



APPLICATION FOR THE REPAIR OF A WHEELCHAIR

(please read the information on the third page before proceeding with the completion of the form)

A. APPLICANT'S DETAILS:

Name:	Surname:	Identification number:
Date of Birth	Citizenship:	
Address/Number:	Municipality/Region:	Postal Code:
Residence Tel number:	Mobile tel. number	Fax number:

B. WHEELCHAIR DETAILS

Please complete with an **X** which type of wheelchair you need to repair:

<ul style="list-style-type: none"> • Simple type wheelchair 	
<ul style="list-style-type: none"> • Light weight wheelchair, • Very light weight wheelchair • Wheelchair – standing frame 	
<ul style="list-style-type: none"> • Electrical wheelchair (including electrical wheelchair/standing frame) 	

Date of purchase of wheelchair:	Amount requested for the repairment €.....
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Please declare if the specific wheelchair was purchased with the provision of financial assistance from the Department for Social Inclusion of Persons with Disabilities (or from the Service for the Care and Rehabilitation of the Disabled Persons before 2009):

Yes / No

PHYSIOTHERAPIST'S RECOMMENDATION FORM FOR THE REPAIRMENT OF A WHEELCHAIR

WHEELCHAIR TYPE

Handled by the applicant

Handled by the caregiver

Basic Type

Light weight

Very light weight

Electric

DATE OF PURCHASE OF WHEELCHAIR

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DATE OF PREVIOUS FUNDING FOR THE PURPOSE OF REPAIRMENT AND/OR FOR THE PURPOSE OF PURCHASING

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DESCRIPTION AND COMMENTSON REQUIRED REPAIRMENTS

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EXPECTED EXPENSE OF REQUIRED REPAIRMENTS (IF POSSIBLE)

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Name and surname of therapist: _____

Address: _____

Physiotherapist's signature

Date: _____

Date: _____

Applicant's/Guardian's Signature

INFORMATION

The following documents must be attached with the application:

1. (a) For Cypriot citizens:
A copy of the Identity Card of the applicant,
(b) For European citizens:
A certified copy of their Residence Permit / Registration Certificate or an Immigration Permit from the Civil Registry and Migration Department.
2. Original Invoice from the company that repaired the wheelchair accompanied by a full description of the repair (inventory of parts that were changed and workers charged)
3. In the case that the wheelchair was not purchased by using the financial assistance from the Department for Social Inclusion of Persons with Disabilities (or the Service of the Care and Rehabilitation of Persons with Disabilities before 2009) it is necessary to provide an invoice or receipt or other evidence that proves the date of purchase.
4. Physiotherapist's recommendation to document the damage and the need for repair

GENERAL INFORMATION

1. The provision of financial assistance for the repair of wheelchairs is provided according to the Scheme for the provision of financial assistance for the purchase of wheelchairs.
2. For the type (a) Simple / Ordinary wheelchair an amount up to €200 may be provided partially or in whole for repairs after the completion of the second year from the date of purchase and up to three years.
3. For the type (b) lightweight wheelchairs, (c) very lightweight wheelchairs and (d) wheelchair – orthostates an amount up to €500 can be provided partially or in whole depending on the needs for repairs after the completion of the second year from the date of purchase and for up to four years.
4. For the type (e) electrical wheelchairs an amount of €3000 can be provided partially or in whole, depending on the needs for repairs after the completion of the second year from the date of purchase and for up to five years.

SUBMISSION OF APPLICATIONS

The completed applications with the above mentioned certificates or other information can be:

Be delivered in person at:	- Department for Social Inclusion of Persons with Disabilities 67, Arch. Makarios III Avenue, Latsia - Limassol Disability Assessment Center 11, Apostolos Andreas Street, Hyper Tower, Sore No1, 4007 Mesa Gitonia, Limassol - Larnaca Disability Assessment Center 25 Acropoleos & Chanion corner , 7000 Meneou, Larnaca
Be send by post at:	- Department for Social Inclusion of Persons with Disabilities 1430 Nicosia <u>Or</u> PO Box 12833, 2253 Latsia - Limassol Disability Assessment Center PO Box 70801, 3803 Limassol - Larnaca Disability Assessment Center PO Box 43241, 7565 Kiti, Larnaca