

Increased Severe Disability Assistance

Intellectual Disability

Section A - Details of the person with intellectual disability in whose respect a claim for ISDA is being made

Identity Card Number: * _____

Name: * _____

Surname: * _____

Special ID/ European
Disability Card Number: * _____

This section is only to be completed if the person whose details appear above is subject to interdiction/ incapacitation, a Guardianship Order, or has had a responsible carer appointed in terms of the Mental Health Act (Cap. 525.), or if the person is a minor/subject to tutorship

The person signing
this form is a:

Curator

Guardian

Responsible Carer

Parent of a Minor (both
parents to sign in case of joint
custody)

Tutor of a Minor

Section B

The person mentioned above, underwent an assessment by Agenzija Sapport? (The assessment report referred to in the Increased Severe Disability Allowance (Persons with Intellectual Disability) Regulations, covering the person mentioned in Section A, will be forwarded to the Department of Social Security by Agenzija Sapport). *

Yes

No

Declaration:

I/We understand that the collection and processing of all personal and sensitive data relating to the person above, by the Department of Social Security, through this form, as well as any data delivered at a later stage, by me/us, or through Agenzija Sapport/the Commission for the Rights of Persons with Disability (CRPD), in printed or digital formats, shall be carried out in accordance with the provisions of the Increased Severe Disability Allowance (Persons with Intellectual Disability) Regulations.

Name & Surname

Name & Surname

Identity Card Number

Identity Card Number

Signature

Signature

Applicant's Medical Report / Assessment (To be filled in by Medical Doctor)

Table 10 – Impairment Tables (S.L. 318.21 Social Security Act Cap. 318.)

Intelligence (IQ)	Score	Adaptive Behaviour	Score
Normal	0	No or only mild behavioural problems	0
70 - 79	3	Moderate or severe behavioural problems	3
50 - 69	5		
30 - 49	6		
Below 30	8		

Capacity for Independent Living	Score
Self-sufficient	0
Needs supervision of daily activities and routine financial transactions e.g. needs to be reminded to perform routine tasks/personal care	3
Needs regular help with daily activities and routine financial transactions	4
Needs major help with daily activities and routine financial transactions	5
Totally dependent	6

Intelligence (IQ) Score	Adaptive Behaviour Score	Capacity for Independent Living Score	Total Score

Name of Medical Doctor / Specialist

Medical Council No.

Signature

Date

Rubber Stamp