Ref No.:	GIA

SASSA Official Stamp

sassa
SOUTH AFRICAN SOCIAL SECURITY AGENCY

FUNCTIONAL/MEDICAL ASSESSMENT: GRANT IN AID

Instruction on completing this form:
- Please write legibly and in capital letters
- This form must not be handed over to Client
- Mark with X where appropriate

Part A: C lient's Particulars (To be filled by SASSA Official)

Form of Identification		ID			Other methods of idenitfication used									If other specify
Identity Number														Male / Gender / Female
Surname														
Maiden Surname														
Full Names														
Client's Contact No.											Alt no			
Local Office											Service point (if applicable)			

Assessment date	D	D	/	M	M	/	C	C	Y	Y	Purpose of Assessment (tick a box)		
											1st Application	Re-Application	Review

Part B: Details of SASSA Official

Official's Name					
Signature		Contact No			
District		Assessment Site		Town	

Part C: History & Confirmation of Impairment (To be completed by Health Practitioner)

Has the Health Practitioner confirmed the identity of the client?		Yes	No		Age according to identification Document	
If answer is no, state reason						

Presenting complaints	

Which grant type is the client receiving?		Disability Grant		War Veteran		Old Age
Is there a concurrent medical condition?		Yes	No			
Elaborate						
Treatment			Yes	No	Complications	Yes / No

Part D: Examination/ Verification (Assessment of disability)

General Physical Appearance:

Age		Weight		Height	

	Functional Curtailment				
	Very Serious	Serious	Moderate	Slight	None
Cardiovascular	1	2	3	4	5
Respiratory	1	2	3	4	5
Neurological	1	2	3	4	5
G.I/Metabolic	1	2	3	4	5
Musculoskeletal	1	2	3	4	5
Sight	1	2	3	4	5
Hearing	1	2	3	4	5
Mental Condition	1	2	3	4	5
Develoment milestone related age	1	2	3	4	5
Other specify	1	2	3	4	5

Referral reports from Social Worker/Medical Officer:	

Diagnosis (evidence based) detailing complications and prognosis		Age	

Is there activity limitation?		Yes	No		If yes, with assisted device(s)?		Yes	No	
Elaborate [relate to benefits of assistive devices(s)]									
Comments on referral form of clinical findings		Agree	Disagree		Elaborate				

According to Section 30 of Social Assistance Act 13 of 2004 any person is guilty of an offence if he/she intentionally furnishes the Agency with false or misleading information. Section 31 of the same act states that any person convicted of an offence in terms of this Act is liable to a fine or imprisonment for a period not exceeding 15 years.

I hereby acknowledge that I was assessed by the health practitioner

Signature of client	Thumb Print L R Thumb print of client

Part E: Recommendations

Identity number													

Clinical Summary

Diagnosis					
Complications		Yes	No		
Optimal treatment		Yes	No		Elaborate
Refer for further treatment		Yes	No		Elaborate
Compliance to treatment		Yes	No		Elaborate
Is the client in a state-funded institution?		Yes	No		Elaborate

The client requires regular attendance by another person		Yes	No		inconclusive	
Additional Information for subsequet assessment						

GRANT IN AID RECOMMENDED | | Yes | No | |

Part F: Declaration

The Health Practitioner is also bound by Section 30 and 31 of Social Assistance Act 13 of 2004 as highlights above.
I hereby declare that I have examined the identified clients. All particular furnished by me in this assessment report are true and correct to the best of my knowledge.

Please write legibly and in capital letters

Practitioner's full names		
Contact details	Tel:	Cell:
HPCSA Number		Official Stamp
Practioner's Signature		
Date	D D / M M / C C Y Y	

SASSA reserves the right to conduct quality assurance on all completed Medical Assessment reports.