



SEVERE MOTOR DISABILITY ALLOWANCE APPLICATION

(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:..... <ul style="list-style-type: none"> • (Citizens of the EU should provide certificates proving their permanent residence in the Republic of Cyprus for 12 consecutive months) • Persons with recognized refugee status or with subsidiary protection status should provide a letter from the Asylum Service or a Residence Permit in force issued by the Civil Registry and Migration Department stating the recognized refugee status or subsidiary protection status)
7. Address:.....	8. Municipality/Region:.....
9. Postal Code:.....	10. Residence tel. number:.....
11. Mobile tel.number:.....	12. Work tel. number:.....
13. Accomodation in Nursing Home/ Rehabilitation Center: Yes / No If yes applies please fill out no 14	14. <u>Nursing Home/ Rehabilitation Center's Details:</u> Name:..... Address:..... Tel no:..... 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. Date of disability onset:.....	
18. Short description of disability:	

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

.....
Applicants Signature

C. 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.

In cases were the applicant is staying in a Nursing Home or Rehabilitation Center apart from the details of the Center, the details of a relative of the applicant is required.

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**
- **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 persons with recognized refugee status or with subsidiary protection status should provide a letter from the Asylum Service or a Residence Permit in force issued by the Civil Registry and Migration Department stating the recognized refugee status or subsidiary protection status**

- **For persons staying in a Nursing Home/ Rehabilitation Center a special document must be submitted by a relative that he/she is aware that the application for the allowance is submitted**

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