



Disability Support Allowance Application Form

| | | | |
|---|-----------------|---|-----------------|
| First Name: (Moan Arana) | | Surname: (Kauoua n ara) | |
| Date of Birth (Bong ni bung): | | Age: (Am ririki ni maeu) | |
| Gender/Sex (Rikim): Male (Te Mwaane) <input type="checkbox"/> Female (Te Aine) <input type="checkbox"/> | | Island of Origin (Abam): | Choose an item. |
| Are you employed (Ko mwakuri)? Yes (Eang) <input type="checkbox"/> No (Iaki) <input type="checkbox"/> | | | |
| If yes, Please state your position and company/ministry (Ngkana eang, tera nakoam ao am tabo ni mwakuri): | | | |
| | | | |
| Residential Address (Am tabo n maeka) | | | |
| | | | |
| Mobile Phone: | | Email Address: | |
| | | | |
| Marital Status: | Choose an item. | Spouse Name: (Aran Buum) | |
| Is your spouse employed? (E mwakuri buum?) Yes (Eang) <input type="checkbox"/> No (Eaki) <input type="checkbox"/> | | | |
| If yes to the above, please state employment details (Ngkana eang nakon are ieta, kaota ana tabo n mwakuri). | | | |
| | | | |
| Dependents (Natim): | | | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| Detail of Caretaker (Rongorongon te tia tararuaiako: | | | |
| First Name: (Moan Arana) | | Surname: (Kauoua n ara) | |
| Relationship with Caretaker: Choose an item. (Irekerekem ma te tia tararuaiako) | | | |
| If other please specify below: | | | |
| | | | |
| If all details in the form have been filled out correctly, please sign below: (Ngkana ko tia n kanoa te booma aei ma te koaua ao te eti, koa tiaina naba I nano) | | | |
| | | | |
| Date of Application (Te tai ae ko kanoa iai te booma aei) <i>Input date above (Karina te bong, namwakaina ao ririki ieta)</i> | | Signature (Am tiaina) Sign <i>above (Tiaina ieta)</i> | |



Ministry of Women, Youth, Sport & Social Affairs
Bairiki, Tarawa
Republic of Kiribati
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KIRIBATI DISABILITY SUPPORT ALLOWANCE

POLICY AND GUIDELINE

24 September 2019

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Ministry of Women, Youth, Sport & Social Affairs
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GUIDELINES AND PROCEDURES

DISABILITY SUPPORT ALLOWANCE

Context

The Government of Kiribati (GoK) plans to introduce a Disability Support Allowance (DSA) to enhance the socio-economic and psychosocial independence of I-Kiribati citizens with a disability.

People with disabilities face many barriers to taking part in income generating activities. These barriers include the physical environment, early educational disadvantage, social perceptions, limited employment options generally available, limited resources to design employment options around individual strengths and interests; and lack of formal job site support for people with disabilities.

Work is underway in Kiribati to tackle these barriers and open up educational and employment opportunities and to address accessing barriers related to building design and low community expectations about the equal citizenship rights of persons with disabilities.

Those strategies won't generate meaningful employment opportunities in the short term for many people with very high support needs related to disabilities.

The DSA is therefore intended to provide financial assistance to eligible people who have a significant disability which results in their being:

- a) unable to undertake paid employment; or
- b) unable to participate in other traditional income generating activities for a period of more than (6) months.

The DSA is one of a range of social protection allowances and supports being introduced or considered by GoK to enable all citizens to take part in the educational and economic life of Kiribati, to minimise disadvantage and to break cycles of poverty.

Programs include:

| Age | Social Protection Allowance Schemes |
|---|--|
| For young people aged 18-25 years | Young Couples and Youth Loan Scheme |
| For school aged persons aged 6 and above | School Support Scheme |
| Persons with disabilities aged 6 to 64 years. | Disability Support Allowance |
| For people aged over 65 years | Elderly Fund Scheme |

This document sets out the proposed guidelines through which the program will be run. It includes the eligibility criteria and assessment requirements as well as payment levels and arrangements. Adjustments will need to be made to reflect the option Cabinet recommends.

The guidelines will need to be reviewed as the program is implemented to check they are meeting the needs of the program and the expectations of government. The review will also need to check that the program guidelines are being well implemented.

1. Definition of Disability

- For the purpose of the DSA, disability means a psychosocial, intellectual, physical or sensory impairment that, in some way, affects an individual's ability to:
 - a. undertaking partial or full-time paid work and/or
 - b. carrying out traditional livelihood activities for a period of more than six (6) months.
- The effect of the disability must impact on the person's capacity in one or more of the following capabilities¹:
 - a. Vision
 - b. Mobility
 - c. Reasoning and remembering
 - d. Communication
 - e. Self-care
- The cause or date of the onset of the disability is not taken into account.

2. Eligibility for the DSA

- To be eligible for the DSA the person must have a permanent disability or a temporary disability that is expected to last for at least six (6) months regardless of age;
- The applicant must be unable to undertake livelihood activities and/or employment resulting from a disability.
- Should be within the ages of six (6) years and sixty-four (64) years. Recipients reaching the age of sixty-four (64) will be transited into the Elderly Fund Scheme. Should the individual be eligible for more than one financial assistance scheme, aside from Elderly Fund scheme, is subject for review.
- The impact of the disability on the applicant must be confirmed by an authorised person.
Authorised people, depending on the type of impairment, will include:
 - a medical specialist;
 - a general practitioner (GP) and physiotherapists;
 - for outer island residents - a local medical assistant.

¹ A comprehensive listing is provided in the Templates Forms section of this guideline.



- *DSA recipients* who do enter paid work will be able to re-activate their DSA if their employment or income generating activity ceases.
- A person who has sustained a permanent disability resulting from a workplace injury will be eligible for consideration to receive the DSA despite court rulings on:
 - the cause of the injury; or
 - the entitlement and payment of compensation.

3. Ineligibility for DSA

- The DSA is not intended to be paid to all people with disabilities *because* they have a disability, however applications are subject to assessment. People with disabilities have the same right as other I-Kiribati to access employment and it is expected that employers will make a reasonable level of adjustment to accommodate their needs in the workplace.
- Applicants who are employed, have sufficient income generating activities, or whose functionality are moderately affected by their impairments may be ineligible for the DSA.

4. DSA Payment rates

- The DSA Payment rates will be issued on a monthly rate in accordance to the severity of impairment on an individual's functionality.

| Rate | Needs a little help from other people | Needs a lot of help from other people | Completely dependent on others |
|---------------|---------------------------------------|---------------------------------------|--------------------------------|
| As prescribed | \$30.00 | \$40.00 | \$50.00 |

- Payments commence within 31 days of the application being approved. Retrospective payments will only be made to the date that an application was submitted.
- Adjustments to the DSA including the rate of payment may be made from time to time by Cabinet.

5. Monitoring DSA program outcomes

- The intent is that the hardship and disadvantages experienced by community members with disabilities who are not able to earn income, is reduced and the impact of their living costs on their family is supported.
- The MWYSSA Social Welfare Division (SWD) is responsible for monitoring both the individual outcomes and community wide outcomes from the program.
- This includes assisting families to understand how the DSA may be used to support the family member with a disability.
- If the DSA is not being used in the best interests of the recipient, the MWYSSA team will work with the family to review and adjust the Agreement and find ways to make

sure the Agreement is being honoured and the wellbeing of the person with a disability is protected.

- Approved applicants are subject to annual review to re-assess their disability status for any improvement in functionality.

6. Who can collect the DSA?

- DSA should be provided to the recipient directly to assist them with some basic day to day costs.
- Because of the nature of their disability some DSA recipients may need:
 - assistance from the ASWO to deliver the DSA to the eligible participant; or
 - to transfer the DSA to the appropriate psychosocial care facility providing care; or
 - to rely on family members to collect and manage their allocation on their behalf.
- The DSA allocations officers will decline to issue the DSA cash to a non-nominated family member.

7. Entering into an Agreement

- In some situations, because of a recipient's very high support needs, the recipient's family members, psychosocial care facilities, or nominated carers will need to accept the DSA on their behalf.
- Not more than two family members, psychosocial care facilities, or nominated carers can be nominated to collect the DSA allocation on behalf of the DSA recipient.
- Nominated family members must:
 - enter an Agreement with Social Protection Unit, MWYSSA; and
 - that Agreement must confirm they will they will manage and use the DSA allocation in the best interests of the recipient and to cover their day to day basic living expenses or items they need because of their disability.

8. Reviewing an Agreement

- If concerns are raised with, or observed by, the ASWO about how a recipient's DSA is being used by their nominated family members the SWD should:
 - meet with the applicant in their home to hear the voice of the person with a disability and to observe what needs and unmet needs they may have,
 - talk with the nominated family members, psychosocial care facility and other nominated caretakers and with the DSA recipient to see how the recipient's needs might be better meet,
 - make a new Agreement with the nominated family member or psychosocial care facility; and
 - if that is not possible or is considered to not be in the best interests of the recipient, new nominated family members may be identified.

9. Appeals and complaints

- MWYSSA has the right to deny applications and/or to seek more information to be able to consider an application.



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- Applicants can ask for a decision to be reviewed if they are not satisfied that a fair decision was made about their application. To do this they should contact the MWYSSA;

The Secretariat, The Kiribati National Council for Persons with Disabilities
c/o The Secretary
The Ministry of Women, Youth, Sport and Social Affairs
Bairiki, South Tarawa
Kiribati

- Customers of MWYSSA are encouraged to let MWYSSA know when they have any problems, concerns or complaints about the MWYSSA service. This feedback can be given to the Social Protection Officer, MWYSSA or to their supervisor or Head of Department. It can also be given to the Secretary of MWYSSA in Bairiki.

Postal:

The Secretariat, The Kiribati National Council for Persons with Disabilities
c/o The Secretary,
The Ministry of Women, Youth, Sports & Social Affairs,
Bairiki, South Tarawa
Kiribati

Attn:

The Social Protection Unit,
The Social Welfare Division
The Ministry of Women, Youth, Sports & Social Affairs
Bairiki

Appointments with the secretary can be made with the Executive Assistant.

Disability Allowance Support Application Form (Plain Language)

How to Apply for the Disability Support Allowance

Step 1 Checking you might be eligible for the Disability Support Allowance (DSA)

- Not all people with disabilities are eligible for the DSA.
- To be eligible for the DSA you need to not be able to do paid work because of your disability.
- Ask your general practitioner, physiotherapist, or medical assistant to complete the Functional Assessment Form.



- The doctor/medical assistance should have a copy of the Functional Assessment Form that needs to be completed.
- Functional Assessment forms are available at MWYSSA.

Step 2 Getting Your Paperwork Ready

To be considered for the DSA you will need:

- the Application Form
- the Functional Assessment Form – completed by your general practitioner, physiotherapist, or medical assistant
- your original birth certificate or a certified copy of your birth certificate
- a passport photograph (excluding outer-island applicants).

MWYSSA in Bairiki or the assistant social workers on outer islands can help you with your application form and getting your paperwork ready.

Step 3 Applying for the DSA

When you have your paper work together:

- take it to the MWYSSA office in Bairiki; or
- take it to one of the DSA application open days held by MWYSSA; or
- if you live on an outer island - give it to your ASWO to send it to MWYSSA in Bairiki for you.

Step 4 MWYSSA makes a decision

- The Social Welfare Team will consider all of the information in your application.
- They will contact you to let you know the outcome of your application.

If you are considered to be eligible for the DSA you will get a letter explaining:

- 1) how much DSA you will be paid
- 2) when the DSA will start to be paid
- 3) how you will get your DSA money

If you are not considered to be eligible for the DSA you will get a letter explaining:

- 1) why you have been assessed as not eligible
- 2) how you can appeal this decision if you do not agree with it.

Template Forms Form 1

Functional Assessment Form to be completed by doctor or medical aid.

Content is taken from the Washington Group Short Set of questions on disability.

This form is to be completed by a qualified medical practitioner or medical aid. It is to be submitted by the applicant with their application for eligibility consideration for the Government of Kiribati Disability Support Allowance.

Note: If the nature of the impairment is visual, then the applicant must be assessed at the Eye Clinic, MHMS; if the impairment is a psychosocial/intellectual impairment applicant must be assessed by a medical specialist at Te Meeria Ward, MHMS; if it is a physical impairment the applicant can be assessed at the Tungaru Rehabilitation Service or a General Practitioner at the Ministry of Health. Those in the outer-island may be assessed by the Medical Assistants.



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Please provide all requested information.

| | |
|---------------------------------|----------------|
| Name of completing practitioner | |
| Credentials | |
| Contact details | |
| Physical address | Postal Address |
| Mobile phone number : | Email contact |

| | |
|--|--|
| Date/s of assessment interview | |
| Venue for assessment interview | |
| Names and relationship to applicant of all people present for the assessment | |

| | |
|---------------------------------------|--------------|
| Name of Applicant | |
| Date of Birth | |
| Gender | Male/ Female |
| How long have you known the applicant | |

The information provided below based on your objective findings will be used to determine the applicants' eligibility to the Disability Support Allowance. Please focus your responses on the applicant's ability to perform work functions.

List Medical Conditions, Clinical Findings and Diagnosis:

Describe your objective medical assessment and clinical findings listed above:

Based on your observation and assessment and the advice of the applicant and as appropriate their family member/s, please tick the box that best describes the applicant's functional capacity in the domains below.

| WHODAS 2.0 6 Domains of functioning need to be assessed | Scoring system | | | | |
|---|----------------|----------|--------------|------------|-------------|
| | None (0) | Mild (1) | Moderate (2) | Severe (3) | Extreme (4) |
| 1. Cognition – understanding & communicating | | | | | |
| 2. Mobility– moving & getting around | | | | | |
| 3. Self-care– hygiene, dressing, eating & staying alone | | | | | |
| 4. Getting along– interacting with other people | | | | | |
| 5. Life activities– domestic responsibilities, leisure, work & school | | | | | |
| 6. Participation– joining in community activities | | | | | |
| Total | | | | | |

Key: Pointing System:

- 12-15 - needs a little help (first category)
- 16-19 needs a lot of help (second category)
- 20-24 total dependent (third category)

(Medical practitioner must fill this form in the presence of the concerned applicant)

| How independent is the applicant in each of the domains below | Independent | Needs a little help from other people (12 – 15) | Needs a lot of help from other people (16 – 19) | Totally dependent (20 – 24) |
|--|-------------|---|---|-----------------------------|
| Visual impairment including blindness (Require further assessment- Visual acuity) | | | | |



| | | | | |
|---|--|--|--|--|
| Psychiatric Disability (Need medical assessment) | | | | |
| Physical Disability (Need medical assessment) | | | | |
| Hearing impairment (Need medical assessment) | | | | |
| Neurological Disability (Need medical assessment) | | | | |
| Intellectual Disability (Need medical assessment) | | | | |
| Autism spectrum disorder (Need medical assessment) | | | | |
| Acquired Brain Injury (Need further assessment) | | | | |
| Chronic illness (Need further assessment) | | | | |
| Multiple disability Need medical assessment | | | | |

Summary Evaluation:

Based on your objective evaluation, has the patient's medical condition resulting in disability lasted for 6 months and can it be expected to last more than 6 months? Yes No

Does the patient's disability prevent him/her from undertaking work? Yes No

If yes to the above, please indicate duration: **Month (s):**___ **Week(s):**___ **Day(s):**___

Additional Comments

You are invited to make any comments to explain your assessment or to add information to this assessment



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Please sign and date this form:

Name:

Signature:

Date:

MHMS OFFICIAL STAMP