



** North East CDC reserves the right to reject applications with incomplete documentation

Assistance Schemes Application Form

| For Referring Partner's Official Use | |
|---|---|
| Date Received: Click or tap to enter a date. | Division: Click or tap here to enter text. |
| Remarks: Click or tap here to enter text. | |

The North East Community Development Council (NE CDC) administers local assistance schemes to help our needy residents living in Aljunied, Pasir Ris-Punggol, Tampines, Sengkang GRCs, Hougang and Punggol West SMCs. As a general guide, the applicant should be a **Singaporean / PR (must have at least 1 Singaporean family member in the household)** and **per capita income not exceeding \$1000 (\$800 for WeCare)**. Each applicant may apply for local assistance schemes once every 12 months, subject to approval. Only 1 applicant per household is required.

| I) | Documentation Submission Checklist | |
|---|---|---|
| <p>Please take note that for ALL schemes*, the following documents are required: (Please tick when enclosed)</p> <p><input type="checkbox"/> Photocopies of NRIC of applicant and <u>all</u> adult household members (front & back)</p> <p><input type="checkbox"/> Photocopies of birth certificate for <u>all</u> children attending up to pre-university educational institutions</p> <p><input type="checkbox"/> Past 3 months' payslips OR past 6 months' CPF statement of applicant and <u>all</u> adults in the household**</p> <p><input type="checkbox"/> Bank statement of applicant and all household members <u>as of date of application</u>***</p> <p>**For non-salaried applicants, please attach past six months CPF contribution</p> <p>*** Please submit declaration (page 14) for family members who are unable to provide payslips/CPF & bank statements</p> | | |
| Name of Scheme | Eligibility Criteria | Additional Documents Required (If Any) |
| <input type="checkbox"/> WeCare @ North East Fund (Short Term Financial Assistance Scheme) | Per Capita Income <u>not exceeding</u> \$800 | <input type="checkbox"/> Social Report (if SSO referral) <input type="checkbox"/> Medical Reports (if any) <input type="checkbox"/> Latest Utility or Household Bills (if applicable) <input type="checkbox"/> Supporting Document for loss/reduction of income <input type="checkbox"/> Annex Form A |
| <input type="checkbox"/> Dedicated North East Ambulance (DNA) (Subsidised ambulance transportation service for clients with mobility difficulties) | Per Capita Income <u>not exceeding</u> \$1000 | <input type="checkbox"/> Medical Reports stating client's mobility difficulty or relevant health condition <input type="checkbox"/> Annex Form B |

| | | |
|--|---|--|
| <input type="checkbox"/> Growth Fund (Milk & Diaper) <i>(Provision of vouchers for purchase of Formula Milk and Diapers for children aged 6 years old and below)</i> | Per Capita Income <u>not exceeding</u> \$1000 | <input type="checkbox"/> Annex Form C |
| <input type="checkbox"/> School Transport Subsidy <i>(Provision of subsidy for Primary and Secondary School students to alleviate transportation cost)</i> | | <input type="checkbox"/> Copy of student EZ-Link card(s) <input type="checkbox"/> Ministry of Education (MOE) or School-Based Financial Assistance Scheme letter (if applicable) <input type="checkbox"/> Annex Form D |

| II) Applicant's Particulars | | |
|--|--|---|
| Full Name (Per NRIC): Click or tap here to enter text. | | NRIC Number: Click or tap here to enter text. |
| Date of Birth (DD/MM/YY): Click or tap to enter a date. | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR | Race: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others (Please Specify): | Language(s) Spoken: <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Dialect (Please Specify): |
| Contact Number (Home): Click or tap here to enter text. | Contact Number (Mobile): Click or tap here to enter text. | E-mail Address: Click or tap here to enter text. |
| Occupation & Name of Current Employer (if any): Click or tap here to enter text. | | Gross Monthly Income of Applicant: Click or tap here to enter text. |
| If currently unemployed, please provide duration of unemployment: Click or tap here to enter text. | | Bank Balance of Applicant: Click or tap here to enter text. |
| I have Paynow <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, my Paynow is registered using my <input type="checkbox"/> Mobile Number <input type="checkbox"/> NRIC Number If no, please provide bank, account name & number for GIRO transfer; <ul style="list-style-type: none"> Bank Name: Click or tap here to enter text. Account Name: Click or tap here to enter text. Account Number: Click or tap here to enter text. | | |
| Applicant's Residential Address: Click or tap here to enter text. | | |
| Type of Residence: <input type="checkbox"/> Rental HDB <input type="checkbox"/> Purchased HDB - <input type="checkbox"/> 1 Room <input type="checkbox"/> 2 Room <input type="checkbox"/> 3 Room <input type="checkbox"/> 4 Room <input type="checkbox"/> 5 Room <input type="checkbox"/> Others (Please Specify): Click or tap here to enter text. | | |
| Is Applicant currently receiving any other social/welfare assistance? If Yes, please specify: Click or tap here to enter text. If Applicant was rejected by social/welfare assistance, please specify reason(s): Click or tap here to enter text. | | |

| III) | Applicant's Family Particulars | | | | |
|---|--|----------------------------------|-------------------------------|----------------------------------|----------------------------------|
| Relationship to Applicant | Name of Family Member | NRIC | Date of Birth (DD/MM/YY) | Gross Monthly Income | Bank Balance |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| IV) | Additional Information of Applicant (please provide details) | | | | |
| <p><i>Applicant and/or referral officers may provide additional information that is relevant to the local assistance scheme application e.g. reason(s) for unemployment, special circumstances to family situation, medical conditions, sources of social/welfare assistance, etc.</i></p> <ul style="list-style-type: none"> ▪ Reason(s) for unemployment, if relevant: Click or tap here to enter text. ▪ Family situation, if relevant: Click or tap here to enter text. ▪ Medical condition(s), if relevant: Click or tap here to enter text. ▪ Currently receiving any form of social/welfare assistance, if relevant: Click or tap here to enter text. ▪ Any other information: Click or tap here to enter text. | | | | | |

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|--|--|-------------------------------------|---|---|---|-------------------------------------|--|
| V) | Applicant's Declaration | | | | | | |
| *North East CDC reserves the right to reject applications without declaration* | | | | | | | |
| <p>ComCare:</p> <p><input type="checkbox"/> I understand that the following may be carried out, for the purposes of facilitating my application for financial or other assistance from your Agency:</p> <ul style="list-style-type: none"> a) my Personal Information¹ may be used to assess my and/or my household's eligibility for such assistance to be provided by your Agency; and b) my Personal Information may be used to render such assistance to me and/or my household by your Agency. <p>I give my consent to your Agency or person authorised by MSF to collect, share and use the Personal Information only for the purposes stated above. This consent shall be governed and construed in accordance with the laws of the Republic of Singapore. [If assistance is rendered to the household]:</p> <ul style="list-style-type: none"> c) I confirm that all the named beneficiaries on whose behalf I have applied for assistance are aware of this application and acknowledge that their records may be shared in the manner stated above. <p><small>¹Personal Information may relate to past, present or future matters, and includes my personal data (e.g. name, NRIC no.), personal data of my family members who may have received financial assistance and/or other types of assistance to date, and any other information about me or my family that is relevant for the Agency's evaluation of my application for financial assistance.</small></p> | | | | | | | |
| <p>Self-Declaration:</p> <p>By submitting the application, I declare that I meet all eligibility criteria stated on Page 1 and 2 of the application form and the information provided is true, correct and accurate to the best of my knowledge. I understand and acknowledge that if any of the information provided in this form is false or inaccurate, I will be liable to repay in full any financial assistance granted and may face prosecution under prevailing laws in Singapore for giving false information to a public servant.</p> <p>I understand the following terms and conditions:</p> <ul style="list-style-type: none"> ▪ I have agreed to allow North East CDC to refer my application to the appointed vendor(s) for the rendering of the service approved as per my application. ▪ I have read and agreed to the terms and conditions for each programme (if any) and have agreed to it should my application be approved. <p>Neither North East CDC nor the appointed vendors/volunteers/contractors are liable for any loss/injury that may result from any of the assistance scheme I receive.</p> | | | | | | | |
| <p>Consent for Other Purposes:</p> <p>By submitting the application, I consent to the use and disclosure of my personal data to the People's Association, its affiliated organisations / appointed vendors and/or relevant Agencies for:</p> <ul style="list-style-type: none"> ▪ The purposes of receiving further or appropriate assistance deemed necessary. ▪ The purposes of receiving marketing messages on programmes, courses, events, services and/or products via Telephone / SMS / Email / Mail. | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">My Signature: Please include name for email submission</td> </tr> <tr> <td style="padding: 2px;">Date: Click or tap to enter a date.</td> </tr> <tr> <td style="padding: 2px;">Interpreter (If Applicable): Name: Click or tap here to enter text. NRIC No.:Click or tap here to enter text.</td> </tr> </table> | My Signature: Please include name for email submission | Date: Click or tap to enter a date. | Interpreter (If Applicable): Name: Click or tap here to enter text. NRIC No.:Click or tap here to enter text. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Witness' Signature:Please include name for email submission</td> </tr> <tr> <td style="padding: 2px;">Date: Click or tap to enter a date.</td> </tr> <tr> <td style="padding: 2px;">Name of Witness: Click or tap here to enter text. NRIC No.:Click or tap here to enter text.</td> </tr> </table> | Witness' Signature:Please include name for email submission | Date: Click or tap to enter a date. | Name of Witness: Click or tap here to enter text. NRIC No.:Click or tap here to enter text. |
| My Signature: Please include name for email submission | | | | | | | |
| Date: Click or tap to enter a date. | | | | | | | |
| Interpreter (If Applicable): Name: Click or tap here to enter text. NRIC No.:Click or tap here to enter text. | | | | | | | |
| Witness' Signature:Please include name for email submission | | | | | | | |
| Date: Click or tap to enter a date. | | | | | | | |
| Name of Witness: Click or tap here to enter text. NRIC No.:Click or tap here to enter text. | | | | | | | |



Annex Form A (WeCare @ North East Fund)

I need assistance for the following:

- Once-off assistance** while pending receipt of ComCare assistance

Please provide details:

Click or tap here to enter text.

- New Manual Wheelchair / Motorized Wheelchair Repair**

Please provide details:

Click or tap here to enter text.

- Utility Bill Payment / Household Bills**

Please provide details:

Click or tap here to enter text.

- Loss / Reduction of Income**

Please provide details & supporting documents e.g. termination letter:

Click or tap here to enter text.

- Others**

Please provide details:

Click or tap here to enter text.

Referrer's Recommendation/ Endorsement

Referred by: (CDWF Chairman/ Vice-chairman/ SSO IO)

Name: Click or tap here to enter text.

Designation: Click or tap here to enter text.

Remarks: Click or tap here to enter text.

Signature: Please include name for email submission

Date: Click or tap to enter a date.

| Annex Form B (Dedicated North East Ambulance) | |
|--|---|
| Details of Medical History | |
| <ul style="list-style-type: none"> ▪ Is the Applicant a Wheelchair User? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Does the Applicant have difficulty in walking? <input type="checkbox"/> Yes <input type="checkbox"/> No ▪ Additional information: Please attach Medical Reports stating client’s mobility difficulty or relevant health condition ▪ Other Details (if any): Click or tap here to enter text. | |
| Details of Medical Review | |
| Location for Pick Up: Pick up will be done at the void deck (of block as per address stated) unless otherwise indicated below. Please specify location: Click or tap here to enter text. Reason(s): Click or tap here to enter text. | Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly (Once every 2 months) <input type="checkbox"/> Quarterly (Once every 4 months) <input type="checkbox"/> Half Yearly (Once every 6 months) <input type="checkbox"/> Others (Please Specify): Click or tap here to enter text. |
| Location of Medical Review: <input type="checkbox"/> Polyclinic (Please Specify): Click or tap here to enter text. <input type="checkbox"/> Hospital (Please Specify): Click or tap here to enter text. <input type="checkbox"/> Others (Please Specify): Click or tap here to enter text. | |
| By submitting your application, you agree to the following conditions: <ul style="list-style-type: none"> ▪ Applicants should include all relevant and up-to-date medical documents and records. ▪ Operating hours for the ambulance service is Mon – Fri: 9am to 5pm and Sat: 9am to 1pm (not available on Sun & PH). ▪ Any other additional costs in addition to the ambulance transport service will be payable by the applicant directly to the vendor. ▪ Booking of appointment should be done at least 1 week in advance. ▪ Cancellations must be done at least 3 working days in advance. ▪ Pick up will be done at void deck (of block as per address stated) unless otherwise indicated and subject to approval. ▪ Please be punctual and be at the pick-up location on time to avoid delays to other patients. ▪ Should there be a delay in your appointment, please inform the vendor at least 45 minutes before scheduled return trip, subject to availability. ▪ For safety purposes, clients will be required to board the ambulance using a manual wheelchair. The ambulance cannot be used for personal purposes other than visiting the Medical Institutions for therapy or medical appointments. ▪ The ambulance cannot be used for personal purposes other than visiting the Medical Institutions for therapy or medical appointments. ▪ NECDC reserves the right to terminate the ambulance transport service for applicants who cancel/no-show repeatedly without valid reason and/or charge the full cost of the service to the applicant. | |

Annex Form C (Growth Fund – Milk & Diapers)

- **Number of children 6 years & below*** (0 – 5 months) Click or tap here to enter text.
(6 months – 1 year) Click or tap here to enter text.
(2 – 3 years) Click or tap here to enter text.
(4 – 6 years) Click or tap here to enter text.

*Age of the child is based on month of birth as at date of complete application submission.

- **Other Information (if any):**

Click or tap here to enter text.

Note: Vouchers are not for resale and only valid for purchase of children formula milk (13 months to 6 years old) and diapers (0 to 3 years old) only.

Annex Form D (School Transport Subsidy)

| Name of Children | Level <i>(e.g Primary 5, Secondary 3)</i> | Name of School |
|----------------------------------|--|----------------------------------|
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

***Please provide photocopy of the students EZ-Link card(s).**

▪ **Number of children taking school bus and/or public transport.**

- School Bus: Click or tap here to enter text.
- Public Transport: Click or tap here to enter text.

▪ **Other Information (if any):**

Click or tap here to enter text.

BANK BALANCE & SALARY DECLARATION FORM

(If applicant is unable to provide documentation)

Please check the appropriate statement and fill in the details in the blanks provided:

- I declare that the **total bank balance** for myself and/or my household member(s) residing in the address stated below stands at \$Click or tap here to enter text. as at Click or tap to enter a date. (date). I require/do not require*
- I declare that I am currently **unemployed/employed***.
[If employed] I am currently working as Click or tap here to enter text. (occupation) at Click or tap here to enter text. (company). I am earning a monthly gross income (before CPF deduction) of \$Click or tap here to enter text. as at Click or tap to enter a date. (date).
- I declare that I am currently **retrenched/terminated from employment***.
I was/am currently* working as Click or tap here to enter text. (occupation) at Click or tap here to enter text. (company). I was/am currently* earning a monthly gross income (before CPF deduction) of \$Click or tap here to enter text. as at Click or tap to enter a date. (date). My retrenchment/termination date from employment is on Click or tap to enter a date. (date).
- I declare that I have suffered a **loss/reduction of income** in my employment.
I am currently working as Click or tap here to enter text. (occupation) at Click or tap here to enter text. (company). I am currently earning a monthly gross income (before CPF deduction) of \$Click or tap here to enter text. as at Click or tap to enter a date. (date). My monthly gross income (before CPF deduction) was \$Click or tap here to enter text. before the pay-cut effective on Click or tap to enter a date.(date).

Reason(s) for not being able to provide the documentation:

Click or tap here to enter text.

By signing below, I hereby certify that the above information is true and accurate to the best of my knowledge. I understand that North East Community Development Council (NE CDC) reserves the right to verify the above information in whatever means deemed fit and necessary. I understand that NE CDC reserves the right to reject the application; will be liable to repay in full any financial assistance granted and may face prosecution under prevailing laws in Singapore for giving false information to a public servant., should the information declared be found to be inaccurate.

| | |
|---------------------------------|----------------------------------|
| Applicant's Name (as per NRIC) | Click or tap here to enter text. |
| Applicant's NRIC | Click or tap here to enter text. |
| Applicant's Bank Account Number | Click or tap here to enter text. |

**Delete where applicable*

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| Means Testing for Beneficiary's Household | | | |
|--|---|---|---|
| Gross Household Income Click or tap here to enter text. | Total Household Members Click or tap here to enter text. | Per Capita Income (Income/ Household Members) Click or tap here to enter text. | Total Bank Balance of household Click or tap here to enter text. |
| Other Remarks: Click or tap here to enter text. | | | |
| Officer's Recommendation | | | |
| WeCare @ North East Fund | <input type="checkbox"/> Once-off assistance <ul style="list-style-type: none"> - \$300 per household without school-going children or - \$200 per child (age 6 years & below) or - \$100 per child (attending school in Primary 1-6, Secondary, ITE and local Polytechnics) <p>Note: Applications may receive a once-off assistance, either per household or children's education, capped at 4 children per household. Disbursement is made to the main applicant. Copy of birth certificates must be included in the application.</p> <p>Sub-total Amount: Click or tap here to enter text.</p> | | |
| | <input type="checkbox"/> Household needs & arrears <p style="margin-top: 10px;">Type: Click or tap here to enter text. Sub-total Amount: Click or tap here to enter text.</p> <p>Note: NECDC reserves the right to assist applicant through other means such as settling of household arrears, in which the applicant will not be eligible to receive any monthly household assistance.</p> | | |
| | <input type="checkbox"/> Household monthly assistance <ul style="list-style-type: none"> - \$200 (PCI falls between \$751 - \$800) (Max. up to 3 months: \$600) - \$250 (PCI falls between \$701 - \$750) (Max. up to 3 months : \$750) - \$300 (PCI falls between \$651 - \$700) (Max. up to 3 months : \$900) <p>Sub-total Amount: Click or tap here to enter text.</p> | | |
| | | | |
| | If approved, please state total assistance quantum: Reasons for rejection/deviation, if any: Click or tap here to enter text. | | |

| | |
|--|--|
| <p>Dedicated North East Ambulance (DNA)</p> | <p style="text-align: center;"> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not Applicable </p> <p>Reasons, if any: Click or tap here to enter text.</p> |
| <p>Growth Fund (Milk & Diaper)</p> | <p style="text-align: center;"> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not Applicable </p> <ul style="list-style-type: none"> - Vouchers worth \$600 for Diapers (0 – 5 months) Qty:Click or tap here to enter text. - Vouchers worth \$500 for Formula Milk / Diapers * (6 months – 1 year) Qty:Click or tap here to enter text. - Vouchers worth \$400 for Formula Milk / Diapers * (2 – 3 years) Qty:Click or tap here to enter text. - Vouchers worth \$300 for Formula Milk (4 – 6 years) Qty:Click or tap here to enter text. <p>If approved, please state total assistance quantum: Reasons for rejection/deviation, if any: Click or tap here to enter text.</p> |
| <p>School Transport Subsidy</p> | <p style="text-align: center;"> <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not Applicable </p> <p>If approved, please state total assistance quantum: Click or tap here to enter text. Reasons for rejection/deviation, if any:</p> <ul style="list-style-type: none"> - Click or tap here to enter text. |

For CDC Use / Approval*

Checked by: (To be completed by CDC Manager)

Name: Click or tap here to enter text.

Signature: Please include name for email submission

Designation: Click or tap here to enter text.

Date: Click or tap to enter a date.

Remarks (if any):

Click or tap here to enter text.

Supported by: (To be completed by Team Leader)

Name: Click or tap here to enter text.

Signature: Please include name for email submission

Designation: Click or tap here to enter text.

Date: Click or tap to enter a date.

Remarks (if any):

Click or tap here to enter text.

Approved by: (To be completed by DGM/GM)

Name: Click or tap here to enter text.

Signature: Please include name for email submission

Designation: Click or tap here to enter text.

Date: Click or tap to enter a date.

Remarks (if any):

Click or tap here to enter text.

**E-signature, email support and/or approval may be sought.*

For WeCare Committee (After endorsement by CDWF and CDC)

**Applicable for WeCare applications only*

Approved by;

Name: Click or tap here to enter text.

Signature: Please include name for email submission

Designation: Click or tap here to enter text.

Date: Click or tap to enter a date.