



**APPLICATION FOR THE PROVISION OF FINANCIAL ASSISTANCE FOR THE PURCHASE OF A CAR FOR
PERSONS WITH DISABILITIES**

(please read the attached information before proceeding with the completion of the form)

A. APPLICANT'S DETAILS:

1. Name:.....	2. Surname:.....
3. Identification No:.....	4. Social Insurance No:.....
5. Date of Birth:.....	6. Citizenship:..... (Citizens of the EU should provide certificates proving their permanent residence in the Republic of Cyprus for 12 consecutive months)
7. Address:.....	8. Municipality/Region:.....
9. Postal Code:.....	10. Residence tel. number:.....
11. Mobile tel number:.....	12. Work tel. number:.....
13. Permanent Resident in Rehabilitation or Care Center Yes/ No If Yes , please fill in section 14	14. Rehabilitation/Care Center Information: Name:..... Address:..... Phone Number:..... Contact Person:.....
13. Family Status : <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	14. Profession:.....
15. Driving License No.....	16. Date of disability onset:.....
17. Short Description of disability:	18. (if you already own a disability car) Car Registration Number..... Date of Registration.....

B. PARENT / GUARDIAN / ALTERNATIVE PERSON FOR COMMUNICATING DETAILS: (Please complete this section only if the applicant is under the age of 18 or has a guardian / trustee or if the applicant for whatever reason cannot provide the needed information)

1. Name:.....	2. Surname:.....
3. Identification No:.....	4. Profession:.....
5. Relationship (relative / other relationship) with the applicant :	

C. Please complete:

If you want the car you will buy to be driven by other members of your family, please declare their names and their relationship with you :

Name : Relationship :

Name : Relationship :

.....
Date

.....
Applicants Signature

D. Information

Applicants may be called for a disability assessment and certification, at the Disability Assessment Center of the Department and have to complete the Declaration Form stating if they wish to be assessed only for their disability or for both their disability and functioning.

'Assessment of disability "means an assessment carried out by two or three doctors with specialties directly intertwined with the disabilities the person may be facing. The purpose of the disability assessment is to identify, describe and document the existence and extent of disability and to provide advise whether the person's disability fulfills the criteria and requirements required by the legislations and schemes of the social benefits and services offered by the state.

The assessment of functioning is optional, and takes place only if the applicant desires so, and declares it on the Declaration Form. The "assessment of functioning" is carried out by two or three rehabilitation professionals (physiotherapists, occupational therapists, speech therapists, psychologists), again depending on the type of disability of the individual. "Functioning" means the capacity and ability of the individual to be active and participate in all areas of life and the purpose of the assessment is to identify, describe and document the constraints faced by the person in everyday life and the necessary support and interventions needed to reduce these limitations. These interventions do not necessarily correspond to economic benefits. They may correspond to different types of treatments or services needed by the person or the use of specific technical tools / wheelchairs / devices that are directly and specifically tailored to the needs of the individual. Also, these interventions may correspond to education, training and work. Through the assessment of functioning the person with disability is offered a multidisciplinary assessment of the needs and capabilities and suggestions are provided on how to increase quality of life and how to enhance active participation and social inclusion.

For the assessment of the application the following documents **need to be attached:**

- **Recent original reference from personal doctor (on the specified document of the Department):**
*In the case that you already have presented an **original** reference form **during the last year** and your **condition has not changed**, then you don't need to provide a new reference form from a doctor.*
- **Clinical or Lab Assessments** (if you have)
- **Discharge forms from Medical Institutions** (if you have)
- **Original Declaration Form (on the specified form of the Department)**
- **Copy of Birth Certificate**
- **Copy of Identification Certificate**
- **Copy of Driver's License ΑΒΤΙΥΡΑΦΟ** (if you have)
- **Copy of registration certificate of the vehicle, in the case of possessing a disability car**
- **For citizens of the EU documents need to be attached that prove their permanent residence in the Republic of Cyprus for 12 consecutive months**
- **For Applicants that permanently reside in a rehabilitation or care center, the application must be accompanied by statement of the family members that the application is submitted in their knowledge.**

For the assessment of the application, if the **assessment of functioning is desired**, the below two forms are needed to be attached with the application:

- **Recent original reference from rehabilitation professional** (if you have one, on the specified form of the Department)
- **General Information Form** (will be complete with the help of the officer of the Department during an interview appointment or through telephone communication)

Complete applications, accompanied by all other documentation can :

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, Store 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 Or PO Box 12833, 2253 Latsia - Limassol Disability Assessment Center PO Box 70801, 3803 Limassol - Larnaca Disability Assessment Center PO Box 43241, 7565 Kiti, Larnaca

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67, Archbishop Makarios III Avenue, 2220 Latsia, Nicosia
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