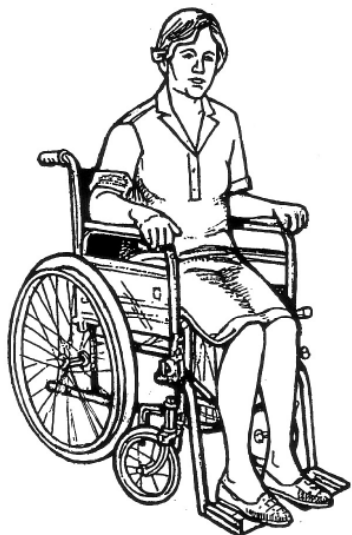


DEPENDENT WITH WHEELCHAIR



Assessment Date: _____

M-DWC

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