scheme, which is hereby published for general information of the public. This scheme shall come into force on the date of its publication in the Official Gazette.

By order and in the name of the Governor of Goa.

Varsha Naik, Director and ex officio Joint Secretary (Department for Empowerment of Persons with Disabilities)

Porvorim, 06th May, 2025.

Scheme for Persons with Benchmark Disability Requiring High Support

1. *Short title and commencement*

1. This scheme may be called the "Scheme for Persons with Benchmark Disability Requiring High Support."

2. This scheme will apply to the whole State of Goa.

3. The scheme shall come into force from the date of its publication in the Official Gazette.

2. *Objective*

The objective of the scheme is to promote economic self-reliance among persons with benchmark disabilities requiring high support by granting suitable financial assistance and ensuring proper utilization for their independent living and well-being.

3. *Definitions*

In this scheme, unless the context otherwise requires

a) Government means the Government of Goa.

b) Director means the Director of the Department for Empowerment of Persons with Disabilities.

c) Persons with benchmark disabilities requiring high support means persons having a certificate issued by the Medical Board notified by the State Government under Section 38 of the Rights of Persons with Disabilities Act, 2016.

4. *Eligibility Conditions*

To be eligible to apply for financial assistance under this scheme, the applicant must satisfy the following conditions:

1. The applicant should be a bona fide resident of the State of Goa by birth, by marriage, or through continuous domicile of at least 15 years, with exceptions allowed for certain special cases (e.g., persons married into Goa).

2. The applicant should be a person with benchmark disability requiring high support, as certified by a competent authority.

3. The applicant should belong to the Economically Weaker Section (EWS) category as per the Government of India or State Government's notified criteria.

4. The applicant should not be receiving similar financial assistance from other Government or Non-Government sources for the same purpose.

5. *Financial Assistance*

1. Persons with benchmark disabilities requiring high support shall be granted financial assistance of ₹40,000 (Rupees forty thousand only).

2. The amount sanctioned shall be released as a one-time payment.

3. The sanctioned amount shall be utilized exclusively for:

   - Assistive technologies and required aids/appliances.
   - Personal care assistance services.
   - Educational or vocational training support.

4. Proof of utilization, such as receipts or invoices, must be submitted within 90 days of receiving the financial assistance.

5. The grant of financial assistance shall be sanctioned by the Director, Department for Empowerment of Persons with Disabilities.

6. *Mode of Applying*

An application for the grant of financial assistance to persons with benchmark disabilities requiring high support shall be submitted to the Director, Department for Empowerment of Persons with Disabilities, in the prescribed format (Annexure-1) and accompanied by the following documents:

1. Certificate of benchmark disability requiring high support needs issued by a competent authority.

2. UDID card.

3. EWS certificate of the family issued by a competent authority.

4. Residence certificate issued by the Mamlatdar of the concerned Taluka.

5. Self-declaration stating that the financial assistance will be utilized exclusively for the approved purposes.

6. Bank passbook copy.

7. Consent to provide proof of fund utilization within 90 days.

7. *Other Terms and Conditions*

1. The grant of financial assistance under this scheme cannot be claimed as a matter of right.

2. This scheme can be availed once every five years, subject to reassessment of eligibility.

3. The Department for Empowerment of Persons with Disabilities shall be the sanctioning authority under this scheme, and its decision regarding the selection or rejection of an application shall be final.

4. The applicant must submit a self-declaration confirming that they are not receiving similar assistance from other sources. Any false declaration will lead to cancellation and recovery of the financial assistance.

8. *Cancellation/Withdrawal of Financial Assistance*

1. The financial assistance shall be cancelled or withdrawn if, at any stage, the information furnished by the applicant is found to be incorrect or incomplete, or if the assistance has been obtained by suppressing any material facts.

2. The financial assistance shall also be cancelled if the applicant fails to submit proof of utilization within the prescribed timeframe.

3. Funds will be recovered if found to be misused or used for purposes other than those specified in the scheme.

9. *Monitoring and Audit*

1. The Department shall conduct periodic audits to ensure proper utilization of funds. Beneficiaries may be required to participate in the audit process by providing necessary documentation.

2. In cases of misuse or non-compliance, the Department disqualify the beneficiary from future assistance under the scheme.

10. *Interpretation and Relaxation*

1. The Director shall be the final authority concerning the interpretation of this scheme.

2. The Government may amend or relax any of the provisions of this scheme for valid and sufficient reasons, including inflation adjustments for financial assistance.

This issues with the approval of Finance (Exp) Division vide U.O. No. 798/F dated 24-04-2025.

By order and in the name of the Governor of Goa.

Varsha Naik, Director & ex officio/Jt. Secretary (DEPwD)

ANNEXURE -A

Application for High Support needs by Person with Benchmark Disabilities

To,
The Director,
Department for Empowerment of Persons with Disabilities,
3rd Floor, Building B, New Market Complex,
Porvorim-Goa.

(1) Name: _____

(Surname) (First Name) (Middle Name)

(2) Father's Name: _____

(3) Mother's Name: _____

(4) Date of Birth: _____/_____/_____

(Date) (Month) (Year)

(5) Age at the time of application :_____ years

(6) Sex: Male/Female/Transgender_____

(7) Address:

(a) Permanent Address (i.e. for communication)	(b) Current Address

(8) Tel/Mobile/Email ID: _____

(9) Annual Income of the family: _____

(10) Disability Certificate Details:- _____

(Copy of Certificate is to be enclosed)

a) UDID No.:_____

b) Date of Issue of Disability Certificate:_____

c) Issued by (Name of the Medical Authority): _____

d) Nature of Disability:- _____

e) Degree of Disability:- _____

(11) Aadhar Number:- _____

(12) Bank Details

i) Bank Name_____

ii) Account No._____

(13) PAN Details _____

(14) Specify the High Support Need required:

_____

_____

_____

Signature of the applicant

List of Documents to be attached:-

1. Certificate of benchmark disability requiring high support needs issued by a competent authority.
2. UDID card.
3. EWS certificate of the family issued by a competent authority.
4. Residence certificate issued by the Mamlatdar of the concerned Taluka.
5. Self-declaration stating that the financial assistance will be utilized exclusively for the approved purposes.
6. Bank passbook copy.
7. Consent to provide proof of fund utilization within 90 days.

Consent to provide proof of fund utilization within 90 days

I/We, hereby provide my consent to submit proof of fund utilization within ninety (90) days from the date of fund disbursement.

I/We acknowledge my/our responsibility to provide detailed financial records, including but not limited to invoices, receipts, reports, and other relevant supporting documents to confirm the proper utilization of the funds.

_____ _____

Signature of the Applicant/
Person with Disability

Signature of the guardian.