



NATIONAL DEVELOPMENT FUND FOR PERSONS WITH DISABILITIES

APPLICATION FORM

PO/AP/1

ASSISTIVE DEVICES

SECTION A: PERSONAL DETAILS

1. NAME:

2. GENDER: MALE FEMALE

3. DATE OF BIRTH:

4. NATIONAL ID NUMBER:

5. NCPWD REGISTRATION NUMBER:

6. IF APPLICANT IS UNDER 18 YEARS NAME OF PARENT/GUARDIAN:

NATIONAL ID NO. RELATIONSHIP TO APPLICANT:

7. PLEASE STATE IF YOU HAVE ANY SPECIAL COMMUNICATIONS REQUIREMENTS:

ENGLISH LANGUAGE KISWAHILI LANGUAGE SIGN LANGUAGE
 LARGE PRINT BRAILLE OTHER (SPECIFY)

8. POSTAL ADDRESS:

TELEPHONE: EMAIL:

9. PHYSICAL ADDRESS:

DIVISION: DISTRICT: COUNTY:

10. DISABILITY TYPE(S)

PHYSICAL VISUAL HEARING SPEECH MENTAL INTELLECTUAL
 ALBINISM MULTIPLE/ OTHER (SPECIFY)

SECTION B: ASSISTIVE DEVICE(S) REQUESTED

1. ASSISTIVE DEVICE(S) REQUESTED

WHEELCHAIR CALLIPERS SURGICAL SHOES CRUTCHES
 PROSTHETIC ARM/LEG WALKING STICK HEARING AID SPEECH AID
 BRAILLE DEVICE WHITE CANE
 OTHER (SPECIFY)

2. DESCRIBE THE CURRENT STATUS OF YOUR DISABILITY (NATURE OF DISABILITY, CURRENT STATE AND DIFFICULTY, ANY ASSISTIVE DEVICES IN USE)

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3. DESCRIBE HOW THIS DEVICE WILL ASSIST YOU?

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4. WHAT WILL BE THE BENEFIT TO YOUR LIFE? (TICK AS MANY AS APPLY)

- | | |
|--|--|
| <input type="checkbox"/> IMPROVE MOBILITY AT HOME | <input type="checkbox"/> IMPROVE MOBILITY OUTSIDE HOME |
| <input type="checkbox"/> HELP ME TO STUDY/ACCESS EDUCATION | <input type="checkbox"/> IMPROVE MY ABILITY TO WORK FOR INCOME |
| <input type="checkbox"/> IMPROVE MY SOCIAL LIFE | <input type="checkbox"/> IMPROVE MY HEALTH/REDUCE PAIN |
| <input type="checkbox"/> OTHER (SPECIFY) | |

5. HAVE YOU RECEIVED ASSISTIVE DEVICES FROM THE FUND BEFORE? IF YES WHEN?

- YES ASSISTANCE RECEIVED ON [MONTH/YEAR] /..... OR NO PREVIOUS ASSISTANCE

SECTION C: DECLARATION

I HAVE ATTACHED THE FOLLOWING DOCUMENTS:

- PROFESSIONAL ASSESSMENT REPORT TO RECOMMENDATION THE APPROPRIATE ASSISTIVE DEVICE
- LETTER OF RECOMMENDATION FROM AREA PROVINCIAL ADMINISTRATION OFFICER (I.E. ASST. CHIEF OR CHIEF)
- COPY OF MEDICAL REPORT TO CERTIFY MY DISABILITY

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE: DATE:

SECTION D: FOR OFFICIAL USE - DGSDO

NAME OF DGSDO:

DISTRICT:

I DO / DO NOT [DELETE AS APPROPRIATE] RECOMMEND THE FOLLOWING INDIVIDUAL/ORGANIZATION TO NDFPWD FOR FUNDING.

REASON FOR RECOMMENDATION/ REJECTION:

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I CONFIRM THAT I HAVE CHECKED ALL THE RELEVANT ATTACHMENTS ARE PRESENT AND CORRECT

I CONFIRM THAT THIS INDIVIDUAL IS RESIDENT IN THIS DISTRICT

SIGNED:

DATE:

SECTION E: FOR OFFICIAL USE – NDFPWD

REFERENCE NO:

DATE RECEIVED: