

## **APPLICANTS DECLARATION FOR THE DISABILITY ASSESSMENT CENTER**

### **Information**

Applicants will be called for a disability assessment, 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.

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.

### **Declaration**

I, ..... withholder of Identification Number ..... have been informed that in order for my disability to be certified I have to follow the assessment procedures at the Disability Assessment Center of the Department for Social Inclusion of Persons with Disabilities.

I wish to declare that I would like to (please choose one of the below):

- The Disability Assessment Center to assess **only my disability** and I authorize the Department for Social Inclusion of Persons with Disabilities, to contact, if necessary, my doctors in order for the assessment to be more accurate.
- The Disability Assessment Center to assess **my disability and functioning** and I authorize the Department for Social Inclusion of Persons with Disabilities, to contact, if necessary, my doctors and rehabilitation professionals in order for the assessment to be more accurate.

I understand that the report of the results will be sent to me and I will be able to use it for all purposes and requests towards public services, for as long as it is considered valid.

I hereby declare that all the data and information set before the Disability Assessment Center is true. I know that the information is subject to controls and that false statement, in order to ensure disability rights, is a criminal offense. With this statement I also authorize the Department for Social Inclusion of Persons with Disabilities to process my personal data in accordance with the provisions of the Processing of Personal Data (Protection of Individuals) Law.

**Signature:**..... **Date:**.....