Functional Assessment Report
功能评估报告

IMPORTANT NOTES:

(1) This Functional Assessment Report ("FAR") assesses a person needing assessment's need for assistance with the Activities of Daily Living ("ADLs") and is only for the purpose of application for specific government schemes administered by (i) the Agency for Integrated Care (the Pioneer Generation Disability Assistance Scheme, Home Caregiving Grant and Foreign Domestic Worker Levy Concession for Persons with Disabilities), (ii) SG Enable (Public Transport Concession for Persons with Disabilities), (iii) the Special Needs Trust Company (Special Needs Savings Scheme) and (iv) the Housing & Development Board (Enhancement for Active Seniors) (collectively, "Long-Term Care Schemes").

It CANNOT be used for severe disability schemes which are the CareShield Life, ElderFund, ElderShield, Interim Disability Assistance Programme for the Elderly ("IDAPE"), and MediSave Care. If you are applying for a severe disability scheme, please visit an MOH-accredited severe disability assessor to complete the Assessor Statement. More information on severe disability schemes can be obtained from the Agency for Integrated Care's website (www.aic.sg).

(2) Any Singapore-registered doctor's memo or document certifying that the person in respect of whom the application(s) is/are made ("Person Needing Assessment") is permanently bedridden, may be accepted in lieu of this FAR.

(3) This FAR should be completed by the parties set out below:

For Person Needing Assessment who has mental capacity

SECTION A
Functional Assessment
To be completed by Approved Assessor

For Person Needing Assessment who lacks mental capacity

SECTION A
Functional Assessment
To be completed by Approved Assessor

SECTION B
Doctor's Certification of Lack of Mental Capacity
To be completed by a Singapore-registered doctor only

Only a Singapore-registered doctor can certify lack of mental capacity. If you are concerned that the Person Needing Assessment may be mentally incapacitated, you are advised to consult a doctor to complete Sections A and B if you wish for the Person Needing Assessment to undergo a single assessment.

(4) "Approved Assessors" shall be:

a. doctors who are under full or conditional registration with the Singapore Medical Council;
b. registered nurses who are under full or conditional registration with the Singapore Nursing Board;
c. physiotherapists who are under full, conditional or restricted registration with the Allied Health Professions Council ("AHPC"); and
d. occupational therapists who are under full, conditional or restricted (restricted scope classification - "Physical dysfunction/ Adults and older adults" only) registration with AHPC.

Note: Persons Needing Assessment who are aged below 8 years must be assessed by Pediatricians, unless they are bedridden, in which case, paragraph 2 above applies.

SECTION A: TO BE COMPLETED BY AN APPROVED ASSESSOR[1]

FUNCTIONAL ASSESSMENT

Name of Person Needing Assessment: _____

NRIC/Birth Certificate No. of Person Needing Assessment: _____

Person Needing Assessment's Sticky Label

Activities of Daily Living ("ADLs")*

Please complete the assessment for all 6 ADLs. If any of the ADLs is **left blank**, it will be taken that the Person Needing Assessment **is independent** in performing the ADL.

		Requires help/supervision	Independent – No help is required
i	Mobility	☐	☐
ii	Washing or Bathing	☐	☐
iii	Dressing	☐	☐
iv	Feeding	☐	☐
v	Toileting	☐	☐
vi	Transferring	☐	☐

Please estimate when the Person Needing Assessment first required assistance with the ADLs.

_____ / _____ (MM/YYYY)

Please indicate whether the need for assistance will be required for at least another 6 months from date of assessment.

☐ Yes, required for at least another 6 months from date of assessment ☐ No

Approved Assessor's Declaration And Signature

I have assessed the above Person Needing Assessment and confirm that the information set out in Section A of this form is true and correct to the best of my knowledge.

☐ I declare that the Person Needing Assessment is related to me, or otherwise known to me outside my capacity as a registered healthcare professional. The Person Needing Assessment is my family member or relative / friend / employer / employee / others*(please elaborate: _____). **Please delete accordingly.*

Name, Registration No. & Signature of Approved Assessor	Stamp of Organisation / Clinic/ Hospital	Date	Tel / Fax Nos.

Important Note: *Approved Assessor must sign against any amendment(s) made and affix the official stamp of the organisation / clinic / hospital, failing which, the FAR will be deemed incomplete and may be rejected.*

Notes for Assessor

a.	*Mobility*	*Needs help to walk indoors or move in a wheelchair from room to room on level surface for about 8 metres (about twice the length of a clinic). This is regardless of the use of walking aid(s) and the speed of walking.*
b.	*Washing or Bathing*	*Needs help to wash body (excluding back) in the bath, shower or sponge/bed bath. Includes subcomponents of washing, rinsing and drying.*
c.	*Dressing*	*Needs help to put on, take off, secure and unfasten garments (upper and lower) and any braces, artificial limbs or other surgical appliances.*
d.	*Feeding*	*Needs help to feed oneself after food has been prepared and made available.*
e.	*Toileting*	*Needs help to use the toilet and manage bowel and bladder hygiene. Consists of (i) maintenance of balance during the act of urination or defecation and clothing adjustment, and (ii) maintaining perineal hygiene such as using toilet paper to clean the perineum. Independent of actual bowel or bowel functions e.g. incontinence. Does not include changing of long-term indwelling catheter.*
f.	*Transferring*	*Needs help to transfer from bed to an upright chair or wheelchair, and vice versa. Includes (i) sitting up from a lying position; (ii) moving from a sitting to standing position; (iii) a weight or pivot shift; and (iv) a controlled descent to a sitting position in another location.*

[1] "Approved Assessors" shall be:

a. doctors who are under full or conditional registration with the Singapore Medical Council;
b. registered nurses who are under full or conditional registration with the Singapore Nursing Board;
c. physiotherapists who are under full, conditional or restricted registration with the Allied Health Professions Council ("AHPC"); and
d. occupational therapists who are under full, conditional or restricted (restricted scope classification - "Physical dysfunction/ Adults and older adults" only) registration with AHPC.

SECTION B: TO BE COMPLETED BY A DOCTOR REGISTERED WITH THE SINGAPORE MEDICAL COUNCIL

DOCTOR'S CERTIFICATION FOR PERSON NEEDING ASSESSMENT WHO LACKS MENTAL CAPACITY

Name of Person Needing Assessment: _____

NRIC/ Birth Certificate No. of Person Needing Assessment: _____

Person Needing Assessment's Sticky Label

Lack Of Mental Capacity To Provide Consent

Does the person needing assessment lack mental capacity to give consent for the application for, or handling of monetary payouts from, long-term care schemes?

☑ Yes ☐ No

If yes, is the lack of mental capacity likely to be permanent?

☐ Yes ☐ No

Doctor's Declaration And Signature

I have assessed the above Person Needing Assessment and confirm that the information set out in Section B of this form is true and correct to the best of my knowledge.

☐ I declare that the Person Needing Assessment is related to me, or otherwise known to me outside my capacity as a registered healthcare professional. The Person Needing Assessment is my family member or relative / friend / employer / employee / others*(please elaborate: _____). **Please delete accordingly.*

Name, MCR No. and Signature of Doctor	Stamp of Clinic/ Hospital	Date	Tel / Fax Nos.