



Participant name: Participant PPSN:

Telephone/Mobile: Email:

Participant Address:

Scheme Type: CE TÚS RSS Gateway

Project Name:

Project Ref:

Participant Civil Status Change

	From what date	DEASP Action
<input type="checkbox"/> Got Married/Entered Civil Partnership/Now cohabiting		Means test
<input type="checkbox"/> Got Divorced/Separated/Exited Civil Partnership/No longer cohabiting		Stop ADA
<input type="checkbox"/> Death of Spouse/Civil Partner/Cohabitant		Stop ADA

Adult Dependant Change of Circumstances (Spouse/Civil Partner/Cohabitant)

	From what date	DEASP Action
<input type="checkbox"/> Found Employment/Self-employment/Increased Hours (attach recent wage slips, if available)		Means test
<input type="checkbox"/> Ceased work/Reduced hours		Means test
<input type="checkbox"/> Awarded DEASP payment in their own right		Stop ADA
<input type="checkbox"/> No longer in receipt of a DEASP payment in their own right		Means test
<input type="checkbox"/> Imprisoned		Stop ADA
<input type="checkbox"/> Absent from the State		Stop ADA

Child Dependant Change of Circumstances (No. of Children)

	From what date	DEASP Action
<input type="checkbox"/> Birth or Adoption of child/ren		Add CDA
<input type="checkbox"/> Death of child/ren		Stop CDA
<input type="checkbox"/> Child dependant turned 18 (not in full-time education)		Stop CDA
<input type="checkbox"/> Child dependant turned 22 (no longer in full-time, daytime education)		Stop CDA
<input type="checkbox"/> Child 18- 22 attending a course which includes paid work experience in excess of 6 months		Stop CDA
<input type="checkbox"/> Child no longer residing with the participant/no longer resident in the State		Stop CDA
<input type="checkbox"/> Child in children detention school		Stop CDA
<input type="checkbox"/> Child in receipt of a DSP payment in their own right		Stop CDA

Other Income/Means Change

	From what date	DEASP Action
<input type="checkbox"/> Any other change of means not covered by the above that may affect your payment		Means test

(Please provide details on a separate page, e.g. maintenance payments, redundancy lump sum, rental income, capital (savings & investments), inheritance, property, farm income, occupational pensions, etc.), child in receipt of a DSP payment in their own right.)

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 which may affect my continued entitlement.

Participant Signature: _____ Date: _____

On completion, this form must be forwarded by the Supervisor to the relevant DEASP Employment Programme Officer.

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.welfare.ie/dataprotection or hard copy.

DEASP Office Use Only

Date Actioned by Officer: _____ Signed: _____