

EUROPEAN UNION

HEADS OF ADMINISTRATION

Luxembourg 27 March 2014

CONCLUSION n° 177/87 (2nd revision)¹

Subject: Double dependent child allowance for a child whose maintenance involves heavy expenditure by reason of a disability or a long-term illness (Article 67(3) of the Staff Regulations)

Article 67(3) of the Staff Regulations provides that the dependent child allowance may be doubled by special reasoned decision of the appointing authority based on medical documents establishing that the child concerned has **a disability or a long-term illness** which involves the official in heavy expenditure.

Pursuant to Article 1d(4) of the Staff Regulations a person has a disability if he has a long-term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder his full and effective participation in society on an equal basis with others.

Without prejudice to Article 2(5) of Annex VII of the Staff Regulations, a long-term illness is a chronic or acute disease, which does not entail necessarily an impairment, but which requires treatment in a predictable period of more than six months and which determines a reduction in the autonomy of the person in the activities of personal life, relationships and work.

In order to take a decision to double the dependent child allowance the appointing authority establishes:

1. The existence of a "disability or a long-term illness" on the basis of the opinion of the institution's Medical Officer, who, in the light of the detailed opinion of the child's physician², will have assessed the disability or the long-term illness. Reference to the European Assessment Schedule for Physical and Mental Impairments is made where appropriate. If a change in the medical condition of the child is still possible, the opinion of the institution's Medical Officer should indicate the period for which it is issued.
2. The existence of "heavy expenditure" is established according to the following criteria:
 - a) If the child's disability is equal to or greater than 50% according to European Assessment Schedule for Physical and Mental Impairments the dependent child allowance provided for in Article 2 of Annex VII to the Staff Regulations shall be doubled automatically.

(1) The 2nd revised conclusion was approved by the Heads of Administration at their 271st meeting on 26 March 2014

(2) The opinion must be given on the form entitled medical certificate for the assessment of a disability, drawn up by the Interinstitutional Medical Board and approved by the Heads of Administration on 29 September 2010.

- b) If the child's disability is equal to or greater than 20%, or in the case of a physical disability, it is equal to or greater than 30%, but in either case is less than 50%, the doubling of the allowance will be granted where the total expenditure is greater than the amount of the dependent child allowance.
- c) The expenditure borne by the official because of the long-term illness of the child exceeds the amount of the dependent child allowance.

In the case of points *b* and *c* of the previous paragraph only the specific costs stemming from the nature of the disability or the long-term illness and borne by the applicant shall be taken into consideration for the calculation of the amount of the heavy expenditure incurred by the official.

This Conclusion applies from 1 January 2014.

It replaces the Conclusion n° 177/87 revised by the Heads of Administration at their 250th meeting on 5 decembre 2007.

Pour le Secrétariat

Pour le Collège des Chefs d'administration

S. Durand
Secrétaire

A. Calot Escobar
Président

MEDICAL CERTIFICATE FOR THE ASSESSMENT OF A DISABILITY
(to be completed by the doctor treating the applicant or person concerned)

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

The applicant's doctor must assess the patient's functional limitations and submit the findings to the Institution's Medical Officer for appraisal; these will then form the basis for the Medical Officer's opinion. Such data will be treated in confidence.

If a national authority has officially recognised the existence of a disability, and where appropriate its degree, you can attach the document, together with any medical document assessing or describing the disability, impairment or disorder.

For more information and/or advice on how to fill in this questionnaire please contact your Institution's Medical Service.

Tel.
E-mail

This document contains the following headings:

1. Information about the application, the person concerned and the main medical diagnosis in support of the application
2. Description of the diseases, functional disturbances or anatomical disorders
3. Consequences in terms of activities and participation
4. Assessment of the disability in percentage terms

1. GENERAL INFORMATION

1.A Details of application

Date of application:

Application submitted by:

for

- Article 67(3): doubling of the dependent child allowance
- Annex VII, Article 2(5): continued payment of dependent child allowance
- Budget line 1630

- First application
- Extension

1.B Person concerned

Official/Other servant

Personnel No:

Dependant:

Name:

First name:

Date of birth:

Address:

1.C Main diagnosis in support of the application

Origin:

Congenital:

Since:

Medical, surgical, gynaecological/obstetric history with consequences for the present impairment:

2. DESCRIPTION OF THE DISEASES, FUNCTIONAL DISTURBANCES OR ANATOMICAL DISORDERS
(fill in only those headings that are relevant to your patient)

Please refer in your diagnosis to an international classification of diseases or functioning (ICD-10, ICF, ICF-Children and Youth version, DSM-IV, etc.).

For each heading you fill in, please attach the most recent detailed medical report available.

2.A Mental function and nervous system

Type of epilepsy:

Associated personality disorders:

2.B Sensory functions and pain

Hearing:

Associated disorders (tinnitus, vertigo):

Vision: *(please specify the aided distance and near visual acuity of each eye, and binocular field of vision)*

An improvement is possible:

Approximate date when improvement can be expected:

With medical treatment:

With surgical treatment:

An improvement is not possible:

Other neuro-ophthalmic disorders (aphakia, disorders of the ocular region):

2.C Voice and speech

2.D Cardiovascular, haematological, immunological and respiratory system

2.E Digestive, metabolic and endocrine system

2.F Genito-urinary and reproductive system

Dialysis: YES NO

Number of times a week:

Transplant: YES NO

Date:

Tolerance:

2.G Musculoskeletal and movement-related functions

Please specify the location and type of disorder and whether there are related sensory problems:

Please give details of appliances, technical support, tolerance:

2.H Skin and associated structures

Sequelae of burns or scars having an effect on the patient's social life or relationships; type, location:

2.I Effects on the patient's general and psychological state of the illness(es), functional disturbance(s) or anatomical disorder(s) mentioned:

3. CONSEQUENCES IN TERMS OF ACTIVITIES AND PARTICIPATION

3.A AUTONOMY: please specify A, B or C using the assessment grid:

- A: Able to complete an action or activity unaided habitually and correctly**
- B: Capable of doing so only partially, not habitually, not correctly**
- C: Not capable**

A, B or C

LEARNING AND APPLYING KNOWLEDGE: (e.g. reading, writing, calculating, problem-solving, acquiring skills, concentrating, etc.)	
GENERAL TASKS AND DEMANDS: (e.g. undertaking a single task, multiple tasks, carrying out daily routine, handling stress and other psychological demands, etc.)	
COMMUNICATION: (e.g. receiving spoken or nonverbal messages, receiving sign-language or written messages, producing sign-language messages, writing messages, etc.)	
MOBILITY: (e.g. awareness of time, time of day and location, getting up, going to bed, sitting down, moving around a building, leaving the house, travel outside the home)	
SELF-CARE: (e.g. washing, dressing, eating, drinking, using the toilet)	
HOUSEHOLD ACTIVITIES: (e.g. housework, preparing meals, assisting others)	
INTERPERSONAL INTERACTIONS AND RELATIONSHIPS: (e.g. general interpersonal interactions, relating with strangers, formal, informal social, and family relationships, etc.)	
MAJOR LIFE AREAS: (e.g. participating in school education, preparation for employment, using money, etc.)	
COMMUNITY, SOCIAL AND CIVIC LIFE: (e.g. participating in community life, social life, recreation and leisure, etc.)	

A document from a psychologist, occupational therapist, physiotherapist, etc., setting out the consequences of the disability may be attached to the medical certificate. The person concerned or a family member may also attach a signed note setting out the consequences.

3.B Drug or other treatment(s)

Type:

Tolerance (specify undesirable side-effects, particularly for psychotropic drugs, chemotherapy and immunosuppressants):

Frequency of admissions to hospital and/or need for specialist rehabilitation:

4. ASSESSMENT OF THE DISABILITY

Please refer to the **European Assessment Schedule for Physical and Mental Impairments**.

If a different scale is used, please give article references.

4.A PERCENTAGE OF DISABILITY

as assessed by the person's doctor or the doctor submitting the application

- PHYSICAL DISABILITY %
- MENTAL DISABILITY %

Comments:

Done at on

Signature of doctor (stamp)

4.B PERCENTAGE OF DISABILITY

as assessed by the Medical Officer

- **PHYSICAL DISABILITY** %
- **MENTAL DISABILITY** %

Comments:

Done at **on**

Signature of Medical Officer (stamp)

If the official or other staff member disagrees with the Medical Officer's opinion, he or she may ask the appointing authority (or authority authorised to conclude contracts of employment) of his or her Institution to mediate.

This document was drafted by the Interinstitutional Medical Board and approved by the Heads of Administration of the European Communities.

It complies with Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of personal data.