

CLAIM FORM FOR MOTORISED TRANSPORT GRANT

(MTG V08/2005)

For Office Use

Date Received

By Whom



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

In order to assess your entitlement correctly please

- Use **BLOCK LETTERS**. Answer all questions fully, as incomplete information may delay processing your claim.
- Read and sign the Declaration.
- Take the completed form together with evidence of income to your local Health Service Executive Office.
- Provide P.60 and most recent payslip if you are employed.
- Provide audited accounts if you are self employed.
- Provide medical certification.

NB: You cannot avail of Motorised Transport Grant and Mobility Allowance simultaneously.

PART 1 APPLICANT'S DETAILS

SURNAME _____	P.P.S. NO. <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
FIRST NAME _____																					
ADDRESS _____																					
TELEPHONE NO. _____	DATE OF BIRTH _____																				
Do you have a Social Security Number from another country?	YES <input type="checkbox"/> NO <input type="checkbox"/>																				
If "YES" PLEASE STATE: NUMBER _____	COUNTRY _____																				
State your Birth Surname: _____																					
Are you (PLEASE TICK (✓) as appropriate):	Male <input type="checkbox"/> Female <input type="checkbox"/>																				
Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabiting <input type="checkbox"/> Divorced <input type="checkbox"/>																					

PART 2 YOUR SPOUSE/PARTNER'S DETAILS

FULL NAME _____	P.P.S. NO. <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
ADDRESS _____																					
_____	DATE OF BIRTH _____																				
Does he/she have a Social Security Number from another country?	YES <input type="checkbox"/> NO <input type="checkbox"/>																				
If "YES" PLEASE STATE: NUMBER _____	COUNTRY _____																				
State his/her Birth Surname: _____																					

PART 3 EMPLOYMENT DETAILS

Are you currently employed? Yes No

If "Yes", please provide name and address of employer: _____

If "No", do you live in very isolated circumstances: Yes No

PART 4 INCOMES AWAITED

Are you or your spouse/partner awaiting income from:

Source	Yourself		Spouse/Partner		Details
	YES	NO	YES	NO	
A Social Welfare Claim					
Employment/Redundancy Payments					
A Social Security Claim to another State					
A Maintenance Order/Application					
A Pension Application					
A Compensation Claim					
Any Other Source					

PART 5 DETAILS OF MEANS

A. **How much income weekly do you and your spouse/partner have from the following sources?**

Source	Yourself €	Spouse/Partner €	Details
Social Welfare Payments			
Health Service Executive Payments			
Social Security Claim from another State			
Wages/Salary			
Self Employment (including farming)			
Sick Pay/Income Protection Schemes			
Occupational Pension(s)			
Maintenance Payments			
FAS Training Allowance			
Strike Pay			
Any other source(s) - PLEASE SPECIFY			

B. **Have you or your spouse/partner investments in stocks, shares, or deposits with Banks/Building Societies or other Financial Institutions?** YES NO

If "yes" please provide details of:

Amount(s) invested € _____ Where invested _____

C. **Do you or your spouse/partner own any property (including land) other than the house you occupy?** YES NO

If yes, please give the location and use of the property _____

PART 6 EMPLOYMENT/EDUCATIONAL SCHEMES

How much are you or your spouse/partner in receipt of <u>weekly</u> from the following Schemes?	Yourself €	Spouse/Partner €
Area Based Initiative / Back to Work Allowance	_____	_____
Revenue Job Assistance / Back to Education Allowance	_____	_____
Community Employment Scheme / Other Scheme	_____	_____
When did the payment(s) commence? (Date)	_____	_____

PART 7 WEEKLY OUTGOINGS

How much are you/spouse/partner paying <u>weekly</u> on:	Yourself €	Spouse/Partner €
House Rent / Mortgage	_____	_____
Maintenance Payments to another person	_____	_____
Loans (Banks, Credit Union etc.)	_____	_____

PART 8 LICENCE/GRANT DETAILS

A. Do you hold a Drivers Licence? Yes No
If "yes" please provide a copy of Licence

B. If you do not hold a Drivers Licence and intend to be driven by someone else, please provide the following information:
Name and address of person who will drive you: _____

C. Have you received a Motorised Transport Grant in the past three years? Yes No

D. Are you availing of the Disabled Drivers and Disabled Passengers Tax Concessions Scheme?: Yes No

E. Are you receiving Mobility Allowance?: Yes No

F. Are you trading-in a vehicle? Yes No
If "yes" please provide following details:-
Type of vehicle _____
Year of manufacture _____
Trade-in Value € _____
Please provide documentary evidence

G. Details of Vehicle being purchased
Type of vehicle _____
Year of manufacture _____
Gross Cost € _____
Please provide documentary evidence

PART 9 DECLARATION

I declare that the information given by me in this application is complete and accurate. I undertake to advise the Health Service Executive immediately of any changes in circumstances including changes in income(s), dependency, address and/or any such changes relating to my spouse/partner which may occur affecting my eligibility for Motorised Transport Grant.

I authorise the Health Service Executive to make all enquiries necessary to establish my current eligibility status including access to Social Welfare computer data and/or that of my spouse/partner and to make such enquiries as may be necessary.

I understand that if I am dissatisfied with a decision on my claim, I have a RIGHT OF APPEAL.

**I AM AWARE OF THE CONTENT OF THIS APPLICATION
AND KNOWINGLY MAKE THIS DECLARATION**

SIGNATURE OF APPLICANT _____ DATE _____

If the applicant is unable to sign, his/her mark should be made and witnessed. The Witness should sign below.

SIGNATURE OF WITNESS _____ DATE _____

**IT IS AN OFFENCE TO GIVE FALSE OR MISLEADING INFORMATION.
INFORMATION MAY BE SHARED WITH OTHER BODIES IN ACCORDANCE WITH LAW.**

FOR COMPLETION BY AMO/SMO

A. What is the nature of the applicant's disability?

B. Does the nature of the applicant's disability prevent him/her from using Public Transport?

YES NO

C. Does the nature of the applicant's disability prohibit him/her from holding down a job?

YES NO

D. Is this vehicle essential for applicant to retain employment?

YES NO

Comments

Signed: _____

Date: _____

**MOTORISED TRANSPORT GRANT
CALCULATION SHEET**

A Cost of New Vehicle € _____

Less

B VAT & VRT (if PMC holder) € _____

C Trade-In Value of Old Vehicle € _____

D Total Deductions (B + C) € _____

E Actual Cost of Vehicle (A-D) € _____

MTG Available

F Maximum Grant €4,689.40 _____

G Nett Income in Excess of
National Average Industrial Wage € _____

MTG Approved

H Actual Cost of Vehicle € _____

I 75% of Actual Cost of Vehicle
(MTG of up to 75% of Actual
Cost of Vehicle is provided) € _____

J If I is greater than F, then the
MTG payable is the calculated
Value of F above minus the
Nett income in excess
of the National Average Industrial Wage (G)

F € _____
minus
G € _____
= € _____
MTG Payable

If F is greater than I then the
MTG payable is the calculated
Value of I above minus the
Nett income in excess
of the National Average Industrial Wage (G)

H € _____
minus
G € _____
= € _____
MTG Payable

Signed: _____

Date: _____