

**EMPOWERMENT SCHEME
PROFESSIONAL REPORT**

Date of report: _____

Name: _____

Surname: _____

ID Card number: _____

EU Disability Card number: _____

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

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

- Physical
- Intellectual
- Psychological
- Impaired vision
- Impaired hearing

Specify the impairment affecting the applicant:

Fill in the appropriate section

SECTION A – ASSISTIVE EQUIPMENT

1. Type of assistive equipment being requested.

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

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

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

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

- | | | |
|--|--------------------------|---------------------------------|
| 6. Social assessment | <input type="checkbox"/> | Date of assessment: ___/___/___ |
| 7. Seating assessment | <input type="checkbox"/> | Date of assessment: ___/___/___ |
| 8. Wheelchair assessment | <input type="checkbox"/> | Date of assessment: ___/___/___ |
| 9. Speech language assessment | <input type="checkbox"/> | Date of assessment: ___/___/___ |
| 10. Audiology assessment | <input type="checkbox"/> | Date of assessment: ___/___/___ |
| 11. Home visit assessment | <input type="checkbox"/> | Date of assessment: ___/___/___ |
| 12. 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)

13. Please indicate the outcome of the above assessments.

14. In your professional opinion, clearly indicate why the applicant would benefit from the assistive equipment.

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

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

If the quotations attached exceed €3,000, please confirm which of these quotations 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?

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

3. Does the applicant benefit from one of the Vehicle Exemption Schemes (Registration Tax Exemption Scheme, Road Licence Exemption Scheme, Wheelchair-Accessible Vehicle Schemes)? If yes, explain why this service is still being requested.

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

Details of the professional/s filling out the report:

Name & Surname:	Tel:
Profession:	Email:
Department:	Date:
Signature:	CPCM Reg. No: (Audiologist/Allied Health Professional)
Name & Surname:	Tel:
Profession:	Email:
Department:	Date:
Signature:	CPCM Reg. No: (Audiologist/Allied Health Professional)

This application form is also available in Maltese. For information, please contact Aġenzija Sapport - Freephone 153 (ext. 05). For more information, an email can also be sent on schemes.sapport@gov.mt.