



**APPLICATION FOR MOBILITY ALLOWANCE FOR PATIENTS UNDER REGULAR DIALYSIS TREATMENT**

(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:..... <i>(Citizens of the EU should provide certificates proving their permanent residence in the Republic of Cyprus for 12 consecutive months)</i>
7. Address:.....	8. Municipality/Region:.....
9. Postal Code:.....	10. Residence tel. number:.....
11. Mobile tel number:.....	12. Work tel. number:.....
13. Accommodation in Nursing Home / Rehabilitation Center: Yes <input type="checkbox"/> (Please fill out also no. 14) No <input type="checkbox"/>	14. <u>Nursing Home / Rehabilitation Center's Details:</u> Name:..... Address:..... Tel:..... Manager's name:.....
15. Family Status : <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	16. Profession:.....
17. Regular Dialysis Treatment Commencement Date:.....	18. Dialysis Treatment frequency : .....
19. Name and Location of Public Hospital Renal Unit: ..... .....	

**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 : .....	

.....  
Date

.....  
Applicant's Signature

## D. Information

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

- **Recent and Original Certificate from Medical & Health Services of Ministry of Health ascertaining the Regular Dialysis Treatment that the applicant is following (certifying the Public Hospital Renal Unit, the frequency of dialysis treatment and any other information deemed relevant )**
- Birth Certificate copy
- Identification Certificate copy
- **Verifications of the address your permanent residence (Verification from the President of the Community Board and/or Electricity/Water Bills)**
- **For EU citizens, documents need to be attached that prove their permanent residence in the areas controlled by the Republic of Cyprus for 12 consecutive months**
- **In cases where the applicant is residing in a Nursing Home or Rehabilitation Center, apart from the details of the Center, the details of a relative of the applicant are required.**
- **For persons staying in a Nursing Home/ Rehabilitation Center, a special document must be submitted by a relative that the applicant is aware that the applications for the allowance is submitted**

Applicants may be called for a disability assessment and certification, at the Disability Assessment Center of the Department and in such case they will need to complete the Declaration Form stating if they wish to be assessed only for their disability or for both their disability and functioning and provide any other document or verification needed.

**Complete applications, accompanied by all other documentation can:**

<b>Be delivered in person at:</b>	<b>Department for Social Inclusion of Persons with Disabilities, 67, Archbishop Makarios III Avenue, 2220 Latsia, Nicosia</b>  <b>Or</b> <b>Disability Assessment Center in Limassol 11 Apostolou Andrea, Hyper Tower, Store 1, 4007 Mesa Geitonia</b>  <b>Or</b> <b>Disability Assessment Center in Larnaca 25 Acropoleos and Chanion, 7000 Meneou, Larnaca</b>
<b>Be sent by post at:</b>	<b>Department for Social Inclusion of Persons with Disabilities,1430 Nicosia Or P.O. Box 12833, P.C. 2253 Latsia</b>  <b>Or</b> <b>Disability Assessment Center in Limassol P.O. Box 70801, 3803 Limassol</b>  <b>Or</b> <b>Disability Assessment Center in Larnaca P.O. Box 43241, 7565 Kiti, Larnaca</b>