



Particulars of Family Members	Name of Family Member	Relationship to Applicant	Age	Remarks (e.g. medical condition, etc.)

(D) APPLICANT'S ASSISTANCE INFORMATION

Is applicant receiving any form of assistance at the point of application?		Yes/No (if yes, please state below)
Organisation	Assistance/Quantum (please state if pending)	Period

(E) APPLICANT CONSENT / DECLARATION

Acknowledgement

- ✓ I understand that the personal data, information and documents that I have provided (including such personal data, information and documents of my child / ward) will be used for the evaluation, assessment and administration of my application for assistance.
- ✓ I understand that People's Association may also need to disclose and share the personal data, information and documents provided to appointed outsource vendors, other government agencies, statutory boards and/or affiliated partners (such as Agency for Integrated Care, Ministry of Social and Family Development and SG Enable) in order to provide the assistance or service sought (and/or for further referral to other organisations) and I hereby authorise such disclosure.

Declaration

- ✓ I declare that I am the applicant, a family member living at the same residential address as the applicant, or an individual authorised to provide consent on behalf of the applicant living at the same residential address.
- ✓ I declare that all the information provided by me in this form is true, correct and accurate. I understand and acknowledge that if any of the information provided in this form is false and inaccurate, I and/or the applicant will be liable to repay in full the value of assistance, inclusive of administrative expenses, and also may face criminal prosecution.

Applicant's Signature/Thumbprint:		Date:	
--	--	--------------	--

(Applicable for applicants who are unable to complete the form themselves.)

Name of Next of Kin: <i>(Please state relationship)</i>	Contact Number of Next of Kin:
---	---

**(F) TO BE COMPLETED BY REFERRING ORGANISATION
(E.G. GROs, SSAs and Schools)**

REASONS FOR REFERRAL (MAY TICK MORE THAN ONE):

<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Chronic Medical Conditions (please state under Remarks)	<input type="checkbox"/> Physical Impairment
<input type="checkbox"/> Staying Alone/No Support	<input type="checkbox"/> Unemployed	

Remarks (e.g. more information on the above reasons provided or other reasons)

RECOMMENDED BY:

Name/Designation			
Organisation			
Signature		Date	
Email		Contact	

Please email the completed WeCare @ South West Referral Form and ALL supporting documents to South West Assistance@pa.gov.sg

MOBILITY NEEDS	BURSARIES FOR STUDENTS														
South West Mobility Fund <i>Up to \$600 Medical Escorts Subsidy</i> <i>\$300 Taxi Subsidy Per FY</i>	South West CDC – Koh Kock Leong Meals Bursary <i>\$220 (Pri/SPED)</i> <i>\$330 (Sec/SPED)</i>														
<p>Applications are administered by AIC/SG Enable and may require additional supporting documents for further evaluation and assessment.</p> <p>Supporting Documents</p> <ul style="list-style-type: none"> ❖ Photocopy of NRIC (Front & Back) ❖ Payslip/CPF Contribution History of all working & non-working family members in the household/Comcare approval letter ❖ Appointment details/doctor's memo/letter <p>Taxi Subsidy Requirements Please project the frequency or number of medical/rehabilitation sessions required for the applicant. You may use www.gothere.sg to get an estimate.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Type of Treatment</td> <td></td> </tr> <tr> <td>Location To and Fro</td> <td></td> </tr> <tr> <td>Single/Round Trip (\$)</td> <td></td> </tr> <tr> <td>Frequency Per Month</td> <td></td> </tr> <tr> <td>Total No. of Month/s</td> <td></td> </tr> <tr> <td>Total Amount (\$)</td> <td></td> </tr> <tr> <td>Recommended Amount (\$)</td> <td></td> </tr> </table>	Type of Treatment		Location To and Fro		Single/Round Trip (\$)		Frequency Per Month		Total No. of Month/s		Total Amount (\$)		Recommended Amount (\$)		<p>Supporting Documents</p> <ul style="list-style-type: none"> ❖ Photocopy of NRIC (Front & Back) ❖ Payslip/CPF Contribution History of all working family members in the household ❖ Latest result slip/Matriculation Card
Type of Treatment															
Location To and Fro															
Single/Round Trip (\$)															
Frequency Per Month															
Total No. of Month/s															
Total Amount (\$)															
Recommended Amount (\$)															
	South West CDC – ExxonMobil Transport Bursary <i>\$140 (Pri/SPED)</i> <i>\$160 (Sec/SPED/JC)</i>														
	<p>Supporting Documents</p> <ul style="list-style-type: none"> ❖ Photocopy of NRIC (Front & Back) ❖ Payslip/CPF Contribution History of all working family members in the household ❖ Latest result slip/Matriculation Card 														
Meals Service @ South West* <i>Up to \$1 per meal subsidy</i>	South West CDC – KKL Education Grant <i>\$350 (JC/ITE student)</i>														
<p>Supporting Documents:</p> <ul style="list-style-type: none"> ❖ Photocopy of NRIC (Front & Back) ❖ Medical reports/documents 	<p>Supporting Documents</p> <ul style="list-style-type: none"> ❖ Photocopy of NRIC (Front & Back) ❖ Payslip/CPF Contribution History of all working family members in the household ❖ Latest result slip/Matriculation Card 														

For Referral Use

I, _____ (Name of Staff), of
_____ (Name of CO/SSA/Organisation), confirm that I
have sighted an *Original (Physical) / Digital copy (via SingPass) of the applicant(s) *NRIC(s) for the
purpose of this application. I hereby confirm that that the details in the said application matches (a) the
*Original (Physical) / Digital (via SingPass) *NRIC(s) which I have sighted; and (b) the person(s) appearing
before me.

(*please delete accordingly)

Signature/Date : _____

Official Stamp : _____