

A decorative graphic on the left side of the page consists of a grid of overlapping squares. The top-left square is light green. The square to its right is also light green. The square below the top-left one is red. The square to its right is light green. The square below the red one is light green. The square to its right is red. The square below the bottom-left red one is light green. The square to its right is light green.

HSE Home Support Service for Older People

Application Form

2018

Application Form

You can use this form to apply for the Home Support Service. Home Support provided by the HSE aims to help an older person to be cared for in their own home. Completed forms should be returned to your local HSE Home Support Office. Staff in that office can also help you to complete your application. Contact details for HSE Home Support Offices are provided on the last page of this form. Before completing this form, you can read more detailed information on the service in the Home Support Service Information Booklet.

Part 1-Your Details – Please use BLOCK capitals

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|---|---|---|---|------------------------------|---|---|---|------------------------------------|--|------|--|--------------------------|--------|--|--------------------------|--|--|
| NAME OF APPLICANT: | | | | | | | | | | | | | | | | | | | | | |
| Home Address: | | | | | | | | | | | | | | | | | | | | | |
| Eircode: | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | D | D | M | M | Y | Y | Y | Y | Gender: | | Male | | <input type="checkbox"/> | Female | | <input type="checkbox"/> | | |
| Daytime phone number | | | | | | | | | | | | Mobile or alternative phone number | | | | | | | | | |
| GP NAME: | | | | | | | | PUBLIC HEALTH NURSE NAME: | | | | | | | | | | | | | |
| Address: | | | | | | | | Address: | | | | | | | | | | | | | |
| Telephone Number: | | | | | | | | Telephone Number (if known): | | | | | | | | | | | | | |
| IF LIVING WITH RELATIVES/IN A HOSPITAL/NURSING HOME, STATE CURRENT ADDRESS: | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| IF IN A HOSPITAL/NURSING HOME, PLEASE ALSO COMPLETE THE FOLLOWING: | | | | | | | | | | | | | | | | | | | | | |
| 1. Name of Ward/Unit: | | | | | | | | | | | | | | | | | | | | | |
| 2. Date of admission: | | | | | | | | | | | | | | | | | | | | | |
| 3. Expected date of discharge: | | | | | | | | | | | | | | | | | | | | | |
| 4. Medical Record Number: | | | | | | | | | | | | | | | | | | | | | |

FAMILY/INFORMAL SUPPORT CONTACT DETAIL (someone you trust to assist you):

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|----------------------------|--|--|--|--|--|--|--|--|--|
| FAMILY MEMBER CONTACT NAME: | | | | | | | | | | Relationship to Applicant: | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | |
| Eircode: | | | | | | | | | | | | | | | | | | | |
| Telephone Number: | | | | | | | | | | | | | | | | | | | |
| NAME AND TELEPHONE NUMBER OF THE PERSON WHO WILL HELP YOU MAKE ARRANGEMENTS FOR YOUR HOME SUPPORT: | | | | | | | | | | | | | | | | | | | |
| Relationship to Applicant: | | | | | | | | | | | | | | | | | | | |

Department of Social Protection Supports

Is Carers Allowance/Carers Benefit/Respite Care grant currently being paid to someone to care for you?

Yes

No

If Yes, please state what type of payment(s)?

Does the person live with you at your current address?

Yes

No

If no allowance is being paid, it may be that your family carer should apply for one of these supports. More information is available from your local Department of Social Protection, Social Welfare Office. Contact details are available on www.welfare.ie

Declaration and Consent

1. I wish to apply for the Home Support Service. I understand that this application is for support in my home and if my assessed needs can be met from other community services e.g. Day Care, Meals on Wheels etc. then I may not receive home support at this time.

Signed _____ Date _____

2. As part of this application, I understand that I am also giving consent for the HSE to make arrangements for a Care Needs Assessment to be undertaken. Any organisation with information relevant to my care needs may provide the HSE with this information. The content of the Care Needs Assessment report and other relevant Home Support documentation may be provided to, or shared with, relevant health professionals and external Home Support Providers, if required.

The signature below indicates consent to a Care Needs Assessment and the provision and sharing of my Care Needs Assessment and other relevant Home Support documentation with relevant health professionals and external Home Support Providers.

To comply with Data Protection legislation, the HSE wishes to advise that information supplied in the application form will be recorded on a computer system. The HSE Privacy Notice for Patients and Service Users is available from your local Home Support Office or on www.hse.ie/eng/gdpr/hse-data-protection-policy/hse-privacynotice-service-users.pdf

The HSE will treat all information and personal data provided to them as confidential. The HSE will only disclose information or personal data to other people or bodies according to the law.

3. I am aware that I must report to the HSE, immediately, any changes in my circumstances which may affect my Home Support Service, i.e. admission to hospital, availing of respite care, a period away from home to stay with family members or if I am able to manage at home without supports.

I have read and understand the information relating to Consumer Directed Home Support (CDHS). If HSE staff are not available to deliver my Home Support, and if I meet the criteria for CDHS, I wish to avail of this approach to the delivery of my Home Support.

Yes

No

I confirm that I have read and understand this application form. I have read the statement above and I confirm that the information given by me on this form is correct to the best of my knowledge and belief.

Signed: _____ Date: _____

Part 2 – To be completed only where the person who may need Home Support is unable to make this application him/herself

I, _____ hereby wish to apply for/refer _____ for home support as it appears he/she may need home support in order to remain at home; he/she wishes to remain at home and is unable to make the application on his/her own behalf due to _____.

I have discussed the application with him/her and I have informed them that this application is being made.

Signed: _____ Date: _____

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|--------------|--|--|--|--|--|--|--|--|--|--|--|
| Name of person applying on behalf of client (in BLOCK Capitals) | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| Eircode: | | | | | | | | | | | | | | | | | | | | |
| Date | D | D | M | M | Y | Y | Y | Y | Phone Number | | | | | | | | | | | |
| If this application is being made by anyone other than the client or his/her representative, please tick the appropriate box below: | | | | | | | | | | | | | | | | | | | | |

A note for Healthcare Professionals: In circumstances where the healthcare professional has (a) established a lack of capacity (including a lack of capacity to consent to the sharing of information and/or to a care needs assessment) and has (b) established the application is the “will and preference” or in the “best interests” of the applicant, please keep a record in your clinical notes how you reached your conclusion.

SOURCE OF REFERRAL (PLEASE TICK – identifying where applicant is resident on date of application)

Community

Acute Hospital

Other (specify)

| | | | | | | | | | | | | | | | | | | |
|------------------|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| Name of Location | | | | | | | | | | | | | | | | | | |
| Date | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | |

Completed forms should be sent to your local HSE Home Support Office. Staff in that office can also help you to complete your application.

| Local Health Office | Home Support Office Address |
|----------------------|--|
| Cavan | Home Support Service, Services for Older People, HSE, Community Care, Lisdarn Community Services Building, Cavan Hospital Complex, Cavan Tel: 049-4373131/4373141/4373142/4373197 |
| Carlow / Kilkenny | Home Support Service, Services for Older People, HSE, Community Services, James' Green, Kilkenny Telephone: 056-7784735 |
| Clare | Home Support Service, Services for Older People, HSE, St. Joseph's Hospital, Lifford Road, Ennis, Co. Clare Telephone: 065-6863858/6863859/6863812 |
| Cork – North Cork | Home Support Service, Services for Older People, HSE, Room 52, Floor 1, Block 8, St. Finbarr's Hospital, Douglas Road, Cork Telephone: 021-4923959 |
| Cork – North Lee | Home Support Service, Services for Older People, HSE, Room 52, Floor 1, Block 8, St. Finbarr's Hospital, Douglas Road, Cork Telephone: 021-4923959 |
| Cork – South Lee | Home Support Service, Services for Older People, HSE, Room 52, Floor 1, Block 8, St. Finbarr's Hospital, Douglas Road, Cork Telephone: 021-4923864 |
| Cork – West Cork | Home Support Service, Services for Older People, HSE, Room 52, Floor 1, Block 8, St. Finbarr's Hospital, Douglas Road, Cork Telephone: 021-4923864 |
| Donegal | Home Support Service, Services for Older People, HSE, Donegal PCCC, St. Joseph's Hospital, Stranorlar, Lifford P.O., Co. Donegal Telephone: 074-9191736/9191735/9191739 |
| Dublin North | Home Support Service, Services for Older People, HSE, Fujitsu House, Unit 100, 1st Floor, Lakeshore Drive, Airside Business Park, Swords, Co. Dublin Telephone: 01-8953760 |
| Dublin North Central | Home Support Service, Services for Older People, HSE, 1st Floor, Ballymun Health Care Facility, Ballymun Road, Dublin 9 Telephone: 01-8467126/8467132/8467336 |
| Dublin North West | Home Support Service, Services for Older People, HSE, Ground Floor, Unit 4 & 5, Nexus Building, Block 6A, Blanchardstown Corporate Park, Dublin 15 Telephone: 01-8975170 |
| Dublin South City | Home Support Service, Services for Older People, HSE, Junction House, Kilnamanagh-Tymon Primary Care Centre, Airton Road, Tallaght, Dublin 24 Tel: 01-9214719/9214720/9214721/9214722 |
| Dublin South East | Home Support Service, Services for Older People, HSE, Vergemount Hall, Clonskeagh, Dublin 6 Telephone: 01-2680570 |
| Dublin South West | Home Support Service, Services for Older People, HSE, Junction House, Kilnamanagh-Tymon Primary Care Centre, Airton Road, Tallaght, Dublin 24 Tel: 01-9214719/9214720/9214721/9214722 |
| Dublin West | Home Support Service, Services for Older People, HSE, Junction House, Kilnamanagh-Tymon Primary Care Centre, Airton Road, Tallaght, Dublin 24 Tel: 01-9214719/9214720/9214721/9214722 |
| Dun Laoghaire | Home Support Service, Services for Older People, HSE, Dun Laoghaire Local Health Office, Tivoli Road, Dun Laoghaire, Co. Dublin Telephone: 01-2365200 |

| Local Health Office | Home Support Office Address |
|-----------------------------------|--|
| Galway | Home Support Service, Services for Older People, HSE, Lá Nua, Castlepark Road, Ballybane, Galway Telephone: 091-748474/546062/546353 |
| Kerry | Home Support Service, Services for Older People, HSE, Rathass Health Centre, Rathass, Tralee, Co. Kerry Telephone: 066-7184555 |
| Kildare/West Wicklow | Home Support Service, Services for Older People, HSE, Junction House, Kilnamanagh-Tymon Primary Care Centre, Airton Road, Tallaght, Dublin 24 Tel: 01-9214719/9214720/9214721/9214722 |
| Laois / Offaly | Home Support Service, Services for Older People, HSE, Primary Care Centre, Connolly Street, Mountmellick, Co. Laois Telephone: 057-8697515 |
| Limerick | Home Support Service, Services for Older People, HSE, Front Building, St. Camillus' Hospital, Shelbourne Road, Limerick Telephone: 061-483648/483657/483776 |
| Longford / Westmeath | Home Support Service, Services for Older People, HSE, Primary Care Centre, Harbour Road, Mullingar, Co. Westmeath Telephone: 044-9353757 |
| Louth | Home Support Service, Services for Older People, HSE, Market Street, Dundalk, Co. Louth Telephone: 042-9394011/9394012 |
| Mayo | Home Support Service, Services for Older People, HSE, St. Mary's H.Q., Castlebar, Co. Mayo Telephone: 094-9049177 |
| Meath | Home Support Service, Services for Older People, HSE, Floor 1, Beechmount Shopping Centre, Trim Road, Navan, Co. Meath Telephone: 046-9037778/9037781/9037782 |
| Monaghan | Home Support Service, Services for Older People, HSE, Primary Care Services, Rooskey, Monaghan Telephone: 047-39045/39048/30437 |
| Roscommon | Home Support Service, Services for Older People, HSE, Government Buildings, Convent Road, Roscommon Telephone: 090-6637520/6637522 |
| Sligo / Leitrim | Home Support Service, Services for Older People, HSE, Markievicz House, Barrack Street, Sligo Telephone: 071-9155195 |
| Tipperary - North / East Limerick | Home Support Service, Services for Older People, HSE, Health Centre, Tyone, Nenagh, Co. Tipperary Telephone: 067-46440/46452/46462 |
| Tipperary – South | Home Support Service, Services for Older People, HSE, Clonmel Community Care Centre, Western Road, Clonmel, Co. Tipperary Telephone: 052-6187681 |
| Waterford | Home Support Service, Services for Older People, HSE, Community Services, Cork Road, Waterford Telephone: 051-842986/842899 |
| Wexford | Home Support Service, Services for Older People, HSE, Community Services, Upper George's Street, Wexford Telephone: 053-9185746 |
| Wicklow | Home Support Service, Services for Older People, HSE, Block B, Civic Centre, Bray, Co. Wicklow Telephone: 01-2744164 |