Social Welfare Services

OFP 1

Data Classification R

Application form for

One-Parent Family Payment

What is the One-Parent Family Payment?

One-Parent Family Payment (OFP) is a payment to men and women under 66 years of age who are bringing up children without the support of a partner.

Who can get One-Parent Family Payment?

To qualify for a One-Parent Family Payment (OFP), you must meet these conditions:

- Be under 66 years of age (at 66 you become eligible for the State Pension).
- Be the parent, step-parent, adoptive parent or legal guardian of a relevant child (this means a child under the relevant age limit- seven), who normally lives with you,
- Be the main carer of at least one relevant child. You cannot get OFP if you have joint equal custody of a child or children.
- Satisfy a means test, and
- Not be living with a spouse, civil partner or cohabiting.

If you are separated, divorced or your civil partnership is dissolved, you must have been living apart for at least three months before you apply for OFP. You have to make efforts to seek maintenance from the other parent of the child.

How do I apply?

Widowed or a surviving civil partner

If you are widowed or a surviving civil partner, you should apply within three months of your spouse's or civil partner's death.

Single

If you are single, you should apply within three months of the birth of your child.

Separated, divorced or no longer in a civil partnership

If you are separated, divorced or no longer in a civil partnership, you must have been living apart for three months. You should apply within three to six months of the date you separated from your spouse or civil partner.

Prisoner's spouse or civil partner

If you are a prisoner's spouse or civil partner, you should apply when your spouse or civil partner:

- has been in custody for at least six months without being sentenced; **or**
- starts their sentence, which must be for a term of at least six months.

Return your form and supporting documents to your Intreo Centre or Social Welfare Branch Office.

Important: You should apply as soon as you become eligible. If you fail to apply within 3 months of becoming eligible, you may lose some payment.

How to complete this application form

- Please use this page as a guide to filling in this form there is an example on the back.
- Please use **BLACK** ball point pen.
- Please use BLOCK LETTERS and place an **X** in the relevant boxes.
- Please answer all questions that apply to you, leave blank any that don't apply.
- Please fill in **Parts 1** to **6** and **Part 8 A** of this form as they apply to you.
- Your employer (if any) should fill in **Part 8 B**.
- When the form is completed, read **Part 7** Checklist and sign the declaration in **Part 1**.

If you need any help to complete this form, please contact your local Citizens Information Centre, Intreo Centre or Social Welfare Branch Office.

For more information visit **www.gov.ie/deasp**

How to fill 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. ☐ Mrs. ☒ Ms. ☐ Other

3. Surname: M U R P H Y

4. First name(s): M A U R E E N

5. Your first name(s) as appear(s) on your birth certificate: M A R Y

6. Birth surname: M C D E R M O T T

7. Your date of birth: 2 8 (D D) 0 2 (M M) 1 9 7 0 (Y Y Y Y)

Contact Details

9. Your address:

1 NEW STREET
OLD TOWN
DONEGAL TOWN

County: DONEGAL

Eircode/ Postcode:

10. Your telephone number: ONE NUMBER PER BOX

11. Your email address: ONE CHARACTER PER BOX

SAMPLE

Application form for

One-Parent Family Payment

Social Welfare Services
OFP 1
Data Classification R

Part 1 — Your own details

1. Your PPS Number:

2. Title: (insert an **X** or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other

3. Surname:

4. First name(s):

5. Your first name as it appears on your birth certificate:

6. Birth surname:

7. Your date of birth: D D M M Y Y Y Y

Contact Details

8. Your address:

County

Eircode/ Postcode

9. Your telephone number:

10. Your email address:

Declaration

I declare that the information given by me on this form is truthful and complete. I understand that if any of the information I provide is untrue or misleading or if I fail to disclose any relevant information, that I will be required to repay any payment I receive from the Department and that I may be prosecuted. I undertake to immediately advise the Department of any change in my circumstances which may affect my continued entitlement.

Signature (**not** block letters)

Date: D D M M 2 0 Y Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Your own details

11. What country were you born in?

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. If you are married, in a civil partnership or a civil union or cohabiting, from what date?

D D M M Y Y Y Y

Please attach your marriage certificate or civil partnership or civil union registration certificate if you married or entered into a civil partnership or civil union outside the Republic of Ireland (we do not accept photocopies).

14. If you are divorced, your civil partnership or civil union has dissolved or you are no longer cohabiting, when did this happen?

D D M M Y Y Y Y

Please attach your Decree Absolute Certificate or Decree of Dissolution (we do not accept photocopies).

15. How long have you lived at the address filled in at question 8?

years months

16. What address did you live at before the one given in question 8?

17. Did you apply for One-Parent Family Payment in the past?

☐ Yes ☐ No

If **Yes**, please state:

Date you applied:

D D M M Y Y Y Y

Your own details

18. Are you employed at present (including part-time or temporary work)?

☐ Yes ☐ No

You are employed when you work for another person or company and you get paid for the work.

If **Yes**, please state:

Your occupation:

Employers name:

Employers address:

Your gross weekly pay: € ☐,☐☐☐.☐☐ a week

Please attach three recent payslips

19. If you are self-employed, please state:

Your occupation:

Your gross weekly pay: € ☐,☐☐☐.☐☐ a week

Please attach your most recent set of certified accounts.

20. Before applying for One-Parent Family Payment, were you?

Working: ☐ Yes ☐ No

At school: ☐ Yes ☐ No

Getting a social welfare payment: ☐ Yes ☐ No

21. If you are getting any payment from this Department, please state:

Name of payment:

Name of payment:

Name of payment:

Your own details

22. Is anyone claiming an increase for you as a dependant on their social welfare payment?

☐ Yes ☐ No

If **Yes** please give their details here:

Name:

Address:

Name of payment they get:

23. Are you getting maintenance? ☐ Yes ☐ No

Maintenance is money from your spouse, civil partner or other parent of your children.

If **Yes**, please state:

How much you get: € ☐,☐☐☐.☐☐ a week

Please attach a copy of a Maintenance Order or Separation Agreement if you have one.

24. If you are not getting maintenance, what efforts are you taking to get maintenance?

Please attach a copy of Maintenance Summons if you have one.

25. Do you own the property that you currently live in?

☐ Yes ☐ No

If **Yes** please submit proof of your mortgage payments for the current year.

26. Do you rent the property you currently live in?

☐ Yes ☐ No

If **Yes** please submit a recent receipt from your landlord or a statement from your letting agency, and a copy of your lease or tenancy agreement.

27. Does the other parent of your children pay towards the rent or mortgage costs of your current accommodation?

☐ Yes ☐ No

If **Yes**, please state:

How much do you get: € ☐,☐☐☐.☐☐ a week

Your own details

28. Are you taking or have you taken part in any of the following courses or schemes?

Type of course or scheme	If Yes insert (X)	Date you started course or scheme	Amount you get paid for scheme or course
Community Employment	☐	D D M M Y Y Y Y	€ ,. a week
Rural Social Scheme	☐	D D M M Y Y Y Y	€ ,. a week
Back to Work Enterprise Allowance	☐	D D M M Y Y Y Y	€ ,. a week
Back to Work Allowance (Employees)	☐	D D M M Y Y Y Y	€ ,. a week
Vocational Training Opportunities Scheme (VTOS)	☐	D D M M Y Y Y Y	€ ,. a week
Back to Education Allowance	☐	D D M M Y Y Y Y	€ ,. a week
Community Services Programme	☐	D D M M Y Y Y Y	€ ,. a week
Job Initiative	☐	D D M M Y Y Y Y	€ ,. a week

29. Do you have savings or accounts in a bank, post office, building society, credit union or any other financial institution in the Republic of Ireland or another country?

☐ Yes ☐ No

If **Yes**, please state:

Financial Institution 1

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € ,.

Is this account a joint account? ☐ Yes ☐ No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Your own details

Financial Institution 2

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Current balance: € , .

Is this account a joint account? ☐ Yes ☐ No

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Please attach an original statement for each account, showing transactions for the last 3 months.

If you have any other accounts you must give details of them to this Department on a separate sheet of paper.

30. Do you have other account(s) with Financial Institutions other than those account(s) listed above?

☐ Yes ☐ No

If **Yes**, a separate sheet of paper can be used to provide details.

31. Do you own stocks, shares (including shares in a creamery or Co-op), annuities, bonds, funds, insurance policies or investments?

☐ Yes ☐ No

If **Yes**, please state:

Their value: € , .

Please attach a statement to show details and current market value.

32. Do you own, share in the ownership, work or rent a farm or land?

☐ Yes ☐ No

If **Yes**, please state:

Size of farm or land: acres

Net yearly income or rent from farm or land: € , .

Net yearly income is money you have made from the farm after deducting operating expenses.

Please return most recent farm accounts and rent/lease agreement where applicable.

Your own details

33. Do you own or share in the ownership of any other property apart from your home?

☐ Yes ☐ No

If **Yes**, please state:

Type of property:

Address of property:

Property would be an apartment, business property, another house or land other than that mentioned at question 33.

Current market value: € ☐,☐☐☐,☐☐☐.☐☐

Rent from this property: € ☐,☐☐☐.☐☐ a week

Please provide current documentary evidence of market value/rental income from property.

If mortgaged please attach a recent statement from lending institution.

34. Have you sold or transferred property recently including a farm or land?

☐ Yes ☐ No

Please provide documentary evidence.

35. If you have any other income please give details in this space provided:

36. If you have not applied within 3 months of becoming eligible, please give reason(s) why:

Warning: If you fail to apply within 3 months of becoming eligible, you may lose some payment.

Your own details

Complete if you are widowed, are a surviving civil partner or if your cohabitant died.

37. When did your spouse, civil partner or cohabitant die?

D D M M Y Y Y Y

Please attach their death certificate if they died outside the Republic of Ireland (we do not accept photocopies).

If you do not have a death certificate, please attach a memoriam card or press cutting showing the date of death.

38. Did your spouse, civil partner or cohabitant die because of a work-related accident or disease?

☐ Yes ☐ No

Please give details about your late spouse, civil partner or cohabitant in Part 2.

Complete if you no longer live with your civil partner or if your civil partnership or civil union has been dissolved.

39. When did you and your civil partner start living apart?

D D M M Y Y Y Y

If you cannot remember the exact date, tell us roughly when you separated.

40. Was your civil partnership or civil union dissolved?

☐ Yes ☐ No

If **Yes**, please attach a copy of the Decree of Dissolution.
Please give details about your civil partner in Part 2.

Complete if you are separated from your spouse.

41. When did you and your spouse separate?

D D M M Y Y Y Y

42. Did you get a legal separation?

☐ Yes ☐ No

If **Yes**, please attach a copy of the Separation Agreement.
Please give details of your spouse in Part 2.

Complete if your spouse, civil partner or cohabitant is in prison.

43. When was your spouse, civil partner or cohabitant sentenced to prison?

D D M M Y Y Y Y

44. What prison are they in?

45. How long is their sentence?

46. What is their prison number?

Please give details about your spouse, civil partner or cohabitant in Part 2.

Part 2 Details of your spouse, civil partner, former cohabitant or other parent of your child

47. Their PPS Number:

48. Title: (insert an **X** or specify) Mr. ☐ Mrs. ☐ Ms. ☐ Other

49. Their surname:

50. Their first name(s):

51. Their birth surname:

52. Their date of birth:

D D M M Y Y Y Y

53. Their address:

54. What country were they born in?

55. If you were married, in a civil partnership, a civil union or cohabiting, was your spouse, civil partner or former cohabitant ever divorced or was their civil partnership or civil union ever dissolved?

☐ Yes ☐ No

56. Is your spouse, civil partner, former cohabitant or other parent of your child employed, on a Community Employment Scheme/Employment Programme or a SOLAS course?

☐ Yes ☐ No

If **Yes**, please state:

Their employers name:

Their employers address:

Their gross weekly pay: € ☐,☐☐☐.☐☐ a week

Gross weekly pay is your weekly pay before tax, PRSI, union dues or other deduction.

57. If your spouse, civil partner, former cohabitant or other parent of your child is self-employed, please state:

Their occupation:

Their gross weekly pay: € ☐,☐☐☐.☐☐ a week

Gross weekly pay is your weekly pay before tax, PRSI, union dues or other deduction.

Part 2 continued — Details of your spouse, civil partner, former cohabitant, or other parent of your child

58. If they are getting any payment from this Department, please state:

Name of payment:

Their claim or reference number:

Amount: € , . a week

Part 3 — Details of your children

59. Do you wish to apply for qualified children?

☐ Yes ☐ No

If **Yes**, how many children do you wish to claim for?

☐☐ under age 18

☐☐ age 18 - 22 in fulltime education

Please state child's:

Child 1

Surname:

First name(s):

PPS No.:

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

Child 2

Surname:

First name(s):

PPS No.:

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

Child 3

Surname:

First name(s):

PPS No.:

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

You must attach written confirmation from the school or college for the children aged 18 - 22.

Note: A separate sheet of paper can be used for details of other children you have.

Part 4 Details of everyone living at your address

60. Does anyone else live with you apart from the children named in Part 3?

☐ Yes ☐ No

If **Yes**, please give details of all other people living with you:

Person 1 living with me

Surname:

First name(s):

PPS Number:

Person 2 living with me

Surname:

First name(s):

PPS Number:

Person 3 living with me

Surname:

First name(s):

PPS Number:

Note: A separate sheet of paper can be used for more details if needed.

Part 5 Habitual Residence Condition

This section must be completed by all applicants.

Habitual residence is a condition that you must satisfy to qualify for One Parent Family Payment.

For more information, log on to **www.gov.ie/deasp**

61. What country were you born in?

62. What is your nationality?

63. When did you come to live in the Republic of Ireland?

D D M M Y Y Y Y

64. Have you lived in the *common travel area all of your life including the last 2 years?

☐ Yes ☐ No

If **No**, please complete questions 66 to 68.

If **Yes**, please give details of where you lived.

Habitual Residence Condition

Country 1

Country:

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

Why you lived there:

Country 2

Country:

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

Why you lived there:

Country 3

Country:

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

Why you lived there:

Note

*The Common Travel Area is Ireland, Great Britain, the Isle of Man and the Channel Islands. You can spend brief periods on short holidays, studying or travelling outside the Common Travel Area and still be habitually resident here.

If you lived in Northern Ireland, Great Britain, the Isle of Man or the Channel Islands, please provide proof of residence. Residency may be verified by producing a passport or identity card and one or more of the following: employment records; bank statements; details of benefit payments; utility bills; rent or mortgage agreements or receipts for local authority charges.

Habitual Residence Condition

65. Have you lived at the same address for the last 2 years?

☐ Yes ☐ No

If **No**, please give details of where you lived:

Last address:

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

Previous address:

From: D D M M Y Y Y Y

To: D D M M Y Y Y Y

66. Have you lived continuously in Ireland since the day you arrived?

☐ Yes ☐ No

67. Does any of your close family, for example, parent, brother, sister or child, live in Ireland?

☐ Yes ☐ No

If **Yes**, please give their details:

Person 1

Their surname:

Their first name(s):

Their address:

Their date of birth: D D M M Y Y Y Y

Their relationship to you:

When they came to Ireland: D D M M Y Y Y Y

Habitual Residence Condition

Person 2

Their surname:

Their first name(s):

Their address:

Their date of birth:

D D M M Y Y Y Y

Their relationship to you:

When they came to Ireland:

D D M M Y Y Y Y

Person 3

Their surname:

Their first name(s):

Their address:

Their date of birth:

D D M M Y Y Y Y

Their relationship to you:

When they came to Ireland:

D D M M Y Y Y Y

Note: A separate sheet of paper can be used for more details if needed.

68. Have you ever made an application for refugee status?

☐ Yes ☐ No

If **Yes**, please answer both questions (a) and (b) and provide copies of all relevant documentation from the Department of Justice and Equality.

(a) Are you awaiting a decision on an application for refugee status?

☐ Yes ☐ No

Part 5 continued — Habitual Residence Condition

(b) Have you been granted refugee status or leave to remain in the State?

☐ Yes ☐ No

(c) Do you have a IRP (Irish Residence Permit) card?

☐ Yes ☐ No

If **Yes**, please attach a verified copy of same (your local Intreo Centre or your local Social Welfare Office can photocopy it for you and verify that they saw the original).

For official use only

HRC satisfied ☐ HRC not satisfied ☐ HRC1 issued ☐

Part 6 — Your payment details

You can get your payment at a post office of your choice or direct to your current, deposit or savings account in a financial institution. An account must be in your name or jointly held by you. Please complete one option below.

Financial Institution

You will find the following details printed on statements from your financial institution.

Name of financial institution:

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name(s) of account holder(s):

Name 1:

Name 2 (if any):

Post Office

Please enter below the name and address of the post office where you wish to collect your payment.

Post office name and address:

Part 7 Check list

Have you enclosed the following?

- Bank statements or statement from accountant if self-employed
- Tax deduction card or three recent payslips
- Proof of mortgage payments or rent receipts
- Letter from school or college (if you have child(ren) aged between 18 and 22 who are in full-time education)
- Maintenance summons/order
- Separation Agreement
- Decree absolute certificate
- Decree of dissolution of civil partnership or civil union certificate

If you were born, married or entered into a civil partnership or a civil union outside the Republic of Ireland:

- Your birth certificate
- Your marriage certificate or civil partnership or civil union registration certificate
- Divorce decree (decree absolute)
- Your late spouse's, civil partner's or cohabitant's death certificate. If you do not yet have a death certificate for them, attach a press cutting showing their date of death, a Coroner's report is also acceptable.
- Your child(ren)'s birth certificate(s) (if applying for an increase for them)
  Note: No birth certificate is needed if you are already getting Child Benefit.

Original certificates only.

Please remember to sign the Declaration in Part 1.
Also have Part 8 completed by you and/or your employer.

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

Send this completed application form to:

Your local Intreo Centre or Social Welfare Office.
Contact details are available in the phone book or on **www.gov.ie/deasp**

Important: If you do not apply within 3 months of becoming eligible you may lose some payment.

Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/ Agencies where provided for by law. Our data protection policy is available at www.gov.ie/deasp/ 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.

Part 8

Complete if you are getting Maternity Benefit, Illness Benefit, Adoptive Benefit, Health and Safety Benefit or Occupational Injury Benefit and are in employment

Give this to your employer so that they can complete Part B. You may first detach it if you do not wish them to see your details.

1. What is your Personal Public Service Number (PPS Number)?

2. Are you getting any of the following social welfare payments?
Please insert an **X** in the relevant box.

- ☐ Maternity Benefit
- ☐ Illness Benefit
- ☐ Adoptive Benefit
- ☐ Health and Safety Benefit
- ☐ Occupational Injury Benefit

- **You complete Part A.**
- **Your employer completes Part B.**

Part A - To be completed by you (applicant)

Please insert an **X** in the relevant box.

☐ **I do not intend to return to work.**
Please give a statement from your employer that your employment has ended and have your employer complete Part B over the page.

☐ **I do not yet know if I will return to work and I will inform you as quickly as possible.**
We cannot process your application until you confirm whether or not you are returning to work.

☐ **I intend to return to work on** D D M M 2 0 Y Y Y Y

If you intend to resume work, have your employer complete **Part B**.

A Social Welfare Inspector may interview you about your application. You must give them any details or documents (for example, bank statements or wage slips) that they may need.

Date: D D M M 2 0 Y Y Y Y

Signature (**not** block letters)

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 8 — Complete if you are getting Maternity Benefit, Illness Benefit, Adoptive Benefit, Health and Safety Benefit or Occupational Injury Benefit and are in employment

Part B - Employer declaration

1. I confirm that _____ is/was* receiving
Employee's name

gross earnings € __,___.__ a week while receiving *Maternity Benefit, Adoptive Benefit, Illness Benefit, Occupational Injury Benefit or Health and Safety Benefit (*delete as appropriate)

OR

I confirm that _____ was not paid/will not be
Employee's name

paid* earnings by this company while they are receiving *Maternity Benefit, Illness Benefit or Health and Safety Benefit (*delete as appropriate)

2. They stopped working with this company on: D D M M Y Y Y Y

AND

They have returned/will return to work* with this company on: D D M M Y Y Y Y

Their gross earnings are/will be: € __,___.__ a week

Employer's name:

Employer's address:

Employer's telephone number: MOBILE

LANDLINE

Employer's registered number:

Official stamp

Signature (**not** block letters)

Date: D D M M 2 0 Y Y

Data Protection Statement

The Department of Employment Affairs and Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments/benefits. Personal data may be exchanged with other Government Departments/Agencies where provided for by law. Our data protection policy is available at www.gov.ie/deasp/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.