

**PART B – TO BE COMPLETED BY A DEPARTMENT OF SOCIAL AND FAMILY AFFAIRS  
OFFICIAL ONLY**

**(Participant/Implementing Body must not complete this form.)**

1. Customer's Name:

Figures

Letters

2. Customer's PPS Number:

<input type="text"/>	<input type="text"/>
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3. Spouse/Partner's Name:

4. Spouse/Partner's PPS Number:

<input type="text"/>	<input type="text"/>
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5. Please confirm whether the person applying for the RSS is the Spouse/Partner or Customer  
(please input as appropriate):

Note to DSFA Official: Placement on the Rural Social Scheme can be transferred between spouse/partner. Where this is the case, please advise customer about signing for credits where there is an entitlement to credits.

6. Please provide a full detailed breakdown of the Customer's Current Weekly Social Welfare Payment:

Type of Payment:

Note to DSFA Official: Please provide full details of payment scheme, including Contributory/Non-Contributory/Assistance or Benefit, where applicable. Please also provide a full breakdown of the customer's payment to include, where applicable, the monetary value of means and the monetary value of the IQA.

Date of award:

dd/mm/yy

Personal Rate:

Increase for Qualified Adult:

Child Dependant Increase(s):

No. of Dependent Children:

Means:

Free Fuel:

TOTAL WEEKLY PAYMENT:



Please complete this section(Q10-12) if this is a Jobseekers Benefit Case, if not please mark N/A:

10. Was the customer on a FÁS Community Employment Scheme(CE) immediately before JB Claim? Yes/No

11. Was the customer on a Rural Social Scheme (RSS) immediately before JB Claim? Yes/No

If "Yes", based on your records please confirm date of leaving CE/RSS Scheme:  dd/mm/yy

12. State Benefit Expiry Date:  dd/mm/yy

Please ensure any dates requested are inserted or mark N/A.

13. Is the Spouse/Partner claiming a Social Welfare Payment? Yes/No

If 'Yes', please state: Type of payment:

Date of award:  dd/mm/yy

Personal Rate:

IQA:

CDI:  No. of Dependent Children:

Means:

Rate of payment:

14. Is the Spouse/Partner participating on a publicly funded Scheme e.g. FÁS or any other course? Yes/No

If 'Yes', please provide the following if available:

Type of scheme/course:

Date of commencement:  dd/mm/yy

Rate of payment:

Date scheme/course will cease:  dd/mm/yy

Signed:  Date:  dd/mm/yy

DSFA Local Officer

Print Name:

Name of Local Office:

**Local Office Stamp**