



Application for Disability Schemes

Doctor's Assessment Report

Section 1: Type of scheme applying for (please tick):

Foreign Domestic Worker (FDW) Levy Concession (Persons with disability)

Aims to provide support to families of persons with disability in employing full-time caregivers to assist persons with disability in performing the activities of daily living (ADL). Eligible employers of FDW will pay a monthly FDW levy of \$170 under this scheme.

Person with Disability

Name: _____ NRIC/BC: _____

Gender : Male Female Date of Birth: _____

FDW Employer

Name: _____ Contact No: _____

Please send this report together with the completed application form **via fax or mail to:**

Centre for Enabled Living Ltd

298 Tiong Bahru Road, #03-01 Central Plaza, Singapore 168730

Website: www.cel.sg | Tel: 6593 6437 | Fax: 6270 7024

Primary Care Partnership Scheme (PCPS)(Persons with disability)

Eligible persons with disability will be able to receive primary care from private General Practitioners at subsidised rates under this scheme.

Name of person with disability: _____ NRIC/BC: _____

Address: _____

Contact No: _____

Please send this report together with the completed application form **via fax or mail to:**

People's Association

CDC Planning and Development Division
9 King George's Avenue, Singapore 208581

Tel: 6340 5505, Fax: 6348 6649

Attention : IDAPE Officer-In-Charge



Section 2: Type of Disability		
Disability Type	Please Tick	Remarks
Physical (Paralysis, weakness, immobility or loss of limbs resulting from stroke, Neurological-related conditions, muscular degenerative diseases or amputations)		
Intellectual (Down Syndrome, Global Developmental Delay, etc)		
Autism Spectrum Disorder		
Sensory (Visual & hearing impairment)		
Multiple Disabilities		
Others (Please specify)		



Section 3: Functional Assessment			
	Activities of Daily Living	Doctor's Assessment	Doctor's Remarks/ Comments
1.	Washing or Bathing – Ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash by other means.	<input type="checkbox"/> No help is needed <input type="checkbox"/> Needs help / supervision most of the time	
2.	Dressing – Ability to put on, take off, secure and unfasten all garments (upper and lower) and, any braces, artificial limbs or other surgical appliances.	<input type="checkbox"/> No help is needed <input type="checkbox"/> Needs help / supervision most of the time	
3.	Feeding – Ability to feed oneself after food has been prepared and made available.	<input type="checkbox"/> No help is needed <input type="checkbox"/> Needs help / supervision most of the time	
4.	Toileting – Ability to use the toilet or manage bowel and bladder function through the use of protective undergarments or appropriate surgical appliances.	<input type="checkbox"/> No help is needed <input type="checkbox"/> Needs help / supervision most of the time	
5.	Transferring – Ability to move from (a lying position on the) bed to an upright chair or wheelchair, and vice versa.	<input type="checkbox"/> No help is needed <input type="checkbox"/> Needs help / supervision most of the time	
6.	Mobility – Ability to move indoors from room to room on level surfaces.	<input type="checkbox"/> No help is needed <input type="checkbox"/> Needs help / supervision most of the time	



Section 4: Comments by Doctor

Is the person with disability dependent on a full-time caregiver in at least 1 of the above ADL needs? Yes / No*

Is the disability permanent? Yes / No*

Is the functional status likely to change within 3 years? Yes / No*

Is the person with disability able to travel by himself/herself to the nearest polyclinic for primary care? (applicable only for PCPS applicants) Yes / No*

Additional comments (if any) _____

Name of Doctor
Official stamp of clinic/hospital

Signature of Doctor

Date

Contact No

** Please delete accordingly.*