

**SECTION B2: TO BE COMPLETED BY ASSESSOR TRAINED IN CAF AND PHYSIOTHERAPIST / OCCUPATIONAL THERAPIST REGISTERED UNDER AHPC**

**ASSESSMENT OF CLIENT ON LEVEL OF SUPPORT REQUIRED FOR ACTIVITIES OF DAILY LIVING**

**Name of Client** : \_\_\_\_\_

**NRIC/BC** : \_\_\_\_\_

**1 Activities of Daily Living (ADLs)\* Domain**

		<b>Support is required</b>	<b>No support is required</b>
i	Mobility	<input type="checkbox"/>	<input type="checkbox"/>
ii	Personal Grooming & Hygiene	<input type="checkbox"/>	<input type="checkbox"/>
iii	Feeding	<input type="checkbox"/>	<input type="checkbox"/>
iv	Toileting	<input type="checkbox"/>	<input type="checkbox"/>

**2 Comments**

(a) From when was the assistance for ADL first required? \_\_\_\_\_ / \_\_\_\_\_ (MM/YYYY)

(b) If onset of assistance for ADLs is less than 6 months ago, please indicate whether the need for assistance will be required for at least another 6 months?

Yes, required for another 6 months       No

Additional comments (e.g whether the need for assistance is of permanent nature, or unlikely to require permanent assistance due to recovery potential): \_\_\_\_\_

  

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I confirm that the assessment done for the above applicant is true and correct to my best knowledge. I am aware that the assessment for this application will serve as reference only. The Scheme Administrator reserves the right to make the final decision on the application outcome and reject any application if the information is found to be inaccurate, or if any relevant information has been withheld by the applicant.

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Name, Registration No. & Signature  
of Assessor

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Stamp of Organisation /  
SPED School / Therapy Hub

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Date

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Tel / Fax Nos.

**\*Important Note:**

- The CAF-R will be administered on applicants aged 16 years old and above with cognitive impairment whose level of support needs for activities of daily living requires assessment for the purpose of FDWLC (PWD) and FDWG application.
- The ADL items are to be rated with reference to the Client Assessment Form - Revised (CAF-R) rating guide by The Office of Chief Psychologist, OCP/MSF.
- All amendments made to the form must have the assessor's signature and the organisation's official stamp affix next to them. If not, the report will be deemed to be incomplete.