

## RESPITE GRANT FORM 2021

<b>Name of Applicant:</b>			
<b>Address:</b>			
<b>Address Line 2:</b>			
<b>County:</b>		<b>Eircode:</b>	
<b>Mobile Number:</b>		<b>Landline Number:</b>	
<b>Email Address:</b>			

**Please complete the following for all person(s) living with EB in your household:**  
*(Additional space at end of form)*

Name	Date of Birth	Gender
1.		
2.		
3.		
4.		

**Please tick type of EB:**

EB Simplex <input type="checkbox"/>	Dominant Dystrophic EB <input type="checkbox"/>	Unknown <input type="checkbox"/>
Junctional EB <input type="checkbox"/>	Recessive Dystrophic EB <input type="checkbox"/>	Other: <input type="checkbox"/>

**Please tick subtype:**

Localised <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Severe <input type="checkbox"/>	Unknown <input type="checkbox"/>
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### Respite Details

**Please add a description of your respite:**  
*(Type of respite, location, etc.)*

<b>Start Date:</b>		<b>End Date:</b>	
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**A receipt of expenditure is attached:** Yes  No

OR

I have not yet booked my respite, please reserve a grant for me and I will follow up with my receipts.

**DEBRA Ireland is required to submit receipts for grant expenditure**

<b>Signed:</b>		<b>Date:</b>	
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### While You're Here...

In order for DEBRA to provide the best possible care and support to all our families, we like to have our records as up to date as possible. To assist with this, we would greatly appreciate if you would complete the following questions.

#### What hospital do you link in with?

Children's Health Ireland (CHI) <input type="checkbox"/>	St. James's Hospital <input type="checkbox"/>
Unknown <input type="checkbox"/>	Other:

#### Do you have a medical card?

Yes <input type="checkbox"/>	Have not applied <input type="checkbox"/>
Application was unsuccessful <input type="checkbox"/>	Other:

#### Do you have a Disabled Person's Parking Card (Blue Badge)?

Yes <input type="checkbox"/>	Have not applied <input type="checkbox"/>
Application was unsuccessful <input type="checkbox"/>	Other:

#### To allow us to offer more developed support, would you be happy to share other members within the household?

Name	Date of Birth <i>(only applicable to under 18s)</i>	Gender	Relationship to applicant
1.			
2.			
3.			
4.			
5.			

#### Additional Comments

Thank you for completing your respite grant application.

**Please return the form to DEBRA Ireland**

Email the form to [familysupport@debraireland.org](mailto:familysupport@debraireland.org)

OR

Post the form to:

**DEBRA Ireland  
8 Clanwilliam Terrace  
Grand Canal  
Dublin 2  
D02 R240**