



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

Assistance Schemes Application Form

| For Referring Partner's Official Use | |
|--------------------------------------|-----------|
| Date Received: | Division: |
| Remarks: | |

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> <ul style="list-style-type: none"> <input type="checkbox"/> Photocopies of NRIC of applicant and <u>all</u> adult household members (front & back) <input type="checkbox"/> Photocopies of birth certificate for <u>all</u> children attending up to pre-university educational institutions <input type="checkbox"/> Past 3 months' payslips OR past 6 months' CPF statement of applicant and <u>all</u> adults in the household** <input type="checkbox"/> Bank statement of applicant and all household members <u>as of date of application</u>*** <p>**For non-salaried applicants, please attach past six months CPF contribution *** 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 |

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| <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): | | NRIC Number: | |
| Date of Birth (DD/MM/YY): | 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): | Contact Number (Mobile): | E-mail Address: | |
| Occupation & Name of Current Employer (if any): | | Gross Monthly Income of Applicant: | |
| If currently unemployed, please provide duration of unemployment: | | Bank Balance of Applicant: | |
| <p>I have Paynow <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, my Paynow is registered using my <input type="checkbox"/> Mobile Number <input type="checkbox"/> NRIC Number</p> <p>If no, please provide bank, account name & number for GIRO transfer;</p> <ul style="list-style-type: none"> • Bank Name: • Account Name: • Account Number: | | | |
| Applicant's Residential Address: | | | |
| <p>Type of Residence:</p> <p><input type="checkbox"/> Rental HDB <input type="checkbox"/> Purchased HDB</p> <p>- <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</p> <p><input type="checkbox"/> Others (Please Specify):</p> | | | |
| <p>Is Applicant currently receiving any other social/welfare assistance?</p> <p>If Yes, please specify:</p> <p>If Applicant was rejected by social/welfare assistance, please specify reason(s):</p> | | | |

| III) | Applicant's Family Particulars | | | | |
|--|---|------|--------------------------|----------------------|--------------|
| Relationship to Applicant | Name of Family Member | NRIC | Date of Birth (DD/MM/YY) | Gross Monthly Income | Bank Balance |
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| 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: ▪ Family situation, if relevant: ▪ Medical condition(s), if relevant: ▪ Currently receiving any form of social/welfare assistance, if relevant: ▪ Any other information: | | | | | |

| | |
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| V) | Applicant's Declaration |
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North East CDC reserves the right to reject applications without declaration

ComCare:

I understand that the following may be carried out, for the purposes of facilitating my application for financial or other assistance from your Agency:

- 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.

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]:

- 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.

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.

Self-Declaration:

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.

I understand the following terms and conditions:

- **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.**

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.

Consent for Other Purposes:

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:

- 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.

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| My Signature: |
| Date: |
| Interpreter (If Applicable): |
| Name: |
| NRIC No.: |

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|---------------------|
| Witness' Signature: |
| Date: |
| Name of Witness: |
| NRIC No.: |



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:

- New Manual Wheelchair / Motorized Wheelchair Repair**

Please provide details:

- Utility Bill Payment / Household Bills**

Please provide details:

- Loss / Reduction of Income**

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

- Others**

Please provide details:

Referrer's Recommendation/ Endorsement

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

Name:

Signature:

Designation:

Date:

Remarks (if any):

Annex Form B (Dedicated North East Ambulance)

Details of Medical History

- **Is the Applicant a Wheelchair User?** Yes No
- **Does the Applicant have difficulty in walking?** Yes No
- **Additional information:**
Please attach Medical Reports stating client's mobility difficulty or relevant health condition
- **Other Details (if any):**

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:

Reason(s):

Frequency

- Weekly
- Monthly
- Bi-Monthly (Once every 2 months)
- Quarterly (Once every 4 months)
- Half Yearly (Once every 6 months)
- Others (Please Specify):

Location of Medical Review:

- Polyclinic (Please Specify):
- Hospital (Please Specify):
- Others (Please Specify):

By submitting your application, you agree to the following conditions:

- 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)
(6 months – 1 year)
(2 – 3 years)
(4 – 6 years)

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

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

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

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

- School Bus:
- Public Transport:

▪ **Other Information (if any):**

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 \$ _____ as at _____ (date).
- I declare that I am currently **unemployed/employed***.
[If employed] I am currently working as _____ (occupation) at _____ (company).
I am earning a monthly gross income (before CPF deduction) of \$ _____ as at _____ (date).
- I declare that I am currently **retrenched/terminated from employment***.
I was/am currently* working as _____ (occupation) at _____ (company). I was/am currently* earning a monthly gross income (before CPF deduction) of \$ _____ as at _____ (date). My retrenchment/termination date from employment is on _____ (date).
- I declare that I have suffered a **loss/reduction of income** in my employment.
I am currently working as _____ (occupation) at _____ (company). I am currently earning a monthly gross income (before CPF deduction) of \$ _____ as at _____ (date). My monthly gross income (before CPF deduction) was \$ _____ before the pay-cut effective on _____ (date).

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

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) | |
| Applicant's NRIC | |
| Applicant's Bank Account Number | |

**Delete where applicable*

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| Means Testing for Beneficiary's Household | | | |
|---|---|---|---------------------------------|
| Gross Household Income | Total Household Members | Per Capita Income (Income/ Household Members) | Total Bank Balance of household |
| Other Remarks: | | | |
| 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> | | |
| | Sub-total Amount: | | |
| | <input type="checkbox"/> Household needs & arrears <p style="margin-left: 40px;">Type: Sub-total Amount:</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) | | |
| | Sub-total Amount: | | |
| If approved, please state total assistance quantum: Reasons for rejection/deviation, if any: | | | |

| | |
|--|---|
| <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:</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: - Vouchers worth \$500 for Formula Milk / Diapers * (6 months – 1 year) Qty: - Vouchers worth \$400 for Formula Milk / Diapers * (2 – 3 years) Qty: - Vouchers worth \$300 for Formula Milk (4 – 6 years) Qty: <p>If approved, please state total assistance quantum: Reasons for rejection/deviation, if any:</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: Reasons for rejection/deviation, if any:</p> |

| For CDC Use / Approval* | |
|---|------------|
| Checked by: (To be completed by CDC Manager) | |
| Name: | Signature: |
| Designation: | Date: |
| Remarks (if any): | |
| Supported by: (To be completed by Team Leader) | |
| Name: | Signature: |
| Designation: | Date: |
| Remarks (if any): | |
| Approved by: (To be completed by DGM/GM) | |
| Name: | Signature: |
| Designation: | Date: |
| Remarks (if any): | |

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

| For WeCare Committee (After endorsement by CDWF and CDC) | |
|---|-------------------|
| <i>*Applicable for WeCare applications only</i> | |
| Approved by; | |
| <i>Name:</i> | <i>Signature:</i> |
| <i>Designation:</i> | <i>Date:</i> |