

# footsteps care

rest, relaxation, recuperation, recovery

RESPITE GRANT APPLICATION FORM	
NAME OF APPLICANT:	
ADDRESS:	
AGE:	
FAMILY SUPPORT:	
NAME OF CARER:	
<b>HAS THE APPLICANT PREVIOUSLY RECEIVED A RESPITE GRANT FROM FOOTSTEPS CARE:</b> (Please tick the appropriate box)	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
Please give details of amount(s) and date previous grant(s) received:	
<b>DETAILS &amp; COST OF PROPOSED RESPITE – THIS MUST INCLUDE THE NAME AND ADDRESS OF THE VENUE AND COST OF THE PROPOSED RESPITE CARE.</b>	
<b>APPLICANT'S FINANCIAL STATUS &amp; DETAILS:</b> (Detail of all applicant's income must be included)	

Footsteps Care is a Company Limited by Guarantee Company Registration No: [638961](#)

Registered Address: Unit C1 Nutgrove Office Park, Nutgrove Avenue, Rathfarnham, Dublin 14.

Formerly known as Footsteps (The Convalescent Home Stillorgan)

Correspondence Address: [The Rectory, Emoclew Road, Arklow, Co. Wicklow](#)

Tel: [086 6076481](tel:0866076481) e-mail: [footsteps.careco@gmail.com](mailto:footsteps.careco@gmail.com)

Registered Charity Number (RCN): [20204763](#) CHY No: [22522](#)

Directors: [Rosalie Parker](#), [Derek Earl](#), [Caroline Liddy](#), [Seamus Shields](#), [Kieran Buckley](#), [Eileen Phelan](#)

Company Secretary: [Charles Jackson](#)

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**SUPPORTING MEDICAL DETAILS AND REASON RESPITE CARE REQUIRED:**

**DETAILS OF HSE RESPITE CARE GRANT ACCESSED:**

**SUPPORTING DETAILS FROM HOME CARE TEAM (attach letter):**

**ANY RELEVANT ADDITIONAL SUPPORTING INFORMATION:**

**NAME & TITLE OF HEALTHCARE PROFESSIONAL WHO IS RECOMMENDING AND VERIFYING ALL THE INFORMATION ON THE APPLICATION FORM:**

**SIGNATURE (IF USING EMAIL PLEASE SCAN THE FORM WITH SIGNATURE):**

**PLEASE SUBMIT THE APPLICATION FORM** either via email to [footsteps.careco@gmail.com](mailto:footsteps.careco@gmail.com) or post to the correspondence address below.

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