

WECARE PLUS @ SOUTH WEST REFERRAL FORM

Please forward the completed referral form and supporting documents to:

Email: South_west_assistance@pa.gov.sg

Eligibility:

- South West District Resident
- Singapore Citizen or at least one immediate family member¹ is a Singapore Citizen
- Gross Monthly Household income of \$3,500 or Per Capita Income² of \$875, whichever is lower
- Discretion of the Grassroots Leaders / Volunteers for residents with exceptional family and financial difficulties.
- Caregiver and Care Recipient must reside in the same household
- Care Recipient requiring assistance for at least 3 activities of daily living

OR

Care Recipient has a verified disability condition, such as physical disability, visual disability, hearing disability, intellectual disability and autism spectrum disorder etc.

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For South West Caregiver Support Fund applicants only

(A) ASSISTANCE REQUIRED

<input type="checkbox"/>	Emergency / Crisis <input type="checkbox"/> Cash <input type="checkbox"/> Others (e.g. mattress, bed frame or other home fittings), please state:
<input type="checkbox"/>	Assistive and Mobility Needs <input type="checkbox"/> Assistive Technology Devices* <input type="checkbox"/> Dental Subsidy <input type="checkbox"/> Medical Escorts* <input type="checkbox"/> Meals Service* <input type="checkbox"/> Taxi Vouchers <input type="checkbox"/> Eyewear Vouchers <i>* Applications will be referred to AIC/SG Enable for evaluation and administration.</i>
<input type="checkbox"/>	Healthcare <input type="checkbox"/> Caregiver Support Fund
<input type="checkbox"/>	Bursaries for Students <input type="checkbox"/> Meals <input type="checkbox"/> Transport <input type="checkbox"/> Education
<input type="checkbox"/>	Training and Employment Support <i>* Only applicable for applicants who are Singapore Citizen/SPR and are 40 years and above</i>

(B) APPLICANT'S INFORMATION

Name <i>(as in NRIC)</i>			
NRIC No	<input type="checkbox"/> S'porean (Pink) <input type="checkbox"/> PR (Blue)		
Address <i>(as in NRIC)</i>	Singapore ()		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Contact Details	(HP) (H)
Gross Monthly Household Income	\$	Per Capita Income (PCI)	\$
Particulars of Family Members	Relationship to applicant	Age	Remarks (e.g. medical condition)

¹ **Immediate Family Member** includes spouse, parent, parent-in-law, grandparent, sibling and child.

² **Per Capital Income** is the total gross monthly income divided by total number of family members living under the same residential address. Gross monthly income refers to your basic employment income, trade/self-employed income, overtime pay, allowances, cash awards, commissions, rental income and bonuses.

(C) APPLICANT'S ASSISTANCE INFORMATION

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

(D) 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:	
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(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:
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(E) 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 <i>(please state under Remarks)</i>	<input type="checkbox"/> Physical Impairment
<input type="checkbox"/> Staying Alone / No Support	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Caregiver Self-Care / Caregiving Related Expenses

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](mailto:South_West_Assistance@pa.gov.sg)

EMERGENCY / CRISIS	MOBILITY AND ASSISTIVE NEEDS	HEALTHCARE	BURSARIES FOR STUDENTS
<p>South West Emergency Relief Fund Tier 1: \$1,000 Tier 2: \$1,000 (discretionary on a case to case basis)</p>	<p>South West Assistive and Mobility Fund Up to \$500 Assistive Technology Devices * Up to \$600 Medical Escorts Subsidy * Up to \$750 Dental Subsidy Up to \$300 Taxi Vouchers</p>	<p>South West Caregiver Support Fund Up to \$500 per Caregiver for self-care and caregiving related expenses</p>	<p>South West CDC – Koh Kock Leong Meals Bursary \$200 (primary school students) \$300 (secondary school students)</p>
<p>Supporting Documents</p> <ul style="list-style-type: none"> ❖ Photocopy of NRIC (Front & Back) ❖ Payslip / CPF Contribution History of working family members <p>Additional documents (for following scenarios)</p> <p>a) Loss of sole breadwinner’s income</p> <ul style="list-style-type: none"> • Employment Termination Letter • Death certificate (if applicable) <p>b) Health-related issues</p> <ul style="list-style-type: none"> • Medical reports; and/or • Medical Bills <p>c) Home Fire</p> <ul style="list-style-type: none"> • Photographs • Items required <p>d) Pest Infestation / Home related emergencies (e.g. dislodged windows, broken windows, etc.)</p> <ul style="list-style-type: none"> • Photographs • Quotations from vendors 	<p>Supporting Documents</p> <ul style="list-style-type: none"> ❖ Photocopy of NRIC (Front & Back) ❖ Payslip / CPF Contribution History of working family members <p>Additional Documents (for following scenarios)</p> <p>a) Assistive Technology Devices</p> <ul style="list-style-type: none"> • Quotation from clinics / suppliers <p>b) Dental Subsidy</p> <ul style="list-style-type: none"> • Recommended amount for Dental Subsidy <p>c) Taxi Vouchers:</p> <ul style="list-style-type: none"> • Projected frequency or number of medical/rehabilitation sessions. Please update the following, you may use www.gothere.sg to get an estimate: ✓ Type of Treatment: _____ ✓ Location <i>To</i> and <i>Fro</i>: _____ and _____ ✓ Single/ Round Trip (\$): _____ ✓ Frequency per Months: _____ ✓ Total no. of Months: _____ ✓ Total amount (\$): _____ ✓ Recommend amount (\$): _____ <p>Meals Service @ South West* Up to \$1 per meal subsidy</p> <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) of caregiver and care recipient ❖ Payslip / CPF Contribution History of working family members ❖ For care recipients <u>requiring assistance of at least three Activities of Daily Living (ADL)</u>, to submit supporting medical report/assessment/letter. Letter of confirmation from AIC on the application of HCG or PioneerDAS is also acceptable. ❖ For care recipients <u>with disability condition</u>, to submit supporting medical report/assessment/letter. A clear scan/photo of either a Developmental Disability Registry (DDR) Identity Card or a Persons with disabilities Concession Card is also acceptable. 	<p>Supporting Documents</p> <ul style="list-style-type: none"> ❖ Photocopy of NRIC (Front & Back) ❖ Latest results Slip / Matriculation Card ❖ Payslip / CPF Contribution History of working family members <p>South West CDC – ExxonMobil Transport Bursary \$120 TransitLink e-vouchers</p> <p>Supporting Documents</p> <ul style="list-style-type: none"> ❖ Photocopy of NRIC (Front & Back) ❖ Latest results Slip / Matriculation Card ❖ Payslip / CPF Contribution History of working family members

*Applications are administered by AIC/SG Enable and may require additional supporting documents for further evaluation and assessment.