

ASSESSMENT FORM TO BE COMPLETED BY MEMBERS OF APD PANEL OF ADJUDICATORS

NAME OF APPLICANT:							
TABLE 1							
IMPAIRMENT OF USER					DEGREE OF IMPAIRMENT		
Unusual body dimensions							
Difficulty to bend joints							
Reduced arm force for handling the body							
Reduced arm force for handling objects (e.g. wheelchair)							
Impossibility to transfer from wheelchair to seat							
Indicate severity of impairment on a 0-5 scale (0best – 5 worst scenario)							
TABLE 2							
IMPAIRMENT OF USER	SIZE OF CAR	OPENING OF DOORS	DISTANCE OF CONTROLS	SEAT POSITION	POSITION OF: SEATBELT/ LOCKS	COMFORT EXTRAS	
Unusual Body Dimensions							
Difficulty to bend joints							
Reduced Arm force for handling the body							
Reduced Arm force for handling objects (e.g. wheelchair)							
Impossible to transfer from wheelchair to seat							
Indicate problem areas to be considered with an X where applicable							
TABLE 3 – ISSUES RELATED TO THE CAR							
IMPAIRMENT OF USER	STEERING	BREAKING	ACCELERATION	PARKING BRAKE	ELECT. FUNCTION HORN, LIGHTS	LOADING WHEEL-CHAIR	SELECTION OF GEARS
1 LEG IMPAIRED, ARMS NOT							
2 LEGS IMPAIRED, ARMS NOT							
1 ARM IMPAIRED, LEGS NOT							
1 ARM AND 1 LEG IMPAIRED							
2 ARMS IMPAIRED, LEGS NOT							
2 LEGS AND 1 ARM IMPAIRED							
1 LEG AND 2 ARMS IMPAIRED							
2 LEGS AND 2 ARMS IMPAIRED							
Please indicate the applicable impairment: 0 – 4 POINTS SCALE MODE:							
0 – No problems 3 – Difficult to solve, but single solutions are known and available							
1 - Standard option to care 4 – Very complex, individual development necessary							
2 – Standard adaptations							
A SPECIAL/ADAPTED VEHICLE IS NEEDED <input type="checkbox"/> NOT NEEDED <input type="checkbox"/>							

Medical Consultant : _____

Occupational Therapist: _____

Person with disability with Knowledge about car adaptations: _____

DATE: _____