

2.09 Application form for providing assistance to persons with disabilities

Part A

District:.....

Divisional Secretariat Division:

Reference Number:

Grama Niladhari Division:

1. Family Details

1.1 Information of Family Members with Disabilities

Name	Relationship with the head of the household	Male / Female	Marital Status	Birthdate	ID Number	Disability

1.2. Information about other family members listed in the Electoral Register

Name	Relationship with the head of the household	Male / Female	Marital Status	Birthdate	ID Number	Disability

2. Address of the house

3. Income status of the family members

Names of the members	Income Status	Monthly Income
Total		

2. Disability status:
3. Recommendation of the medical officer:

.....
 Doctor's Signature / Official Seal

Section E

Recommendation of the Social Services Officer / Assistant Social Development Officer / Development Officer

1. Confirmation of Disability

- (I) Totally blind
- (II) Hearing impaired
- (III) Suffering from a stroke
- (IV) Completely deaf and mute
- (V) Loss of one or both limbs
- (VI) Lamé
- (VII) Mentally challenged
- (VIII) Multiple disabilities
- (IX) Epileptic

Other

2. Does the person with a disability use any assistive device?

.....
 On _____ (date), I personally observed the individual named _____. I recommend/do not recommend that he/she, who suffers from _____, be provided with a living allowance.

Date:

.....
 Signature
 (Official stamp of S.S.O /A. S.D / D.O)

Grama Niladhari Recommendation

Since the above applicant's information and the report of the Social Services Officer/Assistant Social Development Officer/Development Officer are accurate, I recommend that payment be made to him/her/them from

.....
 Date

.....
 Signature / Official Stamp