

**GOVERNMENT OF TELANGANA
ABSTRACT**

Dept., for WCD & SC – The Rights of Persons with Disabilities Act, 2016 – Constitution of Assessment Board for high support needs in terms of Provisions of Rule-14 A under Chapter V A of the RPwD Amendment Rules, 2019 – Orders – Issued.

=====

**DEPARTMENT FOR WOMEN, CHILDREN, DISABLED AND SENIOR
CITIZENS (PROG-II)**

G.O.Ms.No.2,

Dated:02-02-2024.
Read the following:

- 1.The Rights of Persons with Disabilities Act, 2016.
- 2.The Rights of Persons with Disabilities Amendment Rules, 2019 issued by Government of India.
- 3.From the Director, Department for Empowerment of Persons with Disabilities, Senior Citizens and Transgender Persons, Hyderabad, Lr.No.D/1003/2023, Dated:23.06.2023.

* * *

ORDER:-

In the circumstances reported by the Director, Department for Empowerment of Persons with Disabilities, Senior Citizens and Transgender Persons, Hyderabad in the reference 3rd cited, Government after careful examination of the matter hereby issues orders as follows:

- (i) in terms of Section 38(1) of RPwD Act, 2016, Government hereby notify the concern District Collector & District Magistrate as competent authority to receive the applications from the Persons with benchmark disabilities, who considers himself to be in need of High Support, or any person or organization on his or her behalf, and
- (ii) In terms of provision of Rule-14 A under Chapter V A of RPwD (Amendment) Rules, 2019 issued by Government of India, Government hereby constitute the following District Level Assessment Board for Persons with benchmark disabilities with High Support needs.

(a)	District Medical & Health Officer [DMHO]	Chairperson
(b)	District Welfare Officer for Disabled, Senior Citizens & Transgender Persons.	Member
(c)	Five rehabilitation specialists [Physical Medicine and Rehabilitation or Orthopedic specialist, ENT specialist, Ophthalmologist, General Physician (if the applicant is 18 years or above), or Pediatrician (if the applicant is less than 18 years), Psychiatrist] as nominated by the Chairperson.	Members
(d)	Occupational therapist or Speech therapist or Clinical Psychologist or Physiotherapist (as per requirement)as nominated by the Chairperson.	Member
(e)	Any other expert as deems appropriate by the Chairperson.	Member

(P.T.O)

::2::

2. A Person with benchmark disability shall apply to the concerned Collector & District Magistrate for the high support requirement in Form-A (Annexed).

3. On receipt of an application, the concerned Collector & District Magistrate shall verify the information provided by the applicant and shall refer to the District Level Assessment Board for Persons with benchmark disabilities with High Support Needs.

4. The Assessment board shall invite the applicant with High Support Requirement for assessment and may, if necessary, seek clinical assessment.

5. The Assessment Board shall assess the applicant on the basis of the six parameters (a) to (f) and assign scores on the basis of the 100 point grades weightage indicated and after satisfying the Person with Benchmark Disability with score 60 out of 100 points mentioned therein may be recommended for high support needs in prescribed Form- B (Annexed).

6. The District Level Assessment Board for Persons with benchmark disabilities with High Support Needs shall submit its recommendation to the concerned Collector & District Magistrate (Chairperson, District level Committee on Disability). within a period of 90 days from the date of receiving request for assessment from the concerned Collector & District Magistrate.

7. The Director, Department for Empowerment of Persons with Disabilities, Senior Citizens and Transgender Persons, Hyderabad shall take necessary further action accordingly.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF TELANGANA)

VAKATI KARUNA,
SECRETARY TO GOVERNMENT.

To

All Collectors & District Magistrates in the State.

The Director of Public Health & Family Welfare, Telangana, Hyderabad.

The Commissioner of Health & Family Welfare, Telangana, Hyderabad.

The Director of Medical Education, Telangana, Hyderabad.

The Commissioner, Telangana Vaidhya Vidhana Parishad, Hyderabad.

All the Superintendents, District Hospitals/ Teaching Hospital in the State.

The State Commissioner for Persons with Disabilities, Hyderabad.

The Director,

Department for Empowerment of Persons with Disabilities,
Senior Citizens and Transgender Persons, Hyderabad.

Copy to:

The Secretary, Government of India, Ministry of Social Justice & Empowerment, Department of Empowerment of Persons with Disabilities, New Delhi.

The Health Medical & Family Welfare Department, Telangana Secretariat.

The P.S. to Hon'ble Minister for WCD & SC.

SF/SC.

/ /FORWARDED :: BY ORDER/ /


SECTION OFFICER
R-28



FORM-A

To
The Collector & District Magistrate, _____ District.

PERSONAL DETAILS					
Name	(Surname)		(First Name)		(Middle Name)
Father's Name			Mother's Name		
Date of Birth	____/____/____ (Date) (Month)				Age:
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>		Transgender <input type="checkbox"/>	
AADHAR No. (Enclose copy of AADHAR)			Mobile No		
Caste	SC <input type="checkbox"/> ST <input type="checkbox"/> BC <input type="checkbox"/> General <input type="checkbox"/>				(Copy of Caste Certificate to be enclosed in case of SC/ST/BC)
Annual Income of the Family					(Copy of income proof certificate issued by competent authority/Food Security Card if applicable)
ADDRESS FOR CORRESPONDANCE					
H.No		Street/Ward No		Village /Town/City	
Mandal		District		Pin code	
DISABILITY DETAILS (Enclose Disability Certificate issued by Competent Medical Board)					
SADAREM ID No.				Date of issue	
Type of Disability				Degree of Disability (percentage)	
UDID No. (if any)					
Specify the High Support Need requirement					

Date:

Applicant's Signature/Thumbprint

VAKATI KARUNA,
SECRETARY TO GOVERNMENT.



FORM-B

Recent passport
Size photograph
(showing face
only of the
person with
disability)

Recommendations of Assessment Board for Persons with Benchmark Disabilities with High Support Needs, _____ District.

Certificate No.			Date of Issue of Certificate		
Name					
Father's name			Mother's Name		
Gender		Date of Birth		Age	
Caste			Annual Income of the Family		
AADHAR No.			Mobile No		
H.No.		Street / Ward No		Village / Town / City	
Mandal		District		Pin code	
SADAREM ID No.				Date of Issue	
Type of Disability				Degree of Disability	
Parameters	Range / Protocol		Weightage to be awarded	Weightage Awarded	
(a) Severity of Physical disability (max. weightage - 25)	(a) 40% - 59% (b) 60% - 79% (c) 80% - 100%		15 20 25		
(b) Severity of mental / developmental disability (which restricts the person to take any informed decision) (Max. weightage - 25)	(a) 40% - 59% (b) 60% - 79% (c) 80% - 100%		15 20 25		
(c) The extent to which daily activities in a person is hampered (Max. Weightage - 35)	(i) Bathing, Brushing, Combing, Dressing (ii) Toilet hygiene (getting to the toilet cleaning oneself, getting backup etc) (iii) Functional mobility (ability to work, get in and out of bed, get in and out of a chair, moving from one place to other while performing activities) (iv) Self-feeding (not including cooking)		10 10 10 5		
(d) Cognitive Abilities like ability to take safety measures to use transport, logistics, gadgets, not to get lost (Max. Weightage - 5)			5		
(e) Environment Barriers like access to health care or support systems for rehabilitation or health needs (Max. Weightage - 5)			5		
(f) Socio-economic status (Max. Weightage - 5)	APL BPL		0 5		
Score and Recommendations of the Assessment Board					
a. Assigned Score (weightage in words):					
b. Recommendations for High Support Need requirement					

Applicant's Signature / Thumbprint

Signature
Name:
District Welfare Officer,
for Disabled, Senior Citizens
& Transgender persons

Signature
Name:
Orthopedic Specialist/
ENT Specialist/Ophthalmologist/
General Physician/ Psychiatrist

Signature
Name:
Occupational therapist/
speech therapist/Clinical
Psychologist

Signature
Name:
District
Medical & Health
Officer (DMHO)

VAKATI KARUNA,
SECRETARY TO GOVERNMENT.