

Application no.: \_\_\_\_\_

## EMPOWERMENT SCHEME APPLICATION FORM

### Applicant Personal Details (Please use BLOCK letters and blue ink)

The aim of this scheme is to provide financial assistance to persons with disability to purchase equipment which helps them lead a more independent lifestyle within their own home and locality.

Moreover, this scheme also provides subsidy on individualised transport services for those disabled persons who are not able to make use of the public transport and would need to go to work, to attend a post-secondary education institution, or attend professional sports training whereby the applicant is enrolled under a registered Sports Club.

<b>Name</b>					<b>Surname</b>	
<b>ID Card N°</b>					<b>EU Disability Card</b>	
<b>Male</b>		<b>Female</b>		<b>Other</b>	<b>Date of Birth</b>	
<b>Telephone N°</b>					<b>Mobile N°</b>	
<b>Text Tel N°</b>					<b>E-mail</b>	
<b>Address</b>						
<b>Town</b>					<b>Post Code</b>	
<b>Country of Origin</b>						

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## Application for the Empowerment Scheme

### List of documents required with this application form:

- **Copy of EU Disability Card**
- A **Medical Certificate** which is still effective to this date and which indicates the diagnosis, any permanence/chronicity, any progression and prognosis of the person's disability. (*No medical certificate is required in the case of Hearing Aids*). However, the Empowerment Board reserves the right to request applicant to provide further information as deemed necessary.
- **Professional's report** - *In order to reach a decision about this application, the Board needs a report by a field related professional.*
- **In the case of equipment the following documents also need to be presented:**
  - a) 1 quotation from 1 supplier for the purchase of equipment and/more than one equipment with the total cost of €400 but less than €3,000. Furthermore, each item purchased, even when combining items together, should not be less than €100 per item OR
  - b) 3 quotations from 3 different suppliers for the purchase of equipment costing minimum of €3,000 per item and over
  - c) Applications with the cost of less than €400 will not be considered /accepted
- **In the case of Hearing Aids, the following documents need also to be presented:**
  - a) 1 quote from 1 supplier (*from where the hearing aid/s is/are being purchased*), which are over €400;
  - b) Copy of Audiogram/Graph; and
  - c) The Professional Report compiled and signed by the Audiologist
  - d) No Medical Certificate is required
- **Applications regarding Repairs on equipment, the following documents need also to be presented:**
  - a) 1 quote from 1 supplier
- **Applications regarding Transport, the following documents need also to be presented:**
  - a) 3 quotes from 3 different transport operators
  - b) The Professional Report should be compiled by the Professional following the client
- **Any other information that can assist the Board in its decision-making process.**

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**Notes:**

- The application for the **Empowerment Scheme** will be reviewed by a Board set up for this purpose by **Aġenzija Sapport**.
- **The Board reserves the right to verify information submitted in this application with the Malta Community Chest Fund.** Also, the Board reserves the right to vary the amount of subsidy given from time to time as is required by this scheme. Furthermore, the Board maintains the prerogative not to approve the application as may be the case.
- **Applicants can purchase the equipment, after consulting with their therapist, prior to submitting application but the Board reserves the right to not approve the application for funding.**
- If the purchased equipment exceeds the **one-year period** from the date of the submission of the application, then such application will be **refused** immediately and applicant is informed both via telephone communication and via letter. Furthermore, all documents provided will be sent back to the applicant along with the Refusal Letter.
- Standard equipment which is being supplied by the government will not be covered in the scheme.
- **Medical equipment and mainstream devices (such as mobile phones/computers/laptops/tablets) are not covered by this scheme**
- Applications submitted to Aġenzija Sapport after the applicant has passed away will not be accepted.
- All necessary action (including legal action) will be taken to ensure that anyone who benefits from the Empowerment Scheme based on erroneous and/or misleading information will refund all, or part, of the assistance received, as may be the case.

*The Empowerment Scheme Board processes your personal data in line with the **Data Protection Act (2001)**. Data provided by you shall be treated in the strictest confidence and may be retained by Aġenzija Sapport or transferred to third parties in order to provide you with the best possible service or otherwise as required by law. Data about you may also be collected from third parties for these purposes.*

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**Payments:**

I authorise that payment of the grant be made as follows:

Bank Name																																	
IBAN Number																																	
BIC																																	
Account Holder Name																																	

***By submitting this application, I authorise Agencija Sapport to settle payments of claim for reimbursement by direct credit method. Also, I declare that the details and information provided in this application are correct.***

<b>Name and Surname of Applicant</b>		<b>Signature of Applicant</b>	
<b>ID Number of Applicant</b>			
<b>Name &amp; Surname of Parent or Guardian</b>		<b>ID Number of Parent or Guardian</b>	
<b>Signature of Parent or Guardian*</b>		<b>Date</b>	

\* Signed by the parent or guardian of the person with disability only in cases where:

- the person with disability is under 18 years of age
- the person with disability cannot sign on his/her behalf because of the nature of the disability

***This application form is also available in Maltese.***

***For information, please contact Aġenzija Sapport on the number 2256 8000 (Malta) or 2156 9909 (Gozo) or on the Agency's Helpline, Freephone 153 (and press 5). For more information, an email can also be sent on [schemes.sapport@gov.mt](mailto:schemes.sapport@gov.mt).***

**Once the application form is filled in, one can send it by post to Aġenzija Sapport at the address Patri Ġwann Azzopardi Street, Santa Venera SVR1614 or submit via an online application from the Agency's website [www.sapport.gov.mt](http://www.sapport.gov.mt).**

**EMPOWERMENT SCHEME  
PROFESSIONAL REPORT**

Date of report: \_\_\_\_\_

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

ID card number: \_\_\_\_\_

EU Disability Card number: \_\_\_\_\_

Do you have a pink card (Social Security)?      Yes      ☐      No      ☐

Type of impairment (*Tick (X) where applicable*):

- Physical ☐
- Intellectual ☐
- Psychological ☐
- Impaired Vision ☐
- Impaired Hearing ☐

Specify the impairment affecting the applicant:

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*Fill in the appropriate section*

**SECTION A – ASSISTIVE EQUIPMENT**

1. Type of assistive equipment being requested:

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2. Where is the applicant living? Please provide the current residential address.

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3. Who lives with the applicant? Specify the level of assistance the applicant requires.

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4. Has the same adaptive equipment been bought in the past two years? If yes, please specify why it is being reconsidered.

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5. Which professional assessments have been conducted? *(Tick (X) where applicable):*

- |   |                          |                                    |
|---|--------------------------|------------------------------------|
| a. Social Assessment                        | <input type="checkbox"/> | Date of assessment: ____/____/____ |
| b. Seating Assessment                       | <input type="checkbox"/> | Date of assessment: ____/____/____ |
| c. Wheelchair Assessment                    | <input type="checkbox"/> | Date of assessment: ____/____/____ |
| d. Speech language Assessment               | <input type="checkbox"/> | Date of assessment: ____/____/____ |
| e. Audiology Assessment                     | <input type="checkbox"/> | Date of assessment: ____/____/____ |
| f. Home Visit Assessment                    | <input type="checkbox"/> | Date of assessment: ____/____/____ |
| g. Adaptive equipment/ assistive technology | <input type="checkbox"/> | Date of assessment: ____/____/____ |

Please specify others: \_\_\_\_\_

*(Please provide any assessment or literature to support the equipment requested which would help the board in its decision)*

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6. Please indicate the outcome of the above assessments.

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7. In your professional opinion, clearly indicate why the applicant would benefit from the adaptive equipment.

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8. What other therapeutic equipment is being used at present?

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9. Kindly list down the schemes/services offered by the government/agency, which the applicant is benefitting from.

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*Please confirm which of the quotations attached is the most adequate for the applicant by indicating and signing on the quote itself.*

## **SECTION B – TRANSPORT SUBSIDY**

1. Is the applicant able to use Public Transport? If not, why?

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2. In your professional opinion, clearly indicate why the applicant would benefit from the transport service.

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3. Does the applicant benefit from one of the Vehicle Exemption Schemes? If yes, explain why this service is still being requested.

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4. Transport scheme (*including number of trips per week, days and times of the trips*).

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**Details of the professional/s filling out the report:**

Name & surname: \_\_\_\_\_ Tel: \_\_\_\_\_

Profession: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name & surname: \_\_\_\_\_ Tel: \_\_\_\_\_

Profession: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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