



Application Form

Long-Term Illness (LTI) Scheme

Free drugs, medicines, medical and surgical appliances for certain long-term illnesses.

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 can also apply for the Long-Term Illness Scheme on www.myLTI.ie

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:

Acute Leukaemia	Diabetes Mellitus Does not include Gestational Diabetes	Intellectual Disability Described in legislation as Mental Handicap	Parkinsonism
Cerebral Palsy	Epilepsy	Mental Illness Under 16 years. Does not include Autism as a sole diagnosis	Phenylketonuria
Cystic Fibrosis	Haemophilia	Multiple Sclerosis	Spina Bifida
Diabetes Insipidus	Hydrocephalus	Muscular Dystrophies	Thalidomide Conditions

There are two sections to this application form:

Section 1: Should be completed by the applicant or by a parent or guardian signing 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 PCRS - PO Box 12962, Dublin 11, D11 XKF3.

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 that will influence what drugs, medicines and medical or surgical appliances that will be provided free to the eligible person.

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 a medical or surgical appliance applied for*.

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

Signature:		Doctor's Stamp
	GP or Hospital Consultant	
Name:	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	
Medical Council No.	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>	
	Date: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	

*You should arrange to get your surgical appliances and equipment through your local community health organisation office.

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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 disclose (share) any of it with any 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 Notice explains how we use your information you give us as part of your application form. You can find this notice on www.medicalcard.ie or by calling Lo Call 0818 224 478.

Checklist of the documents you need to send with this form

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

Completed and signed application form.

Copies of any relevant prescriptions.

If you applying under Attention Deficit Hyperactivity Disorder (ADHD), please include a certification of assessment and diagnosis of ADHD, provided by a specialist in childhood behavioural disorders.

Documentation to prove 'Ordinarily resident' – you must give us one item from 1- 4 below.

1. A current utility bill dated within the last three months, for example, a bill for:
 - gas
 - electricity
 - phone
2. A current car or home insurance policy in the name of the applicant.
3. An official document issued from a Government Department, Revenue or local authority.
For example:
a notice of assessment from the Revenue
proof of rent from the Housing Assistance Payment or county council.
4. Recent correspondence from a bank, building society, credit union or other financial institution.
For example:
 - a bank statement
 - credit card statement

If you ticked the box in Section 1A to say you are not from the EU, the EEA or Switzerland, you must provide all of the following three items:

The identification page from your passport

The landing stamp page from your passport.

Your Irish Residence Permit (IRP).

Submitting your form

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

Please send your completed form to:

Long-Term Illness Scheme

Client Registration Unit

PO Box 12962

Dublin 11

D11 XKF3