Disability Prevention and Rehabilitation Program Details Form for Services Provided to Persons with Disabilities

Name of the Person with Disability: Municipality: Ward No.: Age: Gender:

S.N.	Date	Program Year and Quarter	Type of Service	Service Details	Estimated Total cost of Service Provided				Remarks
					From Program	From Family	From Others	Total	

S.N	Date	Program	Type of Service	Service Details	Estimated Value of Received Service				Remarks
		Year and Quarter			From Program	From Family	From Others	Total	

Type of Service:

- 1. Identification of Potential Disability
- 2. Preliminary Health Assessment
- 3. Disability Identification (Approved)
- 4. Profile Development
- 5. Disability Identity Card
- 6. Physiotherapy
- 7. Medical Treatment
- 8. Surgery
- 9. Assistive Devices Distribution
- 10. Assistive Devices Repair
- 11. Caregiving Training

- 12.School Enrollment (New)
- 13. Education materials support
- 14. Scholarship
- 15. Home-Based Education
- 16. Skill-Based Training
- 17. Self-Employment
- 18. Employment
- 19. Credit
- 20. O.P.D. Membership
- 21. Milijuli Group Membership
- 22. Counseling/Facilitation
- 23. Access to Health Insurance