



Participant Name: \_\_\_\_\_ PPSN: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Scheme Type: CE  Tús  RSS

Implementing Body/Sponsor Group: \_\_\_\_\_

Reason for completing this form:

Change of Circumstances (Participant/Spouse/Civil Partner/Co-Habitant) ✓Tick as applicable and complete "From what date"			From what date	DSP Action
Got Married/Entered Civil Partnership/co-habiting *see declaration below (mandatory)				Means test
Got Married/Entered Civil Partnership/co-habiting and wish to claim an increase for spouse/Partner *see declaration below (mandatory)				Means test
Got Divorced/Separated/Exited Civil Partnership/No longer co-habiting				Stop IQA/ check CDI
Death of Spouse/Civil Partner/Co-Habitant				Stop IQA /check CDI
Found Employment/Self-employment/Increased Hours (attach recent wage slips, if available)	Participant <input type="checkbox"/>	Spouse <input type="checkbox"/>		Means test
Ceased work/Reduced hours	Participant <input type="checkbox"/>	Spouse <input type="checkbox"/>		Means test
Awarded DSP payment in their own right	Participant <input type="checkbox"/>	Spouse <input type="checkbox"/>		Stop IQA/ stop payment
Spouse/Civil Partner/Co-Habitant no longer in receipt of a DSP payment in their own right				Means test
Adult Dependent taking up place on Employment Support Scheme (e.g. CE, Tús, RSS)				Stop IQA check CDI
Imprisoned	Participant <input type="checkbox"/>	Spouse <input type="checkbox"/>		Stop/re-rate
Absent from the State	Participant <input type="checkbox"/>	Spouse <input type="checkbox"/>		Stop/re-rate
Other Income/Means Change	Participant <input type="checkbox"/>	Spouse <input type="checkbox"/>		Means test
Any other change of means not covered by the above that may affect your payment. (Please provide details on a separate page, further supporting documentation e.g. maintenance payments, redundancy lump sum, rental income, capital (savings & investments), inheritance, property, farm income, occupational pensions, any other relevant documentation.)				

**\* Spouse/Civil Partner/Co-Habitant Declaration:**

I give permission to the Department of Social Protection to provide the details requested on this form to the above named  
Implementing Body/ Sponsor Group.

Spouse/Civil Partner/Co-Habitant Name: \_\_\_\_\_ PPS No: \_\_\_\_\_

Spouse/Civil Partner/Co-Habitant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information on your spouse/partner is required so that the Department of Social Protection can ensure that you receive the correct rate of payment and also for control checks carried out by the Dept.

**Participant 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 overpayment I received to the Department. I undertake to immediately advise the Department of any change in my circumstances or household circumstances which may affect my continued entitlement.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



<b>Child Dependant Change of Circumstances</b> ✓Tick as applicable and complete "From what date". Also, please supply PPS Numbers/Names of dependants in box below**		<b>From what date</b>	<b>DSP Action</b>
	Birth or Adoption of child/ren (attach birth cert )		Add CDI
	Death of child/ren		Stop CDI
	Child dependant turned 18 (not in full-time education)		Stop CDI
	Child dependant turned 22 (no longer in full-time education)		Stop CDI
	Child dependant 18-22 (returned to full time education)		Means Test
	Child dependant 18-22 (no longer in full time education)		Stop CDI & Means test
	Child 18- 22 attending a course which includes paid work experience in excess of 6 months		Stop CDI
	Child no longer residing with the participant/no longer resident in the State		Stop CDI
	Child in Children Detention School		Stop CDI
	Child in receipt of a DSP payment in their own right		Stop CDI

<b>**Child's Name:</b>	<b>Child's PPSN</b>	<b>Child's Date of Birth</b>

**CE- On completion this form must be forwarded to the DSP Community Development Officer (CDO) in the local Intreo Centre.**

**RSS/Tús- On completion this form must be forwarded to Pobal via the RSS/Tús implementing Body.**

**DATA PROTECTION STATEMENT**

Personal data is required to determine eligibility for payments and services, administered for Ireland's social protection system.

It may be shared with other Government Departments/Agencies where provided for by law.

Data protection policy available at [www.gov.ie](http://www.gov.ie) or hard copy.

**DSP Office Use Only**

Signature and date actioned by  
Officer