DISABILITY ASSISTANCE GRANT Children (Under 18 Years)

MEDICAL REPORT

1: Beneficiary Information

Full Name:					
Also Known As:		First		Mi ddl e	
Date of Birth			Gender:		
Address: Street Address (where child lives)					
		Country			
Town / City	2.1: Existing Diag	gnosis (Attach Copies o	of relevant documer	ıts)	
Diagnosis:					
Description of how condition affects the child's/family's dail	v lile and activities			<u></u>	
enter priority in the community of the c	, 190 mm acrimes				
Recommendations				-	
		cal Diagnosis Resultin	-		
Is the condition permanent? Yes: □	No: ☐ If no, please state th	e duration:			
Diagnosis:					
Description of how condition affects the child Mamily's dail	y life and activities				· ·
					-
Recommendations				-	
(i) Visual: None□ Mild Is the condition permanent? Yes□ Diagnosis:	_	2.3: Physical Dis Complete e duration:	Not Specified□	Not Applicable□	
Description of how condition affects the child s/jamily's dail	y life and activities				
<u> </u>					
Recommendations					
(ii) Hearing: None Mild Is the condition permanent? Yes ☐		☐ Complete☐	Not Specified□		
Diagnosis:					
Description of how condition affects the child's/family's dail	y life and activities				
0					
Recommendations					
(iii) Motor Functions: None□		ere Complete	Not Specified□	Not Applicable□	
Is the condition permanent? Yes	/1	e duration:			
Diagnosis:					
Description of how condition affects the child s/family's dail	y life and activities			-	
Recommendations					

2.4: Developmental Disability

			7/6	_			
Communications Skills Expression	None□	Mild□	Moderate□	Severe□	Complete□	Not Specified□	Not Applicable□
Reception	None□	Mild□	Moderate □	Severe Severe	Complete		**
Self-Care	None□	Mild□	Moderate	Severe	Complete		***
Social / Emotional	None□	Mild□	Moderate □	Severe	Complete Complete		
Cognitive / Intellectual	None□	Mild□	Moderate	Severe	Complete		
Cognitive / Intencetual		1/11/4	1/10 401410			Trot specifical	T tot Tippilouoio
Is the condition permane	ent? Yes □	No 🗖 🛚	If no, please sta	te the duration	on:		
Diagnosis:							
Description of how condition affects the c	child's/family's daily	life and activitie	es				
Recommendations							
Special Education: Yesl	☐ Fui	ll Time□	Part Tir	ne:□	No□		
Teachers Aid: Yes	□ No						
Speech Therapy: Yes	□ No	□ La	inguage Therap	y: Yes□	No□ Pe	rsonal Care Assistar	nce: Yes□ No[
Other Please speci				-			
Trease speed	-3						
			2.5: I	Mental Heal	<u>th</u>		
None□ Mild□	Mode	rate□	Severe□	Comple	ete□ Not	Specified□	Not Applicable□
Y 41.1	.0.77	\.	TC 1	-		•	
Is the condition permane		No 🗖	· •				
Diagnosis:							
Description of how condition affects the c	child's/familv's dailv	life and activitie	es				
Recommendations							
			2.6: Ot	her Informa	tion_		
Provide any other inform	nation whic	h is releva	ant to determin	e the extent	of the child's	lisability:	
			A # . C	11 . 4	4		
			2.7: UV	erall Assess	ment_		
Impact of disability on t	he child's le	evel of fur	nctioning				
None□ Mild□	Modera	ate□	Severe□	Compl	lete□ No	t Specified□	Not Applicable□
Is the condition permane	ent? Yes 🛘 N	No 🛮 If no	o, please state th	ne duration: _			
Status to be reviewed in	ı:			Medical Boa	ard Number:		
M 1' 100°							
Medical Officer:		BLOCK LETTERS			_	Medical Officer Sig	