



Disability Support Fund (DSA) Application Form
(Boma ibukin te Mwane ni Mwauku)

INSTRUCTIONS (Aron kanoaan te boma):

1. There are two (2) DSA forms to be completed in order to be eligible for the DSA. **(Iai uoua (2) booma aika riai ni kanoaaki ibukin karekean te mwane ni mwauku.)**
2. The applicant must ensure that his/her disability must have been existing for at least six (6) months. **(Te mwauku are kanoaa te boma aei e riai n tia ni koro onoua (6) namwakina maanin aorakina)**
3. The two forms are available with the Assistant Social Welfare Officer (ASWO) based in all Island Councils. The forms are also obtainable from the MWYSSA. **(Booma aika uoua aikai a kona n reke irouia ASWO n Aobitin Kauntira nako. A kona naba n reke n te Aobitin ibukia Aine, Roronrikirake, Takakaro ao Kamweraoi.)**
4. People with disabilities, except for persons who are deaf and mute, are eligible to complete the DSA Application Form **(Aomata ake iai toaraan rabwataia, ma tiaki ake a bonotaninga ao ni babae-nnewe, aika a riai ni kanoaa te Boma ibukin te Mwane ni Mwauku.)**
5. Upon completion of the DSA Application Form, the Functional Assessment Form must be completed by relevant authorities **(Ngkana e tia ni kanoaaki te Boma ibukin te Mwane ni Mwauku, ao e na ti kona ni kanoaaki te Boma ibukin te Tutuo iroun Botakin te Mauri ao Katoki Aoraki.)**

DSA Application Form (Boma ibukin te Mwane ni Mauku):

6. This form must be completed by the person with disability or his/her representative. **(E riai ni kanoaaki te boma aei iroun are iai toaraan rabwatana (mwauku) ke are kona n onea mwina)**
7. The applicant is required to provide a passport size photo, original or certified copy of birth certificate **(E riai te toaraa/mwauku ni katauraao tamneina ao ana bongi ni bung are aki katoto ke e kakoauaaki)**
8. If completed, the form must be signed and dated by the person completing the form. **(Ngkana e tia ni kanoaaki te boma aei ao e na riai n tiainaki iroun are kanoaia ao ni koreaki bongin namwakaina)**
9. Once the DSA Application Form is completed, the applicant must process his/her functional assessment form. **(Ngkana e tia ni kanoaaki te boma aei, ao e riai te toaraa/mwauku ni biriakina te boma ibukin te tutuo)**

Functional Assessment Form (Boma ibukin te Tutuo):

10. This form must be completed by a qualified doctor/medical assistant (MA), the church leader and the ASWO in that order. **(E riai ni kanoaaki te boma aei iroun te Taokita/MA, te mitinare ke katekiti ao te ASWO n aron karinanna).**
11. The ASWO must be the last person to complete this form so he/she could double check the two forms before both are submitted to MWYSSA in Tarawa **(Te ASWO ngaia te kabanea ni kanoaa te boma aei e aonga ni konoa n tuoi raoi booma ni kauoua imwain ae karokoi n te MWYSSA i Tarawa).**

DSA Application Form (Boma ibukin te Mwane ni Mwauku)

A: PERSONAL DETAILS (Rongongoron te Toaraa/Mwauku)	
1. Full Name: (Ara ae tabwanin)	6. Insert Photo (Kanimwa tamneim)
2. Date of Birth: (Bong ni bung)	
3. Age (Ririki ni maiu):	
4. Religion (Aro):	
5. Gender - tick one box (Rikim-kaeta te bwaoki teuana): Male (Te mwaane) <input type="checkbox"/> Female (Te aine) <input type="checkbox"/>	
7. Island of Origin (Abam):	
8. Have you been employed (Ko a tia ni mwakuri mai imwaina)? Tick one (Kaeta te bwaoki teuana) Yes (Eng) <input type="checkbox"/> No (Aki) <input type="checkbox"/> <i>If no, go to question no. 9 (Ngkana Aki, nakon titiraki nambwa 9)</i>	
i) If yes, then state when you start and end of employment. (Ngkana eng, ao kaota te tai are ko mwakuri iai ao te tai are ko toki ni mwakuri iai) Year started (Ririki moan mwakuri) <input type="text"/> Year stopped working (Ririki ae toki iai) <input type="text"/>	
ii) If yes, please state your position and workplace (Ngkana eng, ao teraa nakoam ao am tabo n mwakuri):	
9. If no, state reasons for not being employed. (Ngkana tiaki, kaota bukin ae ko aki mwakuri)	
10. Residential Address (Am tabo ni maeka):	
Mobile Phone: (Mobwaira Numbwa)	Email Address: (I-Meeri)
11. Marital Status: married (mare) <input type="checkbox"/> single/widowed (akea buuna/tia ni motirawa) <input type="checkbox"/> never married (aki iein) <input type="checkbox"/> divorced (raure) <input type="checkbox"/> Other (tabeua riki) <input type="checkbox"/> If other above, please specify (Ngkana tabeua riki, taiaoka kabwarabwara):	
i) If married, write spouse name (Ngkana koa tia n iein, korea aran buum):	
B: CARETAKER DETAILS (Rongorongon Te Tia Tararua)	
12. Full Name: (Ara ae tabwanin)	
13. Relationship with Caretaker: (Irekerekem ma te tia tararua)	
14. Residential Address, if different from above (Am tabo ni maeka, ngkana e koro ma ane ieta):	
Mobile Phone: (Mobwaira Numbwa)	Email Address: (I-Meeri)
C: DECLARATION (Katerean te Koaua)	
I, _____ (name of person completing this form), declared that information provided in completing this form is true and correct to the best of my knowledge and will be held accountable for any false information contained herewith. (Ngai, _____ (aran te tia kanoaa te boma), I katereaa bwa rongorongoo aika oti inanon te boma aei a koaua ao n eti nakon au atatai ao N na okiraki ngkana iai kairuan rongorongoo aika a oti ikai).	

Functional Assessment Form (*Boma ibukin te Tutuo*)

Note: If the nature of the impairment is visual, or intellectual/psychosocial, or physical, the applicant must be assessed by the respective specialists at the Eye Clinic, Te Meeria Ward, Tungaru Rehabilitation Service or a General Practitioner at the MHMS in Tarawa. For the outer islands, applicants will be assessed by Medical Assistants on each island. For Tabiteuea North and Kiritimati, applicants will be assessed by Doctors based the two islands. *(Ibukin aorakin te taratara, te iango ke te rabwata, e riai te tia kanoa te boma n tuoaki irouia Taokita aika mwaatai n te Kiriniki iaon te Mata, ke n te Meeria, ke n te Rehab ke n te Onaoraki i Tarawa. Ibukia abamwakoro iaon aba, e riai te tia kanoa te boma n tuoaki irouia MAs. Ibukin Tabiteuea Meang ao Kiritimati, e riai te tia kanoa te boma n tuoaki irouia Taokita ake a mwakuri iaon abamwakoro aikai.*

A: PERSONAL DETAILS OF DOCTOR/MA (<i>Rongorongon te Taokita/MA are kanoa te boma aei</i>)	
1. Full Name: <i>(Ara ae tabwanin)</i>	
2. Credentials: <i>(Nakoam)</i>	
3. Physical address: <i>(Am tabo/kawa/abamwakoro)</i>	
4. Postal Address: <i>(Am bwaoki ibukin am tabo ni maeka)</i>	
5. Contac details (<i>Rongorongon bwaai n reitaki</i>)	
Mobile phone number: <i>(Mobwaira numbwa)</i>	Email contact: <i>(I-meeri)</i>

B: ASSESSMENT INTERVIEW DETAILS (<i>Rongorongon te Tutuo</i>)	
6. Date of assessment interview: <i>(Bongin namwakaina)</i>	7. Venue for assessment interview: <i>(Tabo n tutuo)</i>
8. Full Name(s) of Interviewee(s) – write below <i>(Araia ae tabwanin aika maroro – korei inano)</i>	9. Relationship of interviewee to applicant – koreia inano <i>(Rekereken te tia maroro ma te mwauku) – koreia inano)</i>
i)	
ii)	
iii)	
iv)	

C: ASSESSMENT INFORMATION (Rongorongon mwin te Tutuo)				
<p>Note: The information provided below should be based on your objective findings that will be used in determining the applicant's eligibility to the Disability Support Allowance. Please focus your responses on the applicant's ability to perform work functions. (Rongorongon aika a na oti inano a riai n teretere iai kukune ake a na kabonganaaki ibukin reken te mwane ni mwauku. Te bubuti nakoia taan anga te rongorongon bwa a riai ni kaineta aia kaeka nakon ana konabwai te mwauku ni karaoi mwakuri)</p>				
<p>10. List in the space below medical conditions, clinical findings and diagnosis. (Korei inano kukune ma kanikinaan te aoraki iroun te mwauku.)</p>				
<p>11. In the space below, describe your objective medical assessment and clinical findings listed above. (Kabwarabwarai inano kukune ma kanikinaan te aoraki iroun te mwauku aika kaotaki ieta)</p>				
<p>12. In the space below, tick under the appropriate box where you think it best evaluates the situation of the applicant (Kaeta te bwaoki inano are ko taku bwa e kabwarabwara raoi ana kanganga te mwauku)</p>				
<p>How independent is the applicant in each of the domains below (Aron ana konabwai te mwauku i bon irouna n itera aika oti inano)</p>	<p>Independent (Rangi ni konabwai te mwauku ao n aki kainnanao te ibuobuoki)</p>	<p>Needs a little help from other people (kainnanao te ibuobuoki ae uarereke)</p>	<p>Needs a lot of help from other people (kainnanao te ibuobuoki ae bati)</p>	<p>Totally dependent (Aki konabwai ao n rangi ni kainanao te ibuobuoki ae bati)</p>
<p>Visual impairment including blindness – require further assessment – visual acuity (Rootakin te taratara, n aron te mataki – kainnanao te tutuo)</p>				
<p>Psychiatric Disability, including intellectual disability - need medical assessment (Aorakin te</p>				

iangoo – kainnanao te tutuo)					
Physical Disability - need medical assessment (Toaraan te rabwata – kainnanao te tutuo)					
Acquired Brain Injury - need further assessment (Aorakin te kaburoro – kainnanao te tutuo)					
Chronic illness-need further assessment (Aoraki ae okioki – kainnanao te tutuo)					
Multiple disability-need medical assessment (Mwaiti toaarana – kainnanao te tutuo)					
13. 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? Circle one: Yes No (Imwin am tutuo ao rinanon aorakina, ai maanra ni mwauku? Kamronrona teuana Eng Aki)					
If yes to the above, please indicate duration: Month (s): _____ Week(s): _____ Day(s): _____ (Ngkana eng, taiaoka kaota manna: namwakaina: _____ Wiiki: _____ Bong: _____)					
Does the patient's disability prevent him/her from undertaking work? Circle one: Yes No (Aorakin te mwauku e tuukia man karaoan mwakuri? Kamronrona teuana Eng Aki)					
D: SCORING SYSTEM (Tauan bwin)					
14. Based on your observation, assessment, evaluation 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. (Man am nonori, tutuo ao ana taeka te mwauku n reitaki ma kain ana utu, taiaoka ni kaeta te bwaoki ae kabwarabwara raoi ana konabwai te mwauku ni kaineti ma itera aika oti inano)					
WHODAS	Scoring system (Tauan te bwi)				
Domains of functioning need to be assessed (Itera ake a riai n tuoaki)	None (0)	Mild (1)	Moderate (2)	Severe (3)	Extreme (4)
Cognition – understanding and communicating (marurungin te iango – ibukin te oota ao te konaa n reitaki)					
Mobility– moving and getting around (te konaa ni kakamwakuri – te aro ni mwaiingiiing ao ni kakamwakuri)					
Self-care– hygiene, dressing, eating and staying alone (aron tararuam i bon iroum – te kakaitiaki, te bwai-raraoi ao tuan te amwarake)					
Getting along– interacting with other people (te aro n reitaki ma aomata tabeman)					
Life activities– domestic responsibilities, leisure, work and school (Ataakin tabem n te mwenga, te tabo ni mwakuri, te reirei)					
Participation– joining in community activities (Iraakin waaki ao katabetabe n te kaawa)					
Total (Botani-bwi)					

Note: Scoring System Description (Kabwarabwaran te Taubwi)

Score of 0-5: need no help, he/she is able to do chores for livelihood and look after himself/herself (first category) – no allowance **(Te bwii ae e 0-5: e aki kainnanao te ibuobuoki, e konaa n karaoi mwakuri ibukin maiuna ao n tararuai i bon irouna: moan rinan – akea te mwane ni mwauku)**

E: CHRUCH LEADER INFORMATION (Rongorongon te Mitinare/Katekiti)	
Please provide the information required below <i>(Tiaaoka ni kaoti rongorongon aika kainnanaoaki inano)</i>	
16. Full Name: <i>(Ara ae tabwanin)</i>	
17. Credentials: <i>(Nakoam)</i>	
18. Residential address: <i>(Am tabo/kawa/abamwakoro)</i>	
19. Postal Address: <i>(Am bwaoki ibukin am tabo ni maeka)</i>	
20. Contac details <i>(Rongorongon bwaai n reitaki)</i>	
Mobile phone number: <i>(Mobwaira numbwa)</i>	Email contact: <i>(I-meeri)</i>
21. How long have you know the applicant? <i>(Maanra ae ko ataa/kinaa iai te mwauku?)</i> Year (s): _____ Month (s): _____ Week (s): _____	
22. Church Leader Additional Comments <i>(Taeka riki mairoun te Mitinare/Katekiti)</i>	
Please provide comments confirming the applicant's situation in the space provided below <i>(Tiaaoka korei am taeka ni kamatoa aorakin ma ana kanganga te mwauku inano)</i>	

Please sign and date this form *(Tiaaoka tiaaina ao korea bongin namwakaina)*:

Signature *(Tiaaina)*: _____ Date *(Bongin namwakaina)*: _____

F: ASWO INFORMATION (Rongongon te ASWO)	
Please provide the information required below <i>(Tiaoka ni kaoti rongorongo aika kainnanaoaki inano)</i>	
23. Full Name: <i>(Ara ae tabwanin)</i>	
24. Physical address: <i>(Am tabo/kawa/abamwakoro)</i>	
25. Postal Address: <i>(Am bwaoki ibukin am tabo ni maeka)</i>	
26. Contac details <i>(Rongorongon bwaai n reitaki)</i>	
Mobile phone number: <i>(Mobwaira numbwa)</i>	Email contact: <i>(I-meeri)</i>
27. How long have you know the applicant? <i>(Maanra ae ko ataa/kinaa iai te mwauku?)</i> Year (s): _____ Month (s): _____ Week (s): _____	
28. ASWO Additional Comments <i>(Taeka riki mairoun te Mitinare/Katekiti)</i>	
Please provide comments confirming the applicant's situation in the space provided below <i>(Tiaoka korei am taeka ni kamatoa aorakin ma ana kanganga te mwauku inano)</i>	

Please sign and date this form *(Tiaoka tiaina ao korea bongin namwakaina)*:

Signature *(Tiaaina)*: _____ Date *(Bongin namwakaina)*: _____



KIRIBATI DISABILITY SUPPORT ALLOWANCE

DECLARATION FORM OF LEGAL PARENTAL AND GUARDIANSHIP

Note: This Declaration Form of Legal Parental and Guardianship will be provided separately by the ASWO upon knowing that the applicant is a Minor (under 18 years of age) or has intellectual disability for completion by the legal parent(s) or guardian(s). The ASWO will assist the legal parent(s) or guardian(s) in completing this Declaration Form. The completion of this Declaration Form by legal parents or guardians will allow payment of DSA to them on behalf of the applicant. Parents/Guardians must ensure that they use the DSA for the needs of the applicant. False declaration and use of DSA for the parents/guardians, other than the applicant himself/herself is a serious offence and may result in a huge fine. *(E riai te ASWO n anganiia kaaro ao taan tararua te Boma aei ngkana e kakoauaaki bwa te Mwauku e bwaka iaan te ririki ae 18 ke iai aorakin ana iango. A riai kaaro ke taan tararua ni kanooa te boma aei ao ni buokaki iroun te ASWO. Man kanoaakin te Boma aei, ao e na ti konaa n reke te Mwane ni Mwauku irouia ake a mwakoro araia. A kantaningaki kaaro ao taan tararua bwa na kamanenaa te mwane ibukin te mwauku ao akea riki. Aki irakin nanon aei n reitaki ma kanoaan te Boma aei n te aro ae aki eti, e rangi ni taburoroko ao e na iai te rekenikai ae korakora nakoia kaaro ao taan tararua ngkana a kuneaki ni karaoa aei)*

DECLARATION

- I. I _____ (Full Names of Parent or Court Appointed Guardian; circle one) is the _____ (relation to applicant), and am residing in the village of _____ (name of village) on the island of _____ (name of island) solemnly swear that I have legal custody/caretaker for _____ (Name of Minor/ Psychosocial Patient) hereafter known at the DSA applicant and shall therefore receive, on behalf of the aforementioned applicant, the Disability Support Allowance at a rate of \$ ____/month.
- II. I hereby swear that the applicant resides within my household and under my care and agree that I shall expend the funds issued to _____ (name of applicant) to maintain and promote his/her wellbeing.

- III. I understand that, should I breach the conditions outlined in II above, an alternative recipient with the responsibilities mentioned in I & II above may be ordered by the Ministry of Women, Youth, Sport and Social Affairs.
- IV. This power shall be governed by the laws of Kiribati such the Children, Young People and Family Welfare Act 2013, and other related legislations.

Signing of Declaration by Parent or Court Appointed Guardian

Full Name: _____

Signature: _____

Date: _____

V. Witness of Acceptance by Parent or Court Appointed Guardian

I, _____, witnessed the execution of this responsibility by the Parent/Court Appointed Guardian(s), and I affirm that the Parent/Court Appointed Guardian(s) appeared to me to be of sound mind, was not under duress, and the Parent/Court Appointed Guardian(s) affirmed to me that he/she was aware of the nature of this responsibility and signed it freely and voluntarily.

Witness' Signature _____

Print Full Name _____ Date _____