



## **Application Form**

# Long-Term Illness (LTI) Scheme

Free drugs, medicines, medical and surgical appliances for certain long-term illnesses.

Complete all applicable sections of this form. Please complete in CAPITAL letters, in black biro and place a tick ( $\checkmark$ ) where appropriate in the single boxes provided.

For official use only

Reference number:

Date received:

### You can also apply for the Long-Term Illness Scheme on www.myLTI.ie

You should only apply for the Long-Term Illness Scheme if you have been diagnosed with one or more of the following longer term diseases or disabilities:

Acute Leukaemia	Diabetes Mellitus Does not include Gestational Diabetes	Intellectual Disability Described in legislation as Mental Handicap	Parkinsonism
Cerebral Palsy	Epilepsy	Mental Illness Under 16 years. Does not include Autism as a sole diagnosis	Phenylketonuria
Cystic Fibrosis	Haemophilia	Multiple Sclerosis	Spina Bifida
Diabetes Insipidus	Hydrocephalus	Muscular Dystrophies	Thalidomide Conditions

There are two sections to this application form:

Section 1: Should be completed by the applicant or by a parent or guardian signing for the applicant. The applicant is the person who has been diagnosed with one of the 16 illnesses listed above.

Section 2: Should be completed by a doctor (for example, your GP or Hospital Consultant).

Completed application forms should be returned to PCRS - PO Box 12962, Dublin 11, D11 XKF3.

Section 1A: Applicant's personal details	
First name(s):	Surname:
Date of birth: D D M M Y Y Y Y	Birth surname:
PPS number:	Gender: Male Female
Address:         Image: Image	Mobile phone:
Section 1B: Your residency status	
6	•
Are you ordinarily resident? Yes No How long have you lived in Ireland?	If you are not from the EU (European Union), the EEA (European Economic Area) or Switzerland, what is your immigration status?
	zorland
	zenano
Not from the EU, EEA or Switzerland	
To prove that you are ordinarily resident in Irelar one of the items listed below:	nd, you will need to give the HSE a photocopy of
•	me of the applicant. ment, Revenue or local authority. For example a notice of e Housing Assistance Payment (HAP) or county council. ociety, credit union or other financial institution. For
If you ticked the box saying that you were not fr give us a photocopy of all of the following three	om the EU, the EEA or Switzerland, you must also items.
1. The identification page from your passport.	
2. The landing stamp page from your passport.	
3. Your Irish Residence Permit (IRP).	

Section 1C: Norr	ninated	ph	arr	nac	су													
Name:																		
Address:																		
	(Ple	ease	note	e thi	s is (	optic	onal.	)										
If you wish, you can give u drug-related information w																	s an	У

Section 1D: Your G	⊃'s	de	tail	S									
Name:													
Address:													

### Section 1E: Declaration and Consent – This section must be completed for processing.

I am applying for eligibility under the Long-Term Illness Scheme.

I declare that the information I have given is correct to the best of my knowledge.

I agree that the Primary Care Reimbursement Service (PCRS) may contact my nominated pharmacy to confirm pharmaceutical information (information about medicines) on my application.

I agree that my pharmacist may contact the HSE to confirm that the prescribed medicines are approved under the scheme.

I agree that the PCRS Medical Officer may contact my GP or hospital consultant to confirm medical information on my application.

If it applies, I confirm that I am the parent or legal guardian of the named applicant, and I give consent on their behalf.



#### Section 1E: Declaration and Consent

You only need to fill in the two lines below if you are signing on behalf of the person making the claim for Long-Term Illness

Your name:											
Relationship to applicant:											

Section 2 Please ask		~	<u> </u>				-						orm	l			
I certify that	Name:																
has one or mor of the Health Ac						erma	nent	or Ic	ong-te	erm	natu	re co	over	ed by	y Se	ectio	on (3)
Patient PPS Nun	nber:				Pa	tient	Date	of E	Birth:	D	D	Μ	Μ	Y	Y	γ	Ý
Diagnosis: Pla influence what							-										

The following drugs, medicines, consumable medical and surgical appliances are needed to treat the prescribed disease(s) or disability:

	icine, including its strength or pharma or a description of a medical or surgio		
1.		11.	
2.		12.	
3.		13.	
4.		14.	
5.		15.	
6.		16.	
7.		17.	
8.		18.	
9.		19.	
10.		20.	
Signature:			Doctor's Stamp
	GP or Hospital Consultant		
Name:			-
Medical Council No.	Date: D D M M	Y Y Y Y	

\*You should arrange to get your surgical appliances and equipment through your local community health organisation office.

### **Data Protection and Freedom of Information Notice**

The HSE will treat all personal information and data you provide as part of this application as confidential and store it securely.

When the HSE receives the completed application form, we will make a computer record for the applicant named on the form. This record will include the relevant personal information you have supplied.

We will keep this personal record and will only use it to process your Long-Term Illness application.

The HSE will keep your information private. We will not disclose (share) any of it with any other people or organisations unless the person authorised to give consent agrees to our doing so or we are required to do so by law.

Our Privacy Notice explains how we use your information you give us as part of your application form. You can find this notice on www.medicalcard.ie or by calling Lo Call 1890 252 919.

Checklist of the documents you need to send with this form	
To avoid a delay in our processing your application, please make sure you send us the following: <b>Completed and signed application form.</b>	
Copies of any relevant prescriptions.	
If you applying under Attention Deficit Hyperactivity Disorder (ADHD), please include a certification of assessment and diagnosis of ADHD, provided by a specialist in childhood behavioural disorders.	
Documentation to prove 'Ordinarily resident' – you must give us one item from 1- 4 below.	
<ol> <li>A current utility bill dated within the last three months, for example, a bill for:         <ul> <li>gas</li> <li>electricity</li> <li>phone</li> </ul> </li> <li>A current car or home insurance policy in the name of the applicant.</li> <li>An official document issued from a Government Department, Revenue or local authority. For example:             <ul></ul></li></ol>	
If you ticked the box in Section 1A to say you are not from the EU, the EEA or Switzerland, yo must provide all of the following three items:	ou
The identification page from your passport	
The landing stamp page from your passport.	
Your Irish Residence Permit (IRP).	

# Submitting your form

If you have any questions before your send off this form, please LoCall 1890 252 919.

Please send your completed form to: Long-Term Illness Scheme Client Registration Unit PO Box 12962 Dublin 11 D11 XKF3

