

# PwD UNIVERSAL SERVICE INITIATIVE APPLICATION FORM

## INSTRUCTIONS TO PwD APPLICANTS

1. The PwD Application Form must be completed and signed or finger-print proofed (where applicable).
2. The PwD Application Form must be accompanied by the following supporting documents:
  - A. Copy of national photo identification as indicated on the PwD application form
  - B. Copy of evidence of visual or hearing disability (medical report or doctor's certificate)
  - C. Copy of most recent disability grant (if paid by cheque)
3. The "Terms and Conditions" of the subsidy must be agreed to and signed by the applicant.

1. NAME OF APPLICANT: Mr./Mrs./Ms. \_\_\_\_\_

2. ADDRESS OF APPLICANT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. CONTACT NUMBER: \_\_\_\_\_ *Cellular* \_\_\_\_\_ *Home*

4. EMAIL ADDRESS: \_\_\_\_\_

5. DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MTH YR

6. TYPE OF IDENTIFICATION:  Passport  I.D  D.P

7. IDENTIFICATION NUMBER: \_\_\_\_\_

8. DISABILITY ASSISTANCE GRANT FILE NUMBER: \_\_\_\_\_

9. LOCATION OF SOCIAL WELFARE OFFICE WHERE DISABILITY GRANT WAS REGISTERED:

- San Juan
- Tunapuna
- Chaguanas
- Sangre Grande
- Rio Claro
- San Fernando
- Princes Town
- Siparia
- Point Fortin/La Brea
- Port of Spain
- Tobago

10. TYPE OF DISABILITY:  Visually impaired  Hearing impaired

11. METHOD OF PAYMENT FOR DISABILITY GRANT:  Cheque  Direct deposit

12. PREFERRED MOBILE PROVIDER:  Bmobile  Digicel

13. SIGNATURE OF APPLICANT: \_\_\_\_\_

14. FINGER – PRINT PROOF (where applicable)



15. DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DAY MTH YR

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**For Official Use Only**

16. Date of submission of application: ----- / ----- / -----  
DAY MTH YR

Application certified by: ----- Date: -----

Application checked by: ----- Date: -----

Application approved by: ----- Date: -----