



# Application Form

# Long-Term Illness (LTI) Scheme

The Long-Term Illness Scheme provides free drugs, medicines, and medical and surgical appliances\* for the treatment of certain medical conditions. Eligibility for the Long-Term Illness Scheme does not depend on your income. You may also be eligible for a medical card or a GP visit card, depending on your circumstances.

You do not have to pay prescription charges for drugs you are approved for under the Long-Term Illness Scheme. Other drugs and medicines not related to the specified condition must be paid for in the normal way.

\*If you need particular aids and appliances to treat a specific disease or disability under the Long Term Illness Scheme, you must apply for them through your local HSE office.

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

### For official use only

Reference number:

Date received:

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. Place a tick in the box(es) that apply to you:

Acute Leukaemia <input type="checkbox"/>	Diabetes Mellitus (Does not include Gestational Diabetes) <input type="checkbox"/>	Intellectual Disability <input type="checkbox"/>	Parkinsonism <input type="checkbox"/>
Cerebral Palsy <input type="checkbox"/>	Epilepsy <input type="checkbox"/>	Mental Illness (Under 16 years. Does not include Autism as a sole diagnosis) <input type="checkbox"/>	Phenylketonuria <input type="checkbox"/>
Cystic Fibrosis <input type="checkbox"/>	Haemophilia <input type="checkbox"/>	Multiple Sclerosis <input type="checkbox"/>	Spina Bifida <input type="checkbox"/>
Diabetes Insipidus <input type="checkbox"/>	Hydrocephalus <input type="checkbox"/>	Muscular Dystrophies <input type="checkbox"/>	Thalidomide <input type="checkbox"/>

There are two sections to this application form:

**Section 1:** Should be completed by the applicant or by a parent or guardian 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:

**Long-Term Illness Scheme  
HSE Primary Care Reimbursement Service  
PO Box 12962, Dublin 11**



## Section 1C: Nominated pharmacy

Name:																									
Address:																									
	(Please note this is optional.)																								
<p>If you wish, you can give us the name of the pharmacy you use. This will allow us to get in touch with them if there is any drug-related information we need to share. If you would rather not name a pharmacy, just leave this area blank.</p>																									

## Section 1D: Your GP's details

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 and Pharmacy Function 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.

Sign Here	<b>Signature:</b> <span style="font-size: 2em; color: black; margin-left: 10px;">X</span>	<b>Date:</b> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

## 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 – Certification by general practitioner or hospital consultant.**  
 Please ask your GP or hospital consultant to fill out this section of the form.

**I certify that** Name:

has one or more of the prescribed diseases or disabilities of a permanent or long-term nature covered by Section (3) of the Health Act 1970 (as amended) that are listed on page 1.

Patient PPS Number:  Patient Date of Birth:

**Diagnosis:** Please name all of the prescribed illnesses under the Long-Term Illness Scheme that apply, as this will influence what drugs, medicines, and medical or surgical appliances will be provided free to the eligible person. **Please include a copy of a recent medical report(s) from the treating consultant, if available.**

- 1.
- 2.
- 3.
- 4.

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

**Drug or medicine, including its strength or pharmaceutical form (for example, tablet, cream, solution for injection) or a description of medical or surgical appliance(s) required.**

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

<b>Signature:</b>		Doctor's Stamp
	GP or Hospital Consultant	
Name:	<input type="text"/>	
Medical Council No.	<input type="text"/> Date: <input type="text"/>	

## 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 share any of it with 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 Statement explains how we use the information you give us as part of your application form. You can find this statement at [www2.hse.ie/privacy-statement](http://www2.hse.ie/privacy-statement) or by calling 0818 224 478.

## Checklist of the documents you need to send with this form

To avoid a delay in processing your application, please make sure you send us the following:

**Completed and signed application form.**

**Copies of any relevant prescriptions.**

**If applying with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), please include a medical report from the treating Consultant Child and Adolescent Psychiatrist or Consultant Paediatrician.**

**If applying with a diagnosis of Diabetes Mellitus, please include diagnostic lab results (HbA1c level) to confirm the diagnosis.**

**Documentation to prove that you are 'ordinarily resident' in the Republic of Ireland; you must provide a copy of one of the following:**

1. Proof that you have bought a property or that you are renting a property. This evidence must show that the property in question is your principal residence; for example, a mortgage statement or proof of rent from the County Council or The Housing Assistance Payment Scheme.
2. A current utility bill within the last 12 months (such as a gas, electricity or phone bill)
3. Recent statement from a financial institution. For example, bank statement, credit card statement, credit union statement
4. An official document issued from a government department such as Revenue or a local authority. For example, a notice of assessment from Revenue or proof of rent from the Housing Assistance Payment (HAP) or County Council.

## Submitting your form

If you have any questions before you send off this form, please call **0818 224 478**.

**Please send your completed form to:**

**Long-Term Illness Scheme**

**HSE Primary Care Reimbursement Service**

**PO Box 12962**

**Dublin 11**