



# Application Form

# Long-Term Illness (LTI) Scheme

Free drugs, medicines, medical and surgical appliances for certain long-term illnesses.

The Long-Term Illness Scheme applies only to people who have been diagnosed with one or more of the following long-term diseases or disabilities covered by this scheme:

Acute Leukaemia	Diabetes Mellitus <small>Does not include Gestational Diabetes</small>	Intellectual Disability <small>(Described in legislation as Mental Handicap.)</small>	Parkinsonism
Cerebral Palsy	Epilepsy	Mental Illness <small>(Under 16 years)</small>	Phenylketonuria
Cystic Fibrosis	Haemophilia	Multiple Sclerosis	Spina Bifida
Diabetes Insipidus	Hydrocephalus	Muscular Dystrophies	Thalidomide Conditions

There are two sections to this application form:

Section 1 - should be completed by the applicant (or by a parent or guardian signing on behalf of the applicant). Please ensure this section is completed in block capitals.

Section 2 - should be completed by a healthcare professional (for example, your GP or hospital consultant).

**Completed application forms should be returned to your local community health organisation.**

## Section 1 – Applicant – Personal Details

First name(s):

Date of birth:

PPS number:

Address:

Eircode:     -

Surname:

Birth surname:

Gender: Male  Female

Mobile phone:    -

(If you enter your mobile phone number, we may text you about your application.)

Daytime phone:

Email address:





<b>For official use</b>
LTI No. _____
Approval Date: _____

**Official Use Only – Decision of Health Service Executive**

The following drugs, medicines, medical and surgical appliances listed under the line items on page 3 of this form by the applicant's GP or hospital consultant are hereby **approved**.


<b>Signed:</b>		<b>Date:</b>	D	D	M	M	Y	Y	Y	Y
<b>Authorised Officer</b>	Contact No:									
Name:										
GMS No. of pharmacy (if one is stated):										
Date of approval:	D	D	M	M	Y	Y	Y	Y		
Effective date of eligibility:	D	D	M	M	Y	Y	Y	Y		
Date dispatched to Primary Care Reimbursement Service:	D	D	M	M	Y	Y	Y	Y		
Date entered on local office LTI system:	D	D	M	M	Y	Y	Y	Y		