GOVERNMENT OF SIERRA LEONE

NATIONAL COMMISSION FOR PERSONS WITH DISABILITY

National Secretariat Old Horticulture Building, New England Ville, Freetown

Contact +23276-776996 / +23277-558789,

Email: info@ncpdsl.gov/sl Website: htt://www.ncpd.gov.sl

APPLICATION FORM FOR ACCESS TO FREE MEDICAL SERVICES

In Accordance with the Persons with Disability Act, Section 17 (1) & (2)

SECTION A: PERSONAL INFORMATION

Full Name of Applicant: ……..

Gender: ☐ Male ☐ Female

Date of Birth: ……/……../……..

Type of Disability: ……..

National Disability ID Number (if available): _____

National ID Number: _____

Residential Address: ……

District: ……..

Telephone Number: _____

Email Address (if any): ……

Name of Parent/Guardian/Caregiver (if applicable): ……

Relationship to Applicant: ……..

Contact Number of Parent/Guardian: ……..

SECTION B: DETAILS OF MEDICAL REQUEST

Nature of Free Medical Assistance Requested

☐ Medical Consultation
☐ Surgery
☐ Medication
☐ Rehabilitation/Therapy
☐ Assistive Device
☐ Laboratory Examination
☐ Hospital Admission
☐ Referral to Specialist
☐ Other: ……..

Name of Hospital/Clinic Currently Attending (if any)

……

SECTION C: REQUIRED SUPPORTING DOCUMENTS

Applicants are required to attach the following documents:

- Formal Request Letter addressed to the National Commission for Persons with Disability (NCPD)
- Medical Report from a recognised health practitioner/hospital
- Disability Identification Card (if available)
- National ID Card or Birth Certificate
- Prescription/Medical Test Results
- Referral Note from Hospital/Clinic (if available)
- Passport Size Photograph
- Any Other Supporting Documents Relevant to the Medical Predicament

SECTION D: DECLARATION BY APPLICANT

I …….. hereby declare that the information provided in this application form and attached documents are true and correct to the best of my knowledge. I understand that false information may lead to disqualification from accessing free medical support under the Persons with Disability Act.

Applicant's Signature/Thumbprint: ……..

Date: ……

FOR OFFICIAL USE ONLY

SECTION E: RECEIPT AND INITIAL SCREENING

Application Received By: ……**Position: ……..**

Date Received: ……../……../……..

Checklist of Submitted Documents

☐ Request Letter
☐ Medical Report
☐ Disability ID (If available)
☐ National ID/Birth Certificate
☐ Prescription/Test Results
☐ Other Supporting Documents

Remarks:……
……

Receiving Officer Signature: _____

SECTION F: VERIFICATION BY NCPD TEAM

The applicant's request and supporting documents have been reviewed and verified by the NCPD Verification Team.

Verification Team Members

1. ……
2. ……..
3. ……

Date of Verification: ……../……../……..

Findings/Assessment

……
……
……..

Recommendation

☐ Approved

☐ Deferred

☐ Rejected

Reason(s)

……

……..

Team Leader Signature: _____

Date: ……../……/…….

SECTION G: COMMISSIONER'S APPROVAL

Pursuant to Section 17 (1) & (2) of the Persons with Disability Act, and upon recommendation of the Verification Team, I hereby:

Approve the Application: ☐ Do Not Approve the Application: ☐

Commissioner's Comments

……

……

Name of Commissioner: ……..

Signature: _____

Date: ……

SECTION H: REFERRAL TO CHIEF MEDICAL OFFICER / MEDICAL PARTNERS

Following approval by the Commission, an official referral shall be made to the Chief Medical Officer and collaborating medical partners for the provision of free medical services to the applicant.

Referred Medical Institution/Partner

……

……

Date of Referral: ……..

Officer Responsible: ……

Signature: _____

NCPD FREE MEDICAL ACCESS PROCESS FLOW

1. A person with disability submits a formal request letter to NCPD.
2. Applicant completes the Application Form for Free Medical Services.
3. Applicant attaches all supporting documents relating to the medical predicament.
4. NCPD Verification Team reviews and verifies the application.
5. Verified applications are forwarded to the Commissioner for approval.
6. Upon approval, NCPD writes to the Chief Medical Officer and collaborating medical partners for medical intervention.
7. The beneficiary receives free medical attention in accordance with Section 17 (1) & (2) of the Persons with Disability Act.