direct Provision Centre address:

County

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Eircode or Postcode

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28. What country were they born in?

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29. Their nationality?

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30. Date they arrived in the Republic of Ireland:

D	D	M	M	Y	Y	Y	Y		

31. Their Personal ID Number:

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32. Date of their application for international protection:

D	D	M	M	Y	Y	Y	Y		

Send this completed application form to:

Give this completed application form to your Local Community Welfare Service contact.

Details of your local Community Welfare Service contact are available at your accommodation centre.

Please remember to sign the Declaration in Part 1.

If you have any difficulty in filling in this form, please contact your local Community Welfare Service contact, your local Intreo Centre or any Citizens Information Centre.

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 or 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 as a hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.

Decision and calculation:

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Date:

D	D

M	M

2	0		
Y	Y	Y	Y

Designated person's signature (not block letters)

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