



APPLICATION FORM: FINANCIAL ASSISTANCE SCHEMES

Please refer to **FAS Annex A** for all instructions and list of supporting documents.

Please indicate with a tick (✓) the scheme you are applying for:

- Assistive Technology Fund (ATF)**
- Special Assistance Fund (SAF)**
- Computer Access Trust Fund (CATF)**
- Traffic Accident Fund (TAF)**

I PARTICULARS OF APPLICANT ¹

Name: _____ Citizenship: Singapore Citizen / Permanent Resident

Passport /NRIC/Birth Cert No.: _____ Date of Birth: _____

Sex: _____ Contact No(s): _____

Address: _____ Singapore ()

II FAMILY & FINANCIAL INFORMATION

Names of Household Members living with the Applicant	Relationship to Applicant	Age	Occupation	Monthly Income	
				Gross (Before CPF Deduction (S\$))	Nett (Less CPF Reduction (S\$))
Applicant	Self				

¹(a) For TAF application, applicant would be the name of the deceased.
 (b) For SAF, ATF and CATF application, this would be the applicant's name.

(continued) Names of Household Members living with the Applicant	Relationship to Applicant	Age	Occupation	Monthly Income	
				Gross (Before CPF Deduction (S\$))	Nett (Less CPF Reduction (S\$))
Other income (Please specify): Financial Assistance (CDC) / Public Assistance (CDC) / Rental / Annuity / CPF withdrawal					
Total Monthly Household Income:					
Monthly Per Capita Household Income²:					

III OTHER SOURCES OF FUNDS/SCHEMES APPLIED FOR

Have you applied for financial assistance from Senior Mobility Fund (AIC) or any other fund administered by NCSS or SG Enable for the purchase of the recommended assistive device? Yes/ No*
If “Yes”, please state the source, amount and any other relevant details.

IV DECLARATION

I declare that all the information provided is true and correct and I have disclosed all necessary information relevant to the application.

I am aware that SG Enable has the right to recover in full the above Financial Assistance Scheme grant that was given to me, if I have provided inaccurate information, or withheld any relevant information from the Social Worker/Medical Social Worker.

Applicant/ Caregiver Name³: _____

Signature/ Thumbprint: _____ Date: _____

² Monthly per capita household income refers to total monthly household income **divided** by number of family members living in the same household as the applicant. **Note:** All Information given under this section must be supported by relevant documents as stated in the FAS Annex A.

³ To be filled by applicant’s parent(s)/caregiver, if applicant is below the age of 21.

SECTION V: RECOMMENDATION BY THERAPIST/ DOCTOR
 (Mandatory page to be completed by Audiologist/Therapist/Optometrlist/ Medical Doctor ⁴)

1. Nature of applicant’s disability. Please give name of disability and elaborate on the condition.

Type of Disability (Please tick (✓))	Details
<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Vision Impairment <input type="checkbox"/> Other Disability (Please specify)	

2. Equipment/ retrofit recommended. (Details must be specified, e.g. type, model, etc)
If more than 1 equipment/retrofit is recommended, please state all.

⁴ This is not applicable for deceased applying for Traffic Accident Fund (TAF).

3. Please explain how the recommended equipment/ retrofit will aid in mobility/ independence/rehabilitation/education/employment of the applicant.

Please tick to indicate (✓)	Financial Assistance Funds	Outcome
	Assistive Technology Fund	Enable applicant to pursue education.
	Assistive Technology Fund	Enable applicant to be employed / self employment.
	Computer Access Technology Fund	Enable students from SPED schools in educational purposes at home.
	Special Assistance Fund	Enhance applicant's mobility.
	Special Assistance Fund	Enhance applicant's independence.
	Special Assistance Fund	Enhance applicant's rehabilitative needs.
	Traffic Accident Fund	Retrofit in making the home more accessible.
	Traffic Accident Fund	Enable the applicant to pursue education / employment / activities of daily living.

Please elaborate on how the equipment/retrofit recommended will benefit the applicant:

Recommended by:

Name: _____ Contact No.: _____

Organisation: _____

Designation: _____ Email Address: _____

Signature: _____ Date: _____

SECTION VI: RECOMMENDATION BY SOCIAL WORKER/ MEDICAL SOCIAL WORKER

(Mandatory page to be completed by Social Worker/ Medical Social Worker of a referring Voluntary Welfare Organisation or Hospital supporting the application)

1. Type of Equipment/ Retrofit/ Device Applied For⁵:

Type of Equipment/Device (both hardware and/or software) / Retrofit	Cost of each item (S\$)
Please include clear description of model name(s), brand (s) etc.	
Total Cost (exclusive of GST / inclusive of GST / GST not chargeable*) :	
Amount of Funding Requested:	(%)

Has the equipment been purchased prior to this application? (Yes/ No). If ‘Yes’, please submit the invoice and receipt.

Note:

- a) *Please select one. For prices that are exclusive of GST, and subsidy is requested for the prevailing GST amount, please indicate total cost **inclusive** of GST.
- b) Please submit vendor’s quotations/ tax invoice/ receipt to support the application. Please ensure the vendor’s quotations/tax invoice/receipt indicate clearly the equipment/device/retrofit requested for. Please highlight if the price quoted is exclusive of GST/inclusive of GST/ GST not chargeable.
- c) If total costs of all equipment/device/retrofit are **above \$3,000**, please provide quotations from **at least 3 vendors**.

2. Reasons for supporting application (please attach more details, if need be)

⁵This is not applicable for deceased applying for Traffic Accident Fund (TAF).

Please indicate below:

Applicant's Housing Type	
Medifund Level (if information is available)	
Please provide details on any financial assistance received:	
For ATF applications - If the applicant is a Singaporean PR, please indicate which immediate family member is a Singaporean:	

**3. Justification for waiver of 3 quotations for equipment costing more than \$3,000
(if applicable)**

We hereby declare that:

- 1) We have verified all information and supporting documents submitted by the applicant to be true and correct to the best of our knowledge.
- 2) For equipment cost amounting to more than \$3,000, our organisation has obtained the three quotations (based on the same equipment specifications) on our own. We have evaluated the quotations and have chosen the one that best meets our requirements.

Supported and Verified by:

Name: _____

Designation: _____

Contact No.: _____

Email: _____

Signature/Date: _____

Organisation: _____

Address : _____

Endorsed by:

Name: _____

Designation: _____

Contact No.: _____

Email: _____

Signature/Date: _____

Organisation: _____

Address : _____

**Organisation's Bank Payee Name:
(Cheque payable to)**

SECTION VII: STATUS VERIFICATION

(Mandatory for ATF Application Only. To be filled in by school/centre/place of employment)

A. STUDENT STATUS VERIFICATION

This is to certify that _____ (name) of
NRIC/BC No. _____ is/will * be attending my school/centre * with effect from
_____ (date of admission). He/she * is in _____ (level/class *).

Name of Principal/Centre Supervisor

Signature

School/Centre Name

School/Centre Stamp

Contact Number

Date

OR

B. EMPLOYMENT STATUS VERIFICATION

This is to certify that _____ (name) of
NRIC/BC No. _____ is/will * be an employee of my company from _____
(date of employment commencement). He/she * is/will * be working _____ days per week and is
drawing \$ _____ (gross salary) and \$ _____ (nett salary) per month.

Name of Supervisor

Signature

Company Name

Registration Number/ Company Stamp

Contact Number

Date

FINANCIAL ASSISTANCE SCHEMES

INSTRUCTIONS:

1. Applicants should be persons with disabilities from low-income families who could not afford to purchase the assistive equipment or retrofit for mobility, school, employment and/or independence due to financial difficulties.
2. Applicants should be Singapore citizens or permanent residents and referred by a Voluntary Welfare Organisation (VWO) or a medical social work department in a hospital. For applications to the Assistive Technology Fund, if the applicant be a PR, at least one immediate family member must be a Singapore Citizen.

LIST OF SUPPORTING DOCUMENTS:

3. Please attach the following with the application:
 - Copy of IC (back and front) of applicant.
 - Copy of IC (back and front) of family members within the same household.
 - Recommendation of assistive device from Therapist/Audiologist/Optometrlist/Doctor.
 - Recommendation/Social report by Social Worker or Medical Social Worker.
 - Vendor quotation(s). If device costs above \$3,000, 3 quotations each from different vendors are required.
 - Latest Pay Slip and income declaration from employed applicant and family members
 - Latest tax declaration and income declaration from self-employed applicant and family members
 - Income declaration from unemployed applicant and family members (no longer than 2 months from the date of application).
 - Student card from applicant or family members who are schooling.
 - Supporting documents for all other income declared. e.g PA Card/ CDC Letter/ Bank book / CPF statements
 - Note 1:** All applicant and family members must be identified. If the IC is not applicable, an equivalent identification document must be provided e.g Birth Cert/ NS Card.
 - Note 2:** All non-student applicant and family members' must provide supporting documents for **both** gross and nett income. An income declaration must be signed where the gross and nett income are not shown clearly.

4. Traffic Accident Fund enables accident victims to purchase healthcare aids that improve their mobility or facilitate their rehabilitative efforts. Families of accident victims who have passed on or are suffering from brain damage due to the accident are also eligible to apply for temporary cash relief fund. Apart from the aforementioned supporting documents, the following will also be needed:
 - Road Traffic Accident report.
 - Doctor's certification of brain damage from road accident (from hospital).
 - Death certificate (if application made for deceased).

5. Completed application form with the required supporting documents indicated above are to be submitted to:

Financial Assistance Schemes
SG Enable Ltd
 No 9 Maxwell Road #04-05
 Annexe A MND Building
 Singapore 069112