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 is only for the purpose of application for specific government schemes administered by:

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

It **cannot** be used for severe disability schemes such as 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 Agency for Integrated Care's 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:

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

SECTION A
Functional Assessment

To be completed by an Approved Assessor

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

SECTION A
Functional Assessment

To be completed by an Approved Assessor

SECTION B
Doctor's Certification of Lack of Mental Capacity

To be completed by a Singapore-registered doctor only

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 who are under full or conditional registration with the Singapore Medical Council and possess the necessary licences. This includes the doctor or the doctor's organization holding the valid Healthcare Services Act (HCSA) Licence for outpatient medical service.
b. registered nurses who are under full or conditional registration with the Singapore Nursing Board;
c. physiotherapists who are under full, conditional or restricted registration with the Allied Health Professions Council ("AHPC"); and
d. occupational therapists who are under full, conditional or restricted (restricted scope classification - "Physical dysfunction / Adults and older adults" only) registration with AHPC.

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

SECTION A: TO BE COMPLETED BY AN APPROVED ASSESSOR[1]

FUNCTIONAL ASSESSMENT

Name of Person Needing Assessment: _____

NRIC/Birth Certificate No. of Person Needing Assessment: _____

Sticky Label of Person Needing Assessment

Activities of Daily Living (ADLs)*

*Please complete the assessment and ensure that all six ADLs have been assessed and ticked accordingly.
If any of the ADLs are left blank, it will be taken that the Person Needing Assessment is independent in performing the ADL.

		Requires help/supervision	Independent – No help is required
i	Mobility	☐	☐
ii	Washing or Bathing	☐	☐
iii	Dressing	☐	☐
iv	Feeding	☐	☐
v	Toileting	☐	☐
vi	Transferring	☐	☐

Please estimate when did the Person Needing Assessment 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

Approved Assessor's Declaration and Signature

Please tick one only:

☐ The Person Needing Assessment is **not related to me.**

☐ The Person Needing Assessment **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 Person Needing Assessment 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 licences including the relevant valid Healthcare Services Act (HCSA) Licence for outpatient medical service[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

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

a. doctors who are under full or conditional registration with the Singapore Medical Council and hold the necessary licences. This includes the doctor or the doctor's organisation holding the valid Healthcare Services Act (HCSA) Licence for outpatient medical service.
b. registered nurses who are under full or conditional registration with the Singapore Nursing Board;
c. physiotherapists who are under full, conditional or restricted registration with the Allied Health Professions Council ("AHPC"); and
d. occupational therapists who are under full, conditional or restricted (restricted scope classification - "Physical dysfunction / Adults and older adults" only) registration with AHPC.

[2] To perform in clinic assessment, a valid HCSA licence of outpatient medical service with approval for the permanent premises mode of service delivery is required. To perform housecall assessment, a valid HCSA licence of outpatient medical service with approval for the temporary premises mode of service delivery is required.

SECTION B: TO BE COMPLETED BY A DOCTOR REGISTERED WITH THE SINGAPORE MEDICAL COUNCIL

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

Name of Person Needing Assessment: _____

NRIC/Birth Certificate No. of Person Needing Assessment: _____

Sticky Label of Person Needing Assessment

Lack of Mental Capacity to provide consent for the application of Long-Term Care Schemes and the handling of its monetary payouts

1. Does the person needing assessment 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 Person Needing Assessment is **not related to me.**
- ☐ The Person Needing Assessment **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 Person Needing Assessment and confirm that the information indicated in Section A of this form is true and correct to the best of my knowledge. I/My organisation also possess(es) the necessary licences including the relevant valid Healthcare Services Act (HCSA) Licence for outpatient medical service 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.*