

Nursing Homes Support Scheme Information and Application Form

Use this form to apply for the Nursing Homes Support Scheme. Completed forms should be returned to your HSE Nursing Homes Support Office, who can also provide help to complete your application. Contact details for HSE Nursing Homes Support Offices are on the back page of this form. Before completing this form, you can read more detailed information on this scheme in the Nursing Homes Support Scheme Information Booklet.

■ What is the Nursing Homes Support Scheme?

The Nursing Homes Support Scheme provides financial support towards the cost of long-term nursing home care. Under the scheme, people who need nursing home care have their income and assets assessed, and then make a contribution towards the cost of their care based on their assessment. The HSE will pay the rest, if any, of the costs of their care in designated public and approved private nursing homes covered under the scheme. People can choose care in any of the nursing homes included in the scheme provided that the nursing home can cater for the person's particular needs and that it has a place available for the person. As the budget for this scheme is fixed each year, at times a waiting list for financial support may be in place.

■ Who can apply for the scheme?

Anyone who may need long-term nursing home care can apply. You must be ordinarily resident in the State, which means that you have been living here for at least 1 year or you intend to live here for at least 1 year.

■ How does the application process work?

There are 2 parts to the application process: a Care Needs Assessment and a Financial Assessment. The Care Needs Assessment is carried out by healthcare staff e.g. Doctors, Nurses, Social Workers, and looks at your healthcare needs and your family and social supports. The outcome will show if you need long-term nursing home care.

If the Care Needs Assessment shows that you need long-term nursing home care, the Financial Assessment will work out the amount that you will pay towards the cost of your care and the amount that the HSE will pay. The amount that you pay for your care depends on your income and the value of your assets, including assets transferred within 5 years of your first application. People who have less income/assets pay less and people who have more income/assets pay more. No-one will pay more than the cost of their care.

■ What financial support does the HSE offer?

There are two types of financial support available under this scheme; State Support and a Nursing Home Loan (Ancillary State Support).

State Support: Your income and assets are assessed and your weekly contribution is worked out. The HSE will pay the rest of the weekly cost of your care, this is called State Support.

Nursing Home Loan (Ancillary State Support): This is an optional extra feature of the Nursing Homes Support Scheme for people who own property/land based assets in the State. Instead of paying your full weekly contribution for your care from your own means, you can choose to apply for a Nursing Home Loan, to cover the portion of your contribution which is based on property/land based assets within the State. The HSE will then pay that portion of your cost of care on top of your State Support payment.

The loan is paid back to the State after the sale of all or part of the asset or your death, whichever occurs first. Repayment of the loan is made to the Revenue Commissioners. In certain cases, repayment of the loan can be deferred, and you can read more about this in the Information Booklet. This part of the scheme is designed to protect people from having to sell their home during their lifetime to pay for nursing home care.

■ Do I pay the same contribution for as long as I am in nursing home care?

If you are approved for financial support under the scheme, you will pay the same contribution provided that your circumstances remain the same. The HSE can review, either at your request or on its own initiative your care needs, financial assessment or the amount of the nursing home loan. You can read more about this in the information booklet.

■ If my circumstances change?

You must advise the HSE within 10 working days if you or your partner's circumstances change, as your financial support may be affected e.g. if your spouse/partner dies or you or your spouse/partner sell your property. Failure to advise the HSE may result in an overpayment of State support which must be repaid to the HSE. If a person does not notify the HSE of a change in circumstances, he/she is guilty of an offence and is liable for a summary conviction to a fine not exceeding €1,000.

■ Do you assess a couple's income jointly?

People not living as part of a couple are assessed singly, and people who are living together as part of couple are assessed jointly. A couple includes:

- Married couples living together
- Co-habiting couples (living together for 3 years or more)
- Same sex couples (living together for 3 years or more)

It does not include siblings who live together, or two adults living together but not as life partners. Where a member of a couple is applying for the nursing home loan, their spouse or partner must sign that part of the application.

■ Who should fill in this form?

The form should be completed by and must be signed by the person applying for nursing home care. Help and advice is available from health care workers and from the HSE Nursing Homes Support Offices. If a person applying for nursing home care has reduced ability to make decisions, a specified person can apply for State Support on their behalf. If the person has reduced ability to make decisions and is applying for the Nursing Home Loan, a Care Representative must make the application. A person appointed under Enduring Power of Attorney or the Committee of a Ward of Court can also make an application in such circumstances. You can read more about this in the Information Booklet.

■ What do I need to include with my application form?

Your application must include documentary evidence to support any information you have provided. Details of what is required are given in each section.

OFFICE USE ONLY

Date Received _____ Ref No. _____

Part 1A – Applicant's Details – Please use BLOCK CAPITALS

(The applicant is the person who may need care)

Surname:								Are you ordinarily resident in Ireland? Yes		<input type="checkbox"/>	No	<input type="checkbox"/>										
First Name(s):								Have you ever lived abroad? Yes		<input type="checkbox"/>	No	<input type="checkbox"/>										
Date of Birth:			D		D		M		M		Y		Y		Y		Y		Y	Home Address: (Please include post code)		
Daytime Phone:		0																				
Gender:		Male:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Female:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
PPS Number (mandatory):																					Current address if different from home address: (living with relative, or in hospital/nursing home)	
E-mail address:																						
Birth surname: (If different from above)								Town:														
If in hospital/nursing home please state date of admission:								County:														

Relationship Status – Please choose only one of the following:

Couple	Tick	<input type="checkbox"/>	You are married and living together/co-habiting
If co-habiting, please state the number of years you have been co-habiting with your partner <input type="text"/> years			
Single	Tick	<input type="checkbox"/>	Not married/Not living as part of a couple/Share a home with another adult, e.g. a sibling or a friend
Widow/er	Tick	<input type="checkbox"/>	If "yes" please include copy Death Certificate of spouse if applying for the nursing home loan under Part 6A
Separated/Divorced	Tick	<input type="checkbox"/>	You were married but are now separated or divorced and living apart from your former spouse

Have you or your partner (living or deceased) previously applied for State Support or Subvention? Yes No

If yes, when (if known)

Do you currently hold a Medical Card, GP Visit Card, Hepatitis C HAA Card, Long Term Illness Card or a Drugs Payment Scheme Card? Yes No

Nursing Homes Support Scheme Application Form

We understand that you may wish to have some help or support from a relative or friend in making this application and gathering documentation. If you do, please provide contact details for this person here:

Name:

Address:

Relationship to Applicant:

Tel No.:

Mobile No.:

Please note that in nominating a contact person you consent to that person receiving copies of documentation on your care needs and financial assessments.

Please provide details of your legal representative/solicitor if known

Tel No.:

Spouse/Partner's Full Name:

PPSN: (mandatory)

Date of Birth: (mandatory)

If you are a member of a couple, is your spouse/partner in long term care? If yes, please provide the following information:

Yes No

Name of Residential/Nursing Home:

Weekly Contribution for Care: €

Type of Care:

NHSS Public NH Private NH Contract Bed Subvention Other

Please specify

Part 2 – Application for Care Needs Assessment

Part 2 A – To be completed by a person who may need care services.

I, _____ hereby apply for a Care Needs Assessment under the Nursing Homes Support Scheme.

Signed:

Dated: / /

Part 2 B – To be completed where a person is unable to make application for Care Needs Assessment on their own behalf.

I, _____ hereby apply for a Care Needs Assessment under the Nursing Homes Support Scheme on behalf of _____ who it appears may need care services and is unable to make application on his/her own behalf by reason of ill-health, physical disability or a mental condition.

I make this application as: (Tick correct box)

- | | | | |
|--------------------------------------|--------------------------|--|--------------------------|
| (a) spouse/partner; | <input type="checkbox"/> | (f) registered social worker; | <input type="checkbox"/> |
| (b) a relative over 18 years of age; | <input type="checkbox"/> | (g) Committee of Ward of Court*; | <input type="checkbox"/> |
| (c) legal representative; | <input type="checkbox"/> | (h) next friend appointed by the Court*; | <input type="checkbox"/> |
| (d) registered medical practitioner; | <input type="checkbox"/> | (i) Attorney under Enduring Power of Attorney*; | <input type="checkbox"/> |
| (e) registered nurse; | <input type="checkbox"/> | (j) Care Representative appointed by the Court*; | <input type="checkbox"/> |

Signed:

Dated: / /

Address: _____

Tel: _____ Email: _____

(* Please enclose documentary evidence)

Part 3A – Details of income

If you are part of a couple please supply details for your spouse/partner. Please include documentary evidence of all income, e.g. pension payslip. Net Weekly Income should be provided, i.e. your weekly income after Tax, PRSI etc. have been deducted.

Income	Amount per week	
	Applicant	Spouse/Partner
Department of Social Protection pension/allowance/benefit	€ <input type="text"/>	€ <input type="text"/>
Any other non-Irish pension	€ <input type="text"/>	€ <input type="text"/>
Occupational pension <i>Please include a copy of your pension slip</i>	€ <input type="text"/>	€ <input type="text"/>
Employment, trade, profession or vocation (including for part time work) <i>Please include a copy of a pay slip, P60 or P21</i>	€ <input type="text"/>	€ <input type="text"/>
Income from rentals (in the State or otherwise)	€ <input type="text"/>	€ <input type="text"/>
Income from holding an office or directorship	€ <input type="text"/>	€ <input type="text"/>
Income from fees, commissions, dividends, interest, or income of a similar nature	€ <input type="text"/>	€ <input type="text"/>
Payments under a settlement, covenant, estate or a payment in respect of maintenance	€ <input type="text"/>	€ <input type="text"/>
Income from royalties and annuities	€ <input type="text"/>	€ <input type="text"/>
Income that was transferred from you to another person within the last 5 years	€ <input type="text"/>	€ <input type="text"/>
Farming/Business Income <i>If income arises from a Farm or Business please attach tax assessment from Revenue, accounts in respect of same for the previous tax year and details of any Department of Agriculture payments</i>	€ <input type="text"/>	€ <input type="text"/>
Any other income:		
<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
<input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Please supply	Applicant	Spouse/Partner
PPS number (mandatory) <i>or</i>	<input type="text"/>	<input type="text"/>
Department of Social Protection Pension book number <i>or</i>	<input type="text"/>	<input type="text"/>
Department of Social Protection Pension claim number	<input type="text"/>	<input type="text"/>

Part 3B – Allowable Deductions

Some expenses may be deducted from your income for this assessment. Please give details of allowable deductions.

	Amount per year	
	Applicant	Spouse/Partner
Health Expenses (e.g. doctors' fees, pharmacy costs, prescription charges)	€	€
Interest on loans related to your principal residence	€	€
Rent Payments (If you live in rented accommodation)	€	€
Maintenance Payments to another person	€	€
Levies required by law to be paid e.g. property tax	€	€

Amounts above should be provided annually, net of Tax Relief.

The HSE will require evidence of these deductions during your assessment.

Borrowings in respect of your principal residence (where you choose to avail of this deduction, you cannot offset the same borrowings against the value of the asset)	€	€
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Please provide documentary evidence of borrowings.

Do you wish to claim an allowable deduction in respect of a dependent child/children who is/are under 21 or in full time education	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please provide verification on your dependant's name(s), date(s) of birth and full time education status

Part 4A – Details of Cash Assets

Please give details of all Cash Assets, giving the total balance amounts for you and your spouse or partner. Please provide documentary evidence of cash assets e.g. recent bank statements.

Savings, Deposits and Current Accounts (please give a total amount)	Applicant	Spouse/Partner
Bank	€	€
Credit Union	€	€
Post Office	€	€
Other (please specify) <input type="text"/>	€	€

Approved Retirement Funds (ARFs), shares, bonds, securities etc.

<input type="text"/>	€	€
<input type="text"/>	€	€
<input type="text"/>	€	€
Money loaned to another person which is repayable	€	€

Total Cash Assets transferred to another person within 5 years of your first NHSS application (cash, savings/deposits, shares, bonds, securities etc.)

<input type="text"/>	€	€
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If any of the transferred assets have been returned, please state the total amount returned

<input type="text"/>	€	€
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Other Cash Assets

<input type="text"/>	€	€
<input type="text"/>	€	€

Part 4B – Details of Non-Cash Assets

Non-Cash Assets means all forms of property, land or valuables owned by you and your spouse or partner, whether within the State or outside. Please include documentary evidence of assets, values and any outstanding balances on loans.

Principal Residence

Home Address

Please indicate if you are the owner/joint owner/tenant/lodger/local authority tenant purchaser/other (please specify)

If you own or partly own your property please provide current market value of your home. *(Please furnish a Certificate of Market Value from an Auctioneer or a Valuer)*

€

Indicate loan repayments (amount per month) and outstanding balance on same (Include latest available statement of loan)

Monthly Loan Repayment	Outstanding Balance on Loan
€ <input style="width: 80%; height: 25px;" type="text"/>	€ <input style="width: 80%; height: 25px;" type="text"/>

Please Specify loan type of outstanding balance i.e. Mortgage, Life Loan, Credit Union, Other

Other Non-Cash Assets (property, land, farm, business etc.)

Please provide details (including address if appropriate)

Value in € for applicant and spouse	Outstanding Balance on Loan
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€

€

€

€

Please furnish a Certificate of Market Value from an Auctioneer or a Valuer.

Please supply details of any mortgage or charge on the Non-Cash Assets listed above.

3 year cap Farm and Business Assets:

If you wish to apply for the 3 year cap on a farm or business asset see Part 7 for information and application details

Transferred Assets

Please supply details of any non-cash assets (property/land) sold or transferred to another person within 5 years of your first NHSS application

Asset Details	Date of Transfer	Value at time of Sale or Transfer €	Amount Received from Sale/Transfer €	If transferred, to whom?

Please supply documentary evidence of the amount received or the market value of asset at the time of sale/transfer

Please note that if a person knowingly gives false or misleading information in connection with an application for State support, he/she is guilty of an offence and is liable on summary conviction to a fine not exceeding €5,000 or imprisonment for a term not exceeding 3 months or both. In cases where a person does not disclose or makes a misstatement in respect of the amount or value of income/assets and receives a greater amount of State support than would have been the case if there had been disclosure or no misstatement, the overpayment must be repaid by the person on demand and may be recovered by the HSE as a simple contract debt from the person or estate of that person.

Please note that the personal representative of a deceased person is legally obliged as soon as practical but in any case not less than 3 months before any distribution of assets of the estate of the person give the HSE (a) a schedule of assets that is applicable to the estate of the deceased person and (b) notice in writing of the representatives intention to distribute the assets. A Personal Representative who does not retain sufficient assets of the estate to repay any amount due and payable to the HSE will be held personally liable for that amount.

Part 5 – Application for State Support

Please read the following and then sign either Part 5A or 5B as appropriate

As part of this application, the HSE will make arrangements for a Care Needs Assessment and a Financial Assessment to be carried out. Any organisation with information relevant to the applicant's care needs may provide the HSE with this information. The content of the care needs assessment report may be provided to, or shared with, relevant health professionals, if required. All required information which the HSE may request in connection with the consideration of this application will be provided. To process this application the HSE may seek limited access to social welfare data to confirm details of the applicant, their spouse/partner and dependants. The signature below indicates consent to this access. The HSE will treat all information and personal data provided to them as confidential. The HSE will only disclose information or personal data to other people or bodies according to law. The applicant must report to the HSE, within 10 working days, any changes in his/her or their partner's circumstances which may affect entitlement to financial support.

Part 5A To be completed by the person who needs care services:

I hereby apply for State Support under the Nursing Homes Support Scheme. I have read Part 5 above and I say that the information given by me on this form is correct to the best of my knowledge and belief.

Signed:

_____ Dated:

D	D	/	M	M	/	Y	Y	Y	Y
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Part 5B To be completed only where the person who may need care services has reduced capacity to make decisions and is unable to make the application

I, _____ hereby apply for State Support under the Nursing Homes Support Scheme on behalf of _____ (persons name)

I make this application as: (Tick correct box)

- (a) Committee of Ward of Court**
- (b) Attorney under Enduring Power of Attorney**
- (c) Care Representative appointed by the Court*
- (d) spouse/partner;
- (e) a relative over 18 years of age;
- (f) next friend appointed by the Court**;
- (g) legal representative;
- (h) registered medical practitioner;
- (i) registered nurse;
- (j) registered social worker;

Categories (a) to (c) above have priority over those at (d) to (j). Please refer to the Information Booklet for further information.

I have read Part 5 above and I say that the information given by me on this form is correct to the best of my knowledge and belief. No person has priority to make this application before me / All persons with higher priority have consented in writing (copy/copies attached) to my making this application (delete as applicable). (See Information Booklet)

Signed:

_____ Dated:

D	D	/	M	M	/	Y	Y	Y	Y
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*(** Please enclose documentary evidence)*

Part 6 – Nursing Home Loan (Ancillary State Support)

The Nursing Home Loan (Ancillary State Support) is an additional support designed to ensure that people do not have to sell assets such as their home during their lifetime in order to meet their care costs.

This is an optional extra feature of the Nursing Homes Support Scheme for people who own property/land based assets in the State. It is a loan advanced by the HSE to you. It is paid to help you meet the portion of your contribution to the cost of care that is based on Irish property/land based assets (i.e. land and property within the Irish State).

Payment of the Nursing Home Loan (Ancillary State Support) by the HSE results in the creation of a charge (a simple type of mortgage) in favour of the HSE against the interest of the applicant and his/her partner in the asset(s) set out in this application. The HSE will notify the Property Registration Authority of the charge who will register it against the asset(s) specified in this application. You may therefore wish to seek **independent legal advice** before you apply for a Nursing Home Loan (Ancillary State Support). However, please note that there is no requirement on you to do so.

Where the home, farm, business or other asset is owned by more than one person, the HSE requests all joint owners to fill in Part 6B of this form.

The Nursing Home Loan (Ancillary State Support) may be applied for at any time, not just when entering into long-term nursing home care. Applications for the Nursing Home Loan may be granted by the HSE subject to the overall budget available to it.

The Nursing Home Loan (Ancillary State Support) together with interest is repayable (unless the applicant has voluntarily repaid the loan prior to it falling due for repayment)

- (a) when the applicant dies, or
- (b) when any part of the charged asset is transferred/sold (HSE must be notified within 10 working days of transfer/sale) or
- (c) if the applicant or his/her partner is made a bankrupt, or
- (d) if the HSE determines that it has been given false/misleading information relating to this loan application

Repayment of the loan must be made to the Revenue Commissioners [see below]

The following provides information on how the process works:

The person who is responsible for repayment of the nursing home loan to the Revenue Commissioners is called the **“relevant accountable person”**. The relevant accountable person may be a different person to the applicant, depending on the circumstances as set out in the following examples:

Example 1: Where you transfer or sell part or all of your property, during your lifetime, you and your spouse/partner will be the relevant accountable persons.

Example 2: Where the loan is repayable after the applicant’s death the personal representative of the deceased is the relevant accountable person. A person who inherits or has an interest in the property or any part of it can also be held accountable for repayment of the loan.

When the repayment must take place

When the nursing home loan falls due for repayment, the HSE writes to the relevant accountable person. The HSE notifies him/her that the loan must be repaid and advises of the amount due. In calculating the amount due the HSE applies the consumer price index to the loan to take account of inflation or deflation since the loan was paid.

Repayment timeframes

The following timeframes apply for repayment of the nursing home loan;

- Where the repayment arises, for example, because of the death of the person in care the loan must be repaid within 12 months of the date of death. **Where the repayment is not made within this timeframe, Revenue will apply interest on the amount owing from the date of death.**
- Where the loan is repayable because of the sale or transfer of your property during your lifetime, it must be repaid within 6 months of the date of sale/transfer or **Revenue will apply interest back to date of sale/transfer.**

How the repayment is made

Revenue Commissioners are the collecting agent for the HSE in respect of monies advanced by way of a nursing home loan. The Nursing Home Loan must be repaid to Revenue. It should be repaid as soon as possible after notice is received from the HSE and, in any event, within the timeframes outlined above. Further information is available on how to make payments on Revenue’s website at www.revenue.ie

Deferral of Repayment of Nursing Home Loan

Where the loan becomes repayable on death, the repayment of monies based on the principal residence can be deferred in certain cases. You can read more about this in the information booklet.

In relation to deferrals, the following timeframes apply for repayment of the nursing home loan:

- On the death of the partner of the person who was in receipt of care or on the death of the *connected person*, the loan must be repaid within 12 months of the date of death of that person. For more information on the definition of a connected person please see the information booklet.
- Where a person ceases to be a connected person as defined in the legislation or where an interest in the residence is transferred/sold, the loan must be repaid within 6 months of the date the person ceased to be a *connected person* or date of the transfer/sale.

Part 6A – Application for a Nursing Home Loan (Ancillary State Support)

I/We hereby apply for and request payment of the Ancillary State Support (Nursing Home Loan) under the Nursing Homes Support Scheme Act, 2009 (“the Act”) in respect of the following property/land based asset(s) within the State. I/We acknowledge that payment of Ancillary State Support results in the creation of a Charge in favour of the Health Service Executive (which by virtue of the Act is deemed to be a mortgage made by deed) against the interest of the person to whom payment relates and of the partner of that person in such land as is specified in the request for payment of the Ancillary State Support (Nursing Home Loan). I/We consent to the creation of a Charge in favour of the Health Service Executive over the asset(s) listed below.

1st Property

2nd Property

Details of Asset:
House No./Name:
Street:
Town/City:
Townland:
County:
Folio Number (if known):

Details of Asset:
House No./Name:
Street:
Town/City:
Townland:
County:
Folio Number (if known):

(Please provide documentary evidence of the title to the property, e.g. copy land registry Folio/copy Title Deeds/copy lease/copy conveyance. If the property is leasehold a copy of the lease must be provided)

Signed:

Dated:

D	D	/	M	M	/	Y	Y	Y	Y
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PPSN:

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(Applicant)

Signed:

Dated:

D	D	/	M	M	/	Y	Y	Y	Y
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PPSN:

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(Partner/Spouse)

Signed:

Dated:

D	D	/	M	M	/	Y	Y	Y	Y
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PPSN:

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(Representative of Applicant)

Signed:

Dated:

D	D	/	M	M	/	Y	Y	Y	Y
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PPSN:

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(Representative of Partner)

If you are signing as a representative, please provide evidence of your appointment as a Care Representative/Attorney under Enduring Power of Attorney/Committee of a Ward of Court.

Name(s) of any other person(s) residing at the applicant's principal residence at date of application

<input type="text"/>	Number of years residing at applicant's principal residence	<input type="text"/>
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<input type="text"/>	Number of years residing at applicant's principal residence	<input type="text"/>
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Relevant Accountable Person (See Explanatory Note on Page 8)

Name:

Address:

Tel No.:

PPSN:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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The Revenue Commissioners require the above details of the Relevant Accountable Person for the repayment of the nursing home loan.

A person who knowingly or recklessly gives the HSE information which is false or misleading in connection with an application for financial support is liable on conviction to a fine and/or imprisonment.

Part 6B – Consent of Joint Owner(s)

Any person(s) who jointly owns a property with the applicant is requested to sign this section.

I/we _____ and _____, (the joint owner(s) of the asset(s) listed below), hereby give my/our prior written consent to the creation of a Charge in favour of HSE under the Nursing Homes Support Scheme Act, 2009 (“the Act”) in respect of the following property/land based asset(s) within the State. I/we acknowledge that payment of Ancillary State Support results in the creation of a Charge in favour of the Health Service Executive (which by virtue of the Act is deemed to be a mortgage made by deed) against the interest of the person to whom payment relates and of the partner of that person in such land as is specified in this request for payment of Ancillary State Support.

1st Property

Details of Asset:
House No./Name:
Street:
Town/City:
Townland:
County:
Folio Number (if known):

2nd Property

Details of Asset:
House No./Name:
Street:
Town/City:
Townland:
County:
Folio Number (if known):

Signed:

(Applicant)

Dated:

D	D	/	M	M	/	Y	Y	Y	Y
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Signed:

(Applicant)

Dated:

D	D	/	M	M	/	Y	Y	Y	Y
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The absence of prior consent in writing of a joint owner does not render void the making of a Charge in favour of the HSE.

Part 7 – 3 Year Cap on Relevant Farms and Businesses

The 3 year cap on relevant farms and businesses is an additional support designed to extend the availability of the 3 year cap to relevant family owned and operated farms and business assets. Successful applicants for State support are required to pay a portion of their assessable income and a portion of the value of their assets towards their care. A 3 year cap is available on contributions to the Scheme to relevant family-owned and operated farm and/or business assets in cases where a family successor commits to working the farm or business. The 3 year cap is available when a family successor is appointed to run the farm or business for 6 years from the date of appointment. The approval of the 3 year cap will result in the creation of a charge in favour of the HSE in respect of chargeable assets.

Conditions for the appointment of a family successor

1. The person who needs care has been determined by the HSE as needing nursing home care
2. The person who needs care has had their financial assessment under the Scheme determined
3. The person who needs care or their partner falls into one or more of the following categories
 - They have an interest in a farm
 - They have an interest in a relevant business
 - They had an interest in a farm which is a transferred asset
 - They had an interest in a relevant business which is a transferred asset
4. The person who needs care has declared to the HSE in a statutory declaration that, in relation to the specified asset, for a period of 3 years (which period need not be continuous) during the period of 5 years ending on the day on which they began receiving care services, a substantial part of the working time of the person who needs care, the proposed family successor, a person appointed as a family successor or the partner of the person who needs care, was regularly and consistently applied to running the family asset.
5. If all or part of the specified asset is a transferred asset,
 - It became a transferred asset on its transfer by the person who needs care or their partner to the proposed family successor
 - It continues to be held as a transferred asset by the proposed family successor and
 - The proposed family successor undertakes by way of a statutory declaration to repay any sums for which they may become liable for as a result of non-compliance with the requirements of the Scheme.
6. The proposed family successor must declare by way of a statutory declaration that if appointed as family successor that a substantial part of that person's normal working time will regularly and consistently be applied to running the family asset for 6 years beginning on the date of appointment.
7. That where the asset is not a transferred asset the person who needs care, his or her partner and any other owner of the asset consent to the creation of a charge in favour of the HSE.
8. That where the asset is a transferred asset the person who needs care and any other owner of the asset consent to the creation of a charge in favour of the HSE.

Who can be a Family successor?

A family successor must be 18 years or older, the partner of the person who needs care, or a relative of the person who needs care, or of their partner, or a son-in-law or daughter-in-law of the person who needs care, or their partner. A relative is defined as a parent, step-parent, child, grandchild, brother, step-brother, sister, step-sister, uncle, aunt, nephew or niece of the person.

In the case of an asset that was transferred, the person to whom the asset was transferred may be appointed as a family successor provided they continue to hold the asset specified in the application and undertake by way of statutory declaration to repay any sums for which they become liable by virtue of the requirements of the Act..

HSE Charging order

The approval of the 3 year cap and payment of increased State support will result in the creation of a charge, a type of mortgage, in favour of the HSE against the interest of the person who needs care and that person's partner in the chargeable asset as set out in this application. Where the asset is a transferred asset the charge is made against the interest of the family successor in the asset.

Conditions for the approval of the 3 year cap

- The person in care has been receiving nursing home care for 3 years
- One or more family successors have been appointed in respect of the person in care in relation to family assets
- The family successor has complied with the undertaking given by them since the date of appointment
- Where the asset is a transferred asset it continues to be held by the family successor
- A charge in favour of the HSE is in place in respect of chargeable assets
- A repayment event has not occurred

You may wish to seek independent legal advice before you make any application under the Scheme, however, you are not obliged to do so.

Statutory declaration forms are available from your local Nursing Homes Support Scheme office or on www.hse.ie/nhss

Review of Compliance and repayment events

The HSE may undertake a review at any time. There will be at least 1 review between the date on which the 3 year cap takes effect and the expiry of the 6 year timeframe the family successor commits to.

The purpose of a review is to ascertain whether a repayment event has occurred. A review will check that the family successor continues to comply with the conditions to which they have agreed.

Non-compliance with the requirements of the Scheme will result in the recoupment of the total amount of increased State support provided. Following a determination by the HSE that a repayment is due, the details of the persons accountable will be provided to the Revenue Commissioners for collection.

Notice requirements

The HSE must be notified of

- the death of the person in care or their partner
- the death or change in circumstances of the family successor
- any proposed change in the family successor following the transfer of the farm or relevant business
- any material change in circumstances of the family successor
- any change affecting the farm or business to which the family successor was appointed
- any change affecting the family successor’s ability to comply with his or her undertaking

Discharge of the Charging Order

A discharge of the order will occur when the HSE is satisfied that either no repayment event has occurred during the relevant time frame or that a repayment sought in respect of non-compliance has been paid in full.

**Part 7A – Application for appointment of family successor:
Farm / relevant business**

I/we _____ and _____ apply for and request the appointment of the person named below as a family successor under the Nursing Homes Support Scheme (Amendment) Act 2021 in respect of the property and land based assets listed in Part 7B.

Name:	
Address:	
Tel No.:	Mobile No.:
Email:	

Date of Birth: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">/</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">/</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y	PPSN: <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>										
D	D	/	M	M	/	Y	Y	Y	Y												

Relationship to person in care:

The person named above has provided a statutory declaration that if appointed as a family successor a substantial part of their working time will regularly and consistently be applied to running the family asset for a period of 6 years beginning on the date of appointment.

Signed: _____	Dated: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">/</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">/</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y		
<i>(Applicant)</i>	PPSN: <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>										

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<i>(Partner/Spouse)</i>	PPSN: <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>										

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<i>(Representative of Applicant)</i>	PPSN: <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>										

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D	D	/	M	M	/	Y	Y	Y	Y		
<i>(Representative of Partner)</i>	PPSN: <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>										

If you are signing as a representative please provide evidence of your appointment as a Care Representative, Attorney under an Enduring Power of Attorney or Committee of a Ward of Court.

Nursing Homes Support Scheme Application Form

If the asset is a transferred asset the following must be completed by each owner of the transferred asset.

I/we, _____ of _____

in the County/City of _____ Eircode No: _____

the owner(s) of the asset(s) referred to in Part 7B below hereby consent to
 (a) the making of the application for the appointment of a family successor, and
 (b) the creation of a charge over the asset(s) specified in Part 7B below.

Signed:

Dated:	D	D	/	M	M	/	Y	Y	Y	Y
--------	---	---	---	---	---	---	---	---	---	---

Signed:

Dated:	D	D	/	M	M	/	Y	Y	Y	Y
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Part 7B – Consent to the creation of a charge

I/we acknowledge that the approval of the 3 year cap results in the creation of a charge in favour of the HSE (which by virtue of the Nursing Homes Support Scheme Act, 2009, as amended, is deemed to be a mortgage made by deed) against the interest of the person to whom payment relates and of the partner of that person in such land as is specified in this application and in the case of a transferred asset against the interest of the owners of that transferred asset.

I/we consent to the creation of a charge in favour of the HSE over the assets listed below.

1st Property

2nd Property

Details of Asset:
Folio no/ Details:
Street:
Town/City:
Townland:
County:
Eircode:

Details of Asset:
Folio no/ Details:
Street:
Town/City:
Townland:
County:
Eircode:

Please provide documentary evidence of the title to the property, for example copy of land registry folio, lease, conveyance. If the property is leasehold a copy of the lease must be provided.

Signed:

Dated:	D	D	/	M	M	/	Y	Y	Y	Y
PPSN:										

(Applicant)

Signed:

Dated:	D	D	/	M	M	/	Y	Y	Y	Y
PPSN:										

(Partner/Spouse)

Signed:

Dated:	D	D	/	M	M	/	Y	Y	Y	Y
PPSN:										

(Representative of Applicant)

Signed:

Dated:	D	D	/	M	M	/	Y	Y	Y	Y
PPSN:										

(Representative of Partner)

If you are signing as a representative please provide evidence of your appointment as a Care Representative, Attorney under an Enduring Power of Attorney or Committee of a Ward of Court.

Part 7C – Consent of joint owners

Complete this section if you jointly own the property referred to below.

I/we _____ and _____, the joint owners of the assets listed below give my/our consent to the creation of a charge in favour of the HSE under the Nursing Homes Support Scheme Act 2009, as amended (the “Act”) in respect of the following property/land based assets within the State.

I/we acknowledge that payment of increased State support as a result of the 3 year cap on relevant farm and/or business assets results in the creation of a charge in favour of the HSE which by virtue of the Act is deemed to be a mortgage made by deed against the interest of the person to whom payment relates and of the partner of that person and in the case of a transferred asset, the interest of the family successor to whom the asset was transferred.

1st Property

2nd Property

Details of Asset:
Folio no/ Details:
Street:
Town/City:
Townland:
County:
Eircode:

Details of Asset:
Folio no/ Details:
Street:
Town/City:
Townland:
County:
Eircode:

Signed:

(Joint owner)

Dated:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Signed:

(Joint owner)

Dated:

D	D	/	M	M	/	Y	Y	Y	Y
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The absence of prior consent in writing of a joint owner does not render void the making of a Charge in favour of the HSE.

Documents you need to send with your completed Nursing Homes Support Scheme Application Form

What you need to do

By law, to apply for the Nursing Homes Support Scheme you must tell us about your income and assets. As well as your completed application form, you must send us proof of your income and assets so that we can calculate your weekly contribution towards the cost of nursing home care. This is called a financial assessment.

The following information explains what you need to send us. To help you navigate, we have broken down this information into 4 main sections. These parts relate to different parts of the financial assessment.

- 1) Income (Part 3A of the Application form)
- 2) Cash assets (Part 4A of the Application form)
- 3) Non-cash assets (Part 4B of the Application form and Part 6 for the Nursing Home Loan)
- 4) 3 Year Cap on Farm and Business assets (Part 7 of the Application form)

Section 4 is about Ancillary State Support (known as the Nursing Home Loan). This section tells you which additional documents you need to send if you are applying for the loan. It relates to Part 6 of the application form.

Need help?

We understand that applying for the Nursing Homes Support Scheme can be complicated, and you may need some advice when completing your application. If you need help, please contact your local nursing homes support scheme office, www.hse.ie/nhss or call HSELive on 1850 24 1850. You can also find more detailed information on www.hse.ie/nhss

1. Income (part 3A of the Application Form)

Please note: If income is paid directly into your bank account, you need to give us bank statements for the last six months **as well as** the documents listed below.

Department of Employment Affairs and Social Protection pension or allowance: If your State pension is paid into the bank we will accept bank statements showing weekly payments. If not, please give us a recent An Post receipt or a letter from the Department of Employment Affairs and Social Protection stating the pension amount.

Non-Irish pension: If you get social security (pension) payments from another country, please give us the most recent payslip **or** a letter from the social security agency stating the amount paid. If your non-Irish social security pension e.g. UK DSS pension is paid into the bank we will accept bank statements showing payment of same.

Occupational pension: Please give us your most recent payslip, Employment Detail Summary from Revenue (formerly P60) or certificate of earnings.

Employment, trade, profession or vocation (including part-time work): Please give us **one** of the following:

- a recent payslip
or
- a Revenue Notice of Assessment (this is the document from Revenue that shows how much tax you must pay),
or
- a Revenue Notice of Self-Assessment and a copy of your latest tax return.

Rental income (in the State and elsewhere): We need a copy of the rental agreement **and** the latest Notice of Assessment from Revenue. If you have rental property outside the State, we also need this information.

Income from a directorship: We need a statement from the company (or companies) giving:

- the registered name of the company
- the registered number of the company
- the percentage of voting rights you control
- copies of accounts of these companies for the previous tax year
- An end of year statement from Revenue if you get a salary from the company.

Income from fees, commissions, dividends or interest: Please give us a statement or certificate of interest or dividends (money paid regularly (typically annually) by a company to its shareholders out of its profits or reserves paid by the financial institution).

Income from a settlement, covenant, estate or maintenance payment: We need proof of the income received from these items including the source and the amount. If you get maintenance payments, we also need a copy of the Maintenance Agreement by Court Order stating the amount of maintenance you receive each month.

Income from royalties and annuities: Please give us a copy of the Notice of Assessment from Revenue.

Transferred income: This is any income which you may have transferred to someone else within 5 years of your first application. We will need a legal document such as a signed affidavit setting out the amount of money and the date it was transferred.

Farm or business income: We need a copy of your accounts for the previous tax year or a Revenue Notice of Assessment. If you rent out property, land or a farm, we need documentation showing this income. We also need documentation showing Department of Agriculture grants.

Other income: If you have income from any other source, please give us details and relevant documents showing this income.

Deductions we can make to your income (Part 3B of the Application Form)

There are deductions allowed in relation to income. Read the types below and see which, if any, apply to you.

Health expenses:

We can deduct a range of health expenses when calculating your weekly contribution. These expenses must meet Revenue guidelines on qualifying health expenses.

The full list of allowable expenses is available in the Revenue Commissioners "*Tax and Duty Manual – Health Qualifying Expenses*" which is available at the following link:

<https://www.revenue.ie/en/personal-tax-credits-reliefs-and-exemptions/health-and-age/health-expenses/what-are-qualifying-expenses.aspx>

In order for us to deduct health expenses when calculating your weekly contribution:

- Prescription Charges: If you paid the medical card prescription charge, or part of the cost of your medicines through the Drugs Payment Scheme, please give us a statement from your pharmacist for the last 12 months*.
- For all other qualifying health expenses, please provide a list of these for the last 12 months* including the following details and documentation;
 1. Details of the health expenses
 2. Amount spent by you and / or your spouse / partner
 3. Evidence of payments (receipts)
 4. Evidence of prescription by a Registered Practitioner (where applicable).
 5. Income tax relief which may be claimed (20% is the standard rate as at January 2020). Example Health Expenses in 2019 were €100, deduct 20% tax relief (€20), the allowable deduction will be €80 for the year.
 6. If you are not liable for income tax, please state this.

Please provide details of any refund which has been paid or is due to be paid to you from a health insurance provider.

*The HSE will consider health expenses for the previous tax year rather than the 12 months prior to application if you have claimed tax relief and wish to be assessed on that basis. If this is your preferred option you can give us an End of Year Statement (formerly P21) from Revenue

If you are unable to access Revenue's website for information on what is included on the list of qualifying health expenses, please contact your local nursing homes support scheme office for assistance.

Interest on mortgage repayments: Please give us a current mortgage statement and a certificate of interest for the last 12 months showing how much is left on the mortgage and your weekly or monthly repayments.

Rent payments: If you pay rent, please give us:

- an up-to-date copy of your tenancy agreement, or
- rent receipts, or
- a copy of your rent book.

If you rent a local authority property, please give us either:

- a letter from the local authority showing how much you pay each week, or
- copy of the rent receipt, if you pay through the post office.

If your rent is reduced because either you or your spouse or partner is admitted to a nursing home, you must tell us.

Maintenance payments: please give us a copy of the current maintenance agreement and proof of payment (such as a letter from your former spouse confirming the amount and how often they receive it).

Property tax: Please give us proof of payment / evidence of your liability for this.

Dependent children: If you have a child under 21 or in full-time education, and have expenses relating to maintenance, child care or education of the child, please give us details of these expenses.

2. Your cash assets (Part 4A of the Application Form)

Cash assets include your savings, stocks and shares, transferred cash assets, bonds, securities, monies held in financial institutions or money you have lent to another person that is repayable to you.

Savings and deposits: We need statements for each account for the last six months, showing the name of the financial institution, your name and the account number.

Stocks, shares (including shares in a creamery or co-op), bonds, prize bonds, securities and other financial instruments: Please give us a statement showing the number of shares and so on, and their current market value in euro.

Transferred cash assets: This is money or shares which you have transferred to someone within 5 years of your first application. Please give us a statement showing the date and the amount transferred.

Other cash assets: This includes any other assets like a pension fund, for example, if you have an Approved Retirement Fund (ARF). Please give us:

- The last annual benefit statement
- a copy of the ARF policy document (the rules of the policy)
- a current statement of fund value, surrender or encashment value

Deductions we can make to your cash assets

There are two types of deductions to cash assets – borrowings and qualifying redress payments. Read about these and see which, if any, apply to you.

Borrowings: We need an up-to-date financial statement and loan agreement confirming the amount you still owe and the purpose for which you borrowed the money.

Qualifying redress payments: If you received a redress payment from one of the schemes listed below, we can disregard this from your cash assets. You must give us a statement from the relevant State body showing that your cash assets include one of the qualifying redress payments.

The relevant redress payment schemes are:

- Redress for Women in Certain Institutions Act 2015
- Health Repayments Scheme Act 2006
- the Lourdes Hospital Redress Scheme 2007
- the Lourdes Hospital Payment Scheme
- the Surgical Symphysiotomy ex-gratia scheme
- payments made to someone under the Conterganstiftung für behinderte Menschen in respect of a disability caused to that person by Thalidomide.

3. Relevant non-cash assets (Part 4B of the Application Form)

The financial assessment also takes into account your non-cash assets such as your home and any other property you may own.

Principal residence: This refers to your home. If you own, part-own or have a life interest in your home, please give us a current valuation from a registered auctioneer or valuer. If you have a right of residence only, we need a legal document that states this.

If you rent your home, please give us a copy of the rental agreement.

Other properties (such as houses, land, buildings or overseas properties): We need a current valuation from a registered auctioneer or valuer for each property.

Farms and businesses: Please give us:

- a current valuation of the farm or business premises
- trading profit and loss account, capital account and balance sheet for the previous year.

Transferred assets: If you have sold or transferred a house, farm, business or other non-cash asset within 5 years of your first application, please give us proof of the:

- date of transfer
- market value at the time of transfer
- amount you received from the sale or transfer
- details of who the transfer was made to

Deductions we can make to relevant non-cash assets

There is one deduction you may be able to make to your relevant non-cash assets – borrowings. Read the text below and see if this is an option for you.

Borrowings: If you have borrowed money to buy, repair or improve a property, please give us a statement from the financial institution confirming the purpose of the loan and the amount still owed.

If you have taken out a life loan (equity release loan) to buy, repair or improve a property, you must give us a statement from the financial institution showing the date the loan was taken out and the original amount borrowed. If you are applying for Ancillary State Support (the nursing home loan) you will also need to send us a copy of the Terms and Conditions of the Life Loan, the written consent of the loan provider to the creation of a second charge in favour of the HSE and an up to date statement (within the last 6 months) on the amount owing on the Life Loan.

Ancillary State Support – (Part 6 of the Application Form)

Ancillary State Support is also known as the Nursing Home Loan and is an optional part of the scheme. It is a loan given based on the value of your property and must be repaid after death **or** if the property is sold or transferred to another person.

If you are applying for the Nursing Home Loan, we will need additional documents from you. There is more information on where to get these documents below. In essence, though, you must give us proof that you own the property. This can be:

- the folio number
- a copy of the land registry
- a copy of the lease if the property is leasehold

Representing the applicant and signing the loan application for them?

If you represent the applicant and are signing the loan application on their behalf, you must give us a copy of your certificate of appointment as a Care Representative or Registered Enduring Power of Attorney or Committee of a Ward of Court. You can submit your application pending your Court Appointment so that processing can begin, however the application cannot be approved until a copy of your court appointment is received.

The following information will help you to get the documents we need to progress the Nursing Home Loan application.

Deeds and leases: You may be able to get these directly from the applicant or their spouse as many people keep them in their home or with their bank, building society or family solicitor.

If you have problems finding your deeds or leases, contact the Registry of Deeds at 01-871 6525 or email rodquery@prai.ie for help. Please make sure to get all documents associated with the deeds including indentures, leases, transfer orders and conveyances.

If the deeds are lost, you can get a Memorial of Deeds and the associated documents from the Registry of Deeds office.

Charges (mortgage, loan, judgement or other charges): If there is a mortgage, loan or judgement registered against the property, please give us **one** of the following:

- an up-to-date statement from the bank or building society
- a letter from the bank or building society confirming that the mortgage has been fully repaid.

Death certificate: To get a copy of a death certificate, you can do one of the following:

- visit any Civil Registrar's office (births, deaths and marriages offices)
- apply online at www.hse.ie
- Call the National Registers Office on 01-863 8200.

Separation or divorce agreements: If you are legally separated or divorced, we need a copy of the separation agreement.

4. 3 Year Cap on Farms and Business Assets (Part 7 of the application form)

Family successor

Please supply evidence of your family successor as outlined in part 6A

If you are signing as a representative include evidence of your appointment as a Care Representative, Attorney under an Enduring Power of Attorney or Committee of a Ward of Court.

Creation of a charge

Please provide documentary evidence of the title to the property, for example copy of land registry folio, lease, conveyance. If the property is leasehold, a copy of the lease must be provided.

If you are signing as a representative include evidence of your appointment as a Care Representative, Attorney under an Enduring Power of Attorney or Committee of a Ward of Court.

Consent of joint owners

Please provide details of the asset

Statutory declarations

Please provide signed statutory declarations as outlined in Part 7.

Templates are available from your local NHSO or from www.hse.ie/nhss

**For more information on the Nursing Homes Support Scheme, please visit www.hse.ie.
If you need help to complete your application, please contact your local Nursing Homes Support Scheme Office, or HSE Live on 1850 24 1850.**

HSE Nursing Homes Support Offices

Your Nursing Homes Support Office is available to help you fill in the form or answer questions about your application. When you have completed this form, send it to the Nursing Homes Support Office for your area:

Carlow/Kilkenny	HSE Nursing Homes Support Office, Community Services, James Green, Kilkenny Tel: 056 77 84761/63/09
Cavan/Monaghan	HSE Nursing Homes Support Office, HSE, Townhall Street, Cavan. Tel: 049 4377119/115/114/113
Cork/Kerry	HSE Nursing Homes Support Office, Floor 1, Áras Sláinte, Wilton Road, Cork. Tel: 021 4923536/37/38/39/40/41/42
Donegal	HSE Nursing Homes Support Office, Donegal PCCC HQ, St Joseph's Hospital, Stranorlar, Lifford, Co Donegal. Tel: 074 9191734 / 074 9191740 / 074 9191733
Dublin South, Wicklow and Kildare	HSE Nursing Home Support Office, 2nd Floor Beech House, 101-102 Naas Business Park, Naas, Co Kildare. Tel: 045 920 000
Dublin North City and County	HSE Nursing Homes Support Office, Civic Office, Main Street, Ballymun, Dublin 9. Tel: 01 8467148
Galway	HSE Nursing Homes Support Office, Community Services, Lá Nua, Ballybane Neighbourhood Village, Castlepark Road, Ballybane, Galway. Tel: 091 748490 Email: FairDeal.Galway@hse.ie
Laois/Offaly	HSE Nursing Homes Support Office, Bury Quay, Tullamore, Co. Offaly. Tel: 05793 27827, 05793 27828, 05793 27830, 05793 79030
Limerick, Clare and North Tipperary	HSE Nursing Homes Support Office, St Joseph's Hospital, Mulgrave Street, Limerick. Tel: 061 461499
Longford/Westmeath	HSE Nursing Homes Support Office, Health Centre, Longford Road, Mullingar, Co Westmeath. Tel: 044 9394995
Louth/Meath	HSE Nursing Homes Support Office, Unit 3 Ardee Business Park, Hale Street, Ardee. Tel: 041 6871515/525
Mayo	HSE Nursing Homes Support Office, St Mary's Headquarters, Castlebar. Tel: 094 9049176
Roscommon	HSE Nursing Homes Support Office, Government Buildings, Convent Road, Roscommon. Tel: 090 6637561/46
Sligo/Leitrim	HSE Nursing Homes Support Office, Markievicz House, Barrack Street, Sligo. Tel: 071 9155193
Tipperary South	HSE Nursing Homes Support Office, Community Care Centre, Western Road, Clonmel. Tel: 052 6177283
Waterford	HSE Nursing Homes Support Office, Waterford Community Services, Cork Road, Waterford. Tel: 051 842963
Wexford	HSE Nursing Homes Support Office, Wexford Community Services, Georges Street, Wexford. Tel: 053 91 14316 / 053 91 14315

Read more on www.hse.ie/nhss

Contact HSElive 9am to 5pm Monday to Friday us on 1800 700 700

or 00 353 1 240 8787 (from outside Ireland)