

Functional Assessment Report (FAR)

IMPORTANT NOTES:

(1) This Functional Assessment Report (FAR) assesses a person's need for assistance with the Activities of Daily Living (ADLs) and could be used for the purpose of application for specific government schemes administered by agencies such as:

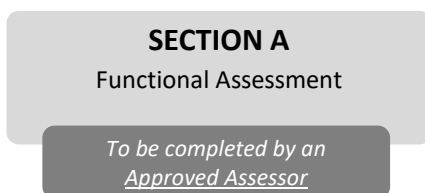
- (i) the Agency for Integrated Care (AIC) (the Pioneer Generation Disability Assistance Scheme, Home Caregiving Grant and Migrant Domestic Worker Levy Concession for Persons with Disabilities),
- (ii) SG Enable (Persons with Disabilities Concession Card),
- (iii) the Special Needs Trust Company (Special Needs Savings Scheme) and
- (iv) the Housing & Development Board (Enhancement for Active Seniors).

It **cannot** be used for severe disability schemes (e.g. 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 Severe Disability Assessment. More information on severe disability schemes can be obtained from the AIC website (www.aic.sg).

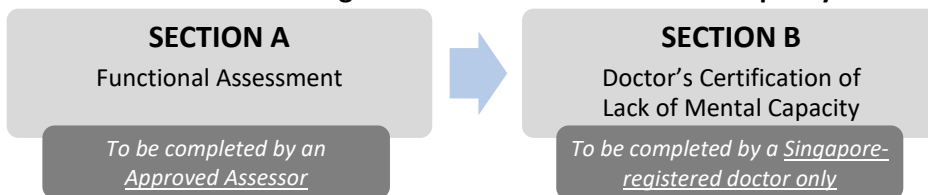
(2) Any Singapore-registered doctor's memo or document certifying that the Person Needing Assessment is permanently bedridden, may be accepted in lieu of this FAR.

(3) This FAR should be completed by the parties set out below. Please confirm the exact assessment fee with the listed parties before proceeding as fees may vary.

- **For Person Needing Assessment who has mental capacity**



- **For Person Needing Assessment who lacks mental capacity**



NOTE: Only a Singapore-registered doctor can certify the 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 with full or conditional registration issued by the Singapore Medical Council and holds or is employed under an organisation with the relevant and valid Healthcare Services Act licence(s) at the applicable premises.
- b. registered nurses with full or conditional registration issued by the Singapore Nursing Board;
- c. physiotherapists with full, conditional or restricted registration issued by the Allied Health Professions Council (AHPC); and
- d. occupational therapists with full, conditional or restricted (only "Physical dysfunction / Adults and older adults" classification) issued by AHPC.

Note: Persons Needing Assessment below 8 years old (by birth date) must be assessed by Paediatricians, unless they are bedridden, in which case, paragraph 2 above applies.

SECTION A: TO BE COMPLETED BY AN APPROVED ASSESSOR¹

FUNCTIONAL ASSESSMENT

Name of Person Needing Assessment (PNA):

NRIC/Birth Certificate No. of PNA:

Sticky Label of PNA

Activities of Daily Living (ADLs)*

*Please complete the assessment and ensure that all six ADLs have been assessed and ticked accordingly. Any ADLs left blank will be taken that the PNA is independent in performing the ADL.

		Requires help/supervision	Independent – No help is required
i	Mobility	<input type="checkbox"/>	<input type="checkbox"/>
ii	Washing or Bathing	<input type="checkbox"/>	<input type="checkbox"/>
iii	Dressing	<input type="checkbox"/>	<input type="checkbox"/>
iv	Feeding	<input type="checkbox"/>	<input type="checkbox"/>
v	Toileting	<input type="checkbox"/>	<input type="checkbox"/>
vi	Transferring	<input type="checkbox"/>	<input type="checkbox"/>

Please estimate when did the PNA first require assistance with the ADLs.

/

(MM/YYYY)

Indicate whether the need for assistance is required for 6 months or more from the date of assessment.

☐ Yes, required for 6 months or more from the date of assessment
 ☐ No, required for less than 6 months

Impairment affecting ADLs

If PNA requires help/supervision with the ADLs, please indicate whether functional ability for the ADLs is predominantly affected by physical impairment, cognitive impairment, or both.

☐ Physical Impairment
 ☐ Cognitive Impairment
 ☐ Both Physical and Cognitive Impairment

Approved Assessor's Declaration and Signature

Please tick one only:

☐ The PNA is **not related to me**.
 ☐ The PNA is **related to me**, or otherwise known to me outside my capacity as a registered healthcare professional. I declare that the PNA is my family member or relative/friend/employer/employee/others*(please elaborate:). **Please delete accordingly.*

Declaration

I have assessed the PNA and confirm that the information indicated in Section A of this form is true and correct to the best of my knowledge. **[For Doctors only]** I/My organisation also possess(es) the necessary licence(s) including the relevant and valid Healthcare Services Act (HCSA) licence(s)² to conduct and submit the FAR.

Name Stamp, Registration No. & Signature of Approved Assessor

Stamp of Organisation / Clinic / Hospital

Date

Tel No.

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

- 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.
- 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.
- Dressing** Needs help to put on, take off, secure and unfasten garments (upper and lower) and any braces, artificial limbs or other surgical appliances.
- Feeding** Needs help to feed oneself after food has been prepared and made available.
- 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.
- 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:

- doctors with full or conditional registration issued by the Singapore Medical Council and holds or is employed under an organisation with the relevant and valid Healthcare Services Act licence(s) at the applicable premises.
- registered nurses with full or conditional registration issued by the Singapore Nursing Board;
- physiotherapists with full, conditional or restricted registration issued by the Allied Health Professions Council (AHPC); and
- occupational therapists with full, conditional or restricted (only “Physical dysfunction / Adults and older adults” classification) registration issued by AHPC.

²To conduct in-clinic assessments, the medical practitioner or organisation must have the relevant and valid HCSA licence(s) for **permanent premises**. To conduct housecalls, the medical practitioner or organisation must have the relevant and valid HCSA licence(s) for **temporary premises**.

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

Name of Person Needing Assessment (PNA): _____

Sticky Label
of PNA

NRIC/Birth Certificate No. of PNA : _____

Lack of mental capacity to provide consent for the application of Long-Term Care Schemes / Financial Assistance and handling of his/her monetary payouts / finances

1. Does the PNA lack mental capacity?
If you have ticked "Yes" below, please proceed to Question 2.

☐ Yes ☐ No

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

☐ Yes ☐ No

Doctor's Declaration and Signature

Please tick one only:

- ☐ The PNA is **not related to me**.
- ☐ The PNA is **related to me**, or otherwise known to me outside my capacity as a registered healthcare professional. I declare that the Person Needing Assessment is my family member or relative/friend/employer/employee/others*(please elaborate: _____). **Please delete accordingly.*

Declaration

I have assessed the PNA and confirm that the information indicated in Section B of this form is true and correct to the best of my knowledge. I/My organisation also possess(es) the necessary licence(s) including the relevant and valid Healthcare Services Act (HCSA) licence(s) to conduct and submit this assessment of mental capacity.

Name Stamp, Registration No. &
Signature of Approved Assessor

Stamp of Organisation / Clinic / Hospital

Date

Tel No.

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