



FOR OFFICIAL USE ONLY

Reference Number:

Date received:



Emergency Medical Card Application (MC1e)

This application form (MC1e) is only to be used if:

- An applicant is receiving end-of-life care and has a prognosis of less than 12 months.
- An applicant requires urgent ongoing medical care and requires a Medical Card to receive that care AND the applicant is not in a position to provide the necessary documentation to enable a full means test. Please note in these circumstances a means test (full application on form MC1 or MC1R) must still be completed by the applicant within 6 months.

One of the above criteria should be established by a Social Worker, a Doctor or an appropriately qualified CHO Officer before an application can be submitted. In both of the circumstances set out above, the application form must be accompanied by a comprehensive medical report completed by a General Practitioner or a Consultant. That comprehensive medical report will be reviewed by a HSE Medical Officer. Emergency applications will be processed within 24 to 48 hours of their receipt. To ensure this timeline is met, it is essential that only emergency applications are submitted on this form.

In circumstances where an individual is unable to sign the application form, an advocate may submit an application without the applicant's signature. That advocate must be a Social Worker, Doctor or an appropriately qualified CHO Officer. Any advocate intending to submit an application on behalf of an individual should ensure that they have the applicant's consent to do so and should ensure that the requirements of the Assisted Decision-Making (Capacity) Act 2015 have been met.

Please note there is a separate process and application form (MC1t) which enables a permanent Medical Card to be granted to individuals who are terminally ill who are certified by their treating consultant as having an estimated prognosis of less than 24 months. The MC1t form does not require the preparation and submission of a comprehensive medical report.

Part 1: Applicant details

First name:

Surname:

PPS number

Gender: Male Female

Date of birth:

Contact number:

Address:

Eircode:

Please send the completed application form by:

Email: cru.emergency@hse.ie

Post: Eligibility Unit, PO Box 11745, Dublin 11.

Phone: 01-864 7186

Fax: 01-864 7192

What is required?

- Completed Emergency Medical Card application (MC1e)
- Comprehensive medical report
- Signature of applicant or advocate

Data Protection Notice

The HSE will treat all personal data you provide as part of this application as confidential and store it securely. When the HSE receives your completed application form and any supporting documents, it will make a computer record in your name(s). This record will contain the relevant personal information you have supplied.

This record will be used and retained by the HSE for the purposes of processing your emergency Medical Card application. The HSE may also use details you provide to contact you in relation to eligibility under the Scheme, and/or in relation to services received based on eligibility awarded. The HSE will not share the personal information you have given with other people or organisations unless permission has been given by the person to whom the information relates or the HSE is required to do so by law.

The HSE's privacy statement is available to read at www.hse.ie.