



Application form for Back to Work Family Dividend

What is Back to Work Family Dividend (BTWFD)?

The Back to Work Family Dividend (BTWFD) scheme helps families move from welfare into work. It gives financial support to people with qualified children who are in or take up employment or self-employment and stop claiming a Jobseeker's payment or One-Parent Family Payment.

If you qualify, you will receive a weekly payment for up to two years. For the first year the amount is 100% of the qualified child increase (up to a maximum of four children). This will reduce to 50%, or half that amount, for the second year.

Who can get Back to Work Family Dividend?

You may qualify for BTWFD if you are aged under 66, and have been paid for a child(ren) on one of the following payments:

- One-Parent Family Payment (OFP)
- Jobseeker's Transitional Payment (JST)
- Jobseeker's Benefit or Allowance for at least 12 months in total (and at least 6 months in the last year)

You or your spouse/civil partner/cohabitant must exit welfare (other than Working Family Payment (WFP) and Child Benefit (CB)) for one of the following reasons:

- Being in or taking up employment, or
- Being in or taking up self-employment.

Note: Working Family Payment (WFP) is a means tested payment and it is only payable where a person works 38 hours or more every two weeks. BTWFD can be paid with WFP and does not impact on the WFP means test.

How do I apply?

To apply, fill in this form and return it, with the relevant supporting documentation, to your local Intreo Centre or Social Welfare Branch Office.

How will I be paid?

BTWFD will be paid weekly into your bank account.

How long will the payment last?

BTWFD will last for up to two years, if you or your spouse/civil partner/cohabitant remain in employment. If you or your spouse/civil partner/cohabitant return to claim a welfare payment at any time within the two year period, the BTWFD payment will stop. If you or your spouse/civil partner/cohabitant lose your job, the BTWFD claim will stop, but it may restart if you or your spouse/civil partner/cohabitant get a new job. There is a maximum of two restarts per claim.

How do I complete this form?

- Please tear off this page and use as a guide to filling in this form.
- 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 in **Parts 1 to 6**.
- When the form is completed, sign the declaration in **Part 1**.
- If you are the applicant's employer fill in **Part 7**. Please make sure you sign and stamp this part of the form.

If you want to find out more about BTWFD, you should contact your local Intreo Centre or Social Welfare Branch Office. They will explain how the application process works.

The application form and further information can be found on www.gov.ie

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 as it appears on your birth certificate:

M	A	R	Y																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Your date of birth:

2	8			0	2			1	9	7	0								
D	D			M	M			Y	Y	Y	Y								

Contact Details

7. Your address:

1		N	E	W		S	T	R	E	E	T								
O	L	D		T	O	W	N												
D	O	N	E	G	A	L		T	O	W	N								
D	O	N	E	G	A	L													

County

D	O	N	E	G	A	L													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Post Code/
Eircode

A	1	2	B	1	C	2													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

8. Your telephone number:

O	N	E		N	U	M	B	E	R		P	E	R		B	O	X		
---	---	---	--	---	---	---	---	---	---	--	---	---	---	--	---	---	---	--	--

9. Your email address:

O	N	E		C	H	A	R	A	C	T	E	R		P	E	R			
B	O	X																	

SAMPLE

12. Have you received a Back to Work Family Dividend payment before?

Yes No

If **Yes**, please give details:

13. What is the most recent type of social welfare payment (excluding Child Benefit or Working Family Payment) you have been getting?

Name of payment:

Amount: € , . a week

14. Have you just left any of the following courses or schemes?

Type of course or scheme	If 'Yes' (X)	Date you started course or scheme			Date you finished course or scheme		
Full-time SOLAS / ETB training course	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y
Community Employment (CE)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y
Rural Social Scheme	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y
TÚS	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y
Back to Education Allowance	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y
Vocational Training Opportunities Scheme (VTOS)	<input type="checkbox"/>	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y	<input type="text"/> <input type="text"/> D D	<input type="text"/> <input type="text"/> M M	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Y Y Y Y

Part 5

Your payment details

The Department recommends direct payment to your current, deposit or savings account in a financial institution. This is the best payment option for you as you can receive your payment at a time and place that suits you. This account must be in your name or jointly held by you.

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):

Part 6

Details of your children

15. How many dependent children do you have?

under age 18

age 18 - 22 in full-time education

Please state child's:

Child 1

Surname:

First name(s):

PPS Number:

Child 2

Surname:

First name(s):

PPS Number:

Child 3

Surname:

First name(s):

PPS Number:

Child 4

Surname:

First name(s):

PPS Number:

Note: A separate sheet of paper can be used for details of additional children, if any. Please note the maximum number of children payable on a BTWFD claim is four.

This part must **ONLY** be completed by your employer

I certify that the person named below is employed by me.

First name:

Surname:

PPS Number:

Date employment started:
D D M M Y Y Y Y

Job title:

Signed by or for employer

Signature (not block letters)

Employer's official stamp

Position in company or organisation

Date:
D D M M Y Y Y Y

Employer's address

Employer's registered number:

Employer's telephone number: MOBILE
 LANDLINE

Employer's email address:

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

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments or benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or as a hard copy.

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

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Weekly rate of payment before BTWFD:

€ , . a week

Number of children paid on claim:

Rate of BTWFD payable:

€ , .

Signature of Deciding Officer (not block letters)

Date:

D D

M M

2 0 Y Y Y Y

Official stamp