

Registration no.: _____

EMPOWERMENT SCHEME APPLICATION FORM

The aim of this scheme is to provide financial assistance in the form of subsidies to persons with disabilities to purchase equipment that assists them in leading a more independent lifestyle within their own home and community.

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

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

Name						Surname	
ID Card No						EU Disability Card Number	
Male		Female		Other		Date of Birth	
Telephone Number						Mobile Phone Number	
Email address							
Address							
Town						Postcode	
Country							

Application for the Empowerment Scheme

List of documents required with this application form:

- Copy of EU Disability Card
- A Medical Certificate that 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). The Empowerment Board reserves the right to request the applicant to provide further information as may be deemed necessary.
- Professional's Report - In order to reach a decision about this application, the Board needs a report by a field-related professional. (Note: Allied Health professionals need to provide their CPCM Registration Number on their report. Otherwise, the application cannot be accepted).

- In the case of equipment, the following documents also need to be presented:

Important: Applicants who benefitted from the Empowerment Scheme during the past years may submit a request for financial assistance to purchase the same or similar equipment after a period of two (2) years from their last Empowerment Scheme application.

- 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 a 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 also need to be presented:

Important: Applicants who benefitted from the Empowerment Scheme during the past years may submit a request for financial assistance to purchase the same or similar type of hearing aid(s) after a period of five (5) years from their last Empowerment Scheme application

- 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;
- c. The Professional Report compiled and signed by the Audiologist. The Audiologist must indicate their CPCM Registration Number on the Professional Report. Otherwise, the application cannot be accepted;
- d. No Medical Certificate is required.

- For applications regarding repairs on equipment, the following documents also need to be presented:

Important: Applicants who benefitted from the Empowerment Scheme during the past years may submit a request for financial assistance on the same or similar repairs after a period of one (1) year from their last Empowerment Scheme application.

- a. 1 quote from 1 supplier.

- For applications regarding Transport, the following documents also need to be presented:

- a. 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.

Notes:

- The application for the Empowerment Scheme will be reviewed by a Board set up for this purpose by Aġenzija Sapport. Subsidies allocated, including their amount, are at the sole discretion of the Empowerment Scheme Board. Irrespective of an Empowerment Scheme application being accepted and presented to the Empowerment Scheme Board by the People Assistance Schemes section of Aġenzija Sapport, the Empowerment Scheme Board shall decide whether or not to allocate financial assistance to the applicant. In the case of a subsidy being allocated, the Empowerment Scheme Board shall decide its amount. Also, the Board reserves the right to vary the amount of subsidy given from time to time as is required by this scheme.
- Aġenzija Sapport and the Empowerment Scheme Board reserve the right to verify information submitted in this application with governmental authorities, governmental entities, voluntary organisations, and the Malta Community Chest Fund Foundation.
- Should they wish, applicants can purchase the equipment, after consulting with their CPCPM-registered professional therapist, prior to submitting an Empowerment Scheme application. However, the Empowerment Scheme Board reserves the right to not approve the application for funding.
- If the Audiologist or the Allied Health professional, as applicable, fails to provide their CPCPM Registration Number, the application will be immediately rejected. All submitted documents will be returned to the applicant along with a Refusal Letter. This condition is also applicable for medical doctors who fill in the Professional Report but fail to provide their Medical Council Registration Number.
- If an applicant who benefitted from the Empowerment Scheme during the past years submits a request for financial assistance on the same type of equipment or on similar equipment prior to the applicable timeframe (see above), the professional is required to provide a solid justification in the Professional Report, detailing the reason for the early request. 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 the applicant is informed both via telephone communication, if the applicant is reachable within a reasonable timeframe, and via letter. Furthermore, all documents provided will be sent back to the applicant along with the Refusal Letter.
- Standard equipment provided by the government, whether at no cost, loaned, on a short-term basis, or permanently, is not covered by this scheme. This also applies to pink form (karta r-roża) holders seeking to apply for assistance on hearing aids. Lack of knowledge of this restriction, or any other Empowerment Scheme terms and conditions, whether by the professional supporting the applicant or by the applicant, cannot be regarded as grounds for consideration to accept an application.

- Medical equipment, standard equipment, exercise equipment, and mainstream devices (*such as mobile phones/computers/laptops/tablets*) are not covered by this scheme.
- Applications submitted to Aġenzija Sapport after the person with disability (i.e. 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.

*Aġenzija Sapport and the Empowerment Scheme Board process your personal data in line with the **Data Protection Act (2018)**. 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.*

Further information about the type of personal data processed by the Agency including information about how the information is processed, for what purposes and for how long such data is retained is detailed out in the Data Protection and Records Policy of the Agency and in the Empowerment Scheme section, which is available on our website www.sapport.gov.mt/.

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 Aġenzija 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.

Name and Surname of Applicant		Signature of Applicant	
ID Card Number of Applicant			
Name & Surname of Parent or Guardian		ID Card Number of Parent or Guardian	
Signature of Parent or Guardian*		Date	

* 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 Helpline – Freephone Servizz.gov 153 (ext. 05)

For more information, an email can also be sent on 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.

**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)

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