

#### 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: D D M M Y Y Y Y	Contact number:
Address:	Eircode: EIR CODE

D	art 3: Declaration and consent by the Medical Card applicant
F	Please read each of the following statements. If you agree with them, please complete and sign or
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Advocate name:																						
Place of work:																						
Contact number:																						
Email address:																						
I am submitting t I confirm that I ha		•						) SL	ıbn	 nit t	this	s a <sub>l</sub>	opli	ica	tion	١.					2 1	
I confirm that the Part 3 of this app				onf	irme	ed l	his	/ he	er a	agre	eeı	me	nt t	o t	he s	sta	ıter	ner	nts	set	OU	ıt ir
Signature:	<b>y</b>											-	Date	·-		D	_	М	М	V	V	V

# What is required?

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Criteria	Required	Period of Eligibility								
Applicant is seriously ill and requires urgent ongoing care or a genuine medical emergency exists.	Completed MC1e application form AND detailed medical report completed by GP or Consultant	6 months with invitation to review after 3 months								
Applicant is terminally ill and receiving end-of-life care.	Completed MC1e application form AND detailed medical report completed by GP or Consultant	Indefinite period with no review								
Applicant is terminally ill with a prognosis of 24 months or less. (Please note this is granted on a different application form.)	Completed MC1t form by Consultant (This form is available on www.hse.ie)	Indefinite period with no review								

#### 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.