

Application Form For Schemes Administered By Agency For Integrated Care

Eligibility criteria	Pioneer Generation Disability Assistance Scheme (PioneerDAS)	Foreign Domestic Worker (FDW) Grant	FDW Levy Concession for Persons with Disabilities (PWD)	Interim Disability Assistance Programme for the Elderly (IDAPE)
About the scheme	Life-long cash assistance of \$100 per month for a Pioneer.	Cash assistance of \$120 per month for a family who hires a FDW to care for a patient.	Lower monthly concessionary FDW Levy of \$60 (instead of \$265) for a family who hires a FDW to care for a patient.	Cash assistance of \$250 or \$150 per month for up to 72 months for a disabled elderly.
Lives in Singapore	✓	✓	✓	✓
Citizenship/ Pioneer status	The patient is a Pioneer.	i) The patient is a Singapore Citizen; <u>or</u> ii) The patient is a Permanent Resident aged 65 and above, and the FDW employer is a Singapore Citizen.	The patient is a Singapore Citizen.	The patient is a Singapore Citizen who is not eligible for ElderShield.
Age	Born before 1950.	If the patient is a Permanent Resident he/she has to be aged 65 and above.	Patient aged 16 to 64. (Patient aged 15 and below is under Young Child Scheme; patient aged 65 and above is under Aged Person Scheme.)	i) Born on or before 30 Sep 1932; <u>or</u> ii) Born between 1 Oct 1932 and 30 Sep 1962 and have pre-existing disabilities as at 30 Sep 2002.
Needs permanent help in Activities of Daily Living (ADLs): • Eating, • Bathing, • Dressing, • Transferring, • Toileting, and • Walking/moving around.	Moderate disability (At least 3 ADLs as assessed using the Functional Assessment Report found on www.silverpages.sg).	Moderate disability (At least 3 ADLs as assessed using the Functional Assessment Report found on www.silverpages.sg).	Mild disability (At least 1 ADL as assessed using the Functional Assessment Report found on www.silverpages.sg).	Severe disability (As assessed by the approved IDAPE and EldersShield assessors found on www.silverpages.sg . The Assessor Statement will be provided by the assessors only).
The patient is the FDW employer <u>or</u> the patient and the FDW employer are family members living at the same NRIC address.	N.A.	✓	✓	N.A.
Household monthly income per person is \$2,600 and less, <u>or</u> annual value of property is less than \$13,000 for households without income.	N.A.	✓	N.A.	✓
FDW has attended the FDW Grant caregivers' training approved by AIC.	N.A.	✓	N.A.	N.A.
Applicable for 1 FDW per patient. Each household is capped at 2 FDWs caring for 2 patients at any one time.	N.A.	✓	✓ Including concession granted under Young Child Scheme and Aged Person Scheme.	N.A.
Other useful information	To check if you are a Pioneer, please visit www.pioneers.sg or call 1800 2222 888.	For questions on FDW employment and Levy Concession (Young Child and Aged Person Schemes), please visit www.mom.gov.sg or call 6438 5122.		N.A.

Instructions:

1. This form is used by applicants applying for the following schemes administered by the Agency for Integrated Care (AIC). For more information about these schemes, please:

- Visit www.silverpages.sg;
- Email apply@aic.sg; or
- Call Singapore Silver Line at 1800 650 6060.

Operating Hours:

Monday – Friday: 8.30am to 8.30pm

Saturday: 8.30am to 4pm

Closed on Sundays and Public holidays.

2. Please make sure that you meet the scheme eligibility criteria on page 1 before completing this form.
3. The payment for PioneerDAS, FDW Grant and/or IDAPE that the patient may be eligible for will be deposited into the same nominated bank account in Part 4. If you wish to nominate different bank accounts for different schemes, please submit the Change in Application Details Form to AIC. You may download the Form from www.silverpages.sg.
4. This form will take about 20 minutes to complete.
5. This form is subject to and incorporates the terms and conditions of the respective scheme(s) which you may access electronically at www.silverpages.sg. You may also call the Singapore Silver Line to request for a copy of the terms and conditions to be mailed to your address.
6. By signing and/or affixing your thumbprint, you acknowledge to have read and accepted the terms and conditions governing the scheme(s).

Application Form For Schemes Administered By Agency For Integrated Care



Part 1: Scheme Application (Must complete)

I would like to apply for the following scheme(s) (can tick ✓ more than 1 scheme):

- PioneerDAS
 IDAPE
 FDW Grant
 FDW Levy Concession (PWD)

Part 2: Patient Particulars (Must complete all fields)

Name (according to NRIC)

NRIC

Contact Number

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Address

Postal Code

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Doctor's Certification for Patients Lacking Mental Capacity

- 1) If the above Patient lacks mental capacity, this portion **must** be completed by a fully registered doctor under Singapore Medical Council (SMC), unless a deputy has been appointed by the Court.
- 2) The doctor's certification must be made **no more than six months** before the date this form is submitted, unless the Patient is certified to lack mental capacity permanently. If the doctor is not present to certify and sign this form, a doctor's note indicating that the Patient is unable to provide consent and relevant medical reason may be attached.

I certify that the above Patient lacks mental capacity and is unable to provide consent for the purpose of this application.

Lack of mental capacity is permanent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Doctor:		
MCR No.:		
Date:		
Signature:		
Official stamp of clinic/hospital:		

Part 3a: FDW Employer Particulars
(For FDW Grant and FDW Levy Concession (PWD) only)

The FDW Employer is (please tick ✓ one):

- Patient in Part 2 (skip the following section and go to Part 3b)
- Others (please complete this section below)

NRIC / FIN

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Contact Number

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Email

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The Patient is your (please tick ✓ one):

- Spouse
- Parent / Parent-in-law
- Grandparent / Grandparent-in-law
- Child / Child-in-law
- Grandchild / Grandchild-in-law
- Sibling / Sibling-in-law
- Others: (please specify: _____)

Part 3b: FDW Particulars
(For FDW Grant and FDW Levy Concession (PWD) only)

Work Permit Number

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The FDW is trained at (please tick ✓ one):

- Public Hospitals or Transitional Convalescent Facility (please submit completed Section C of the Functional Assessment Report (FAR))
- AIC-approved training courses for the FDW Grant (please submit the Caregiver Training Certificate from AIC-approved training provider)

**Part 4: Nominated Bank Account
(For PioneerDAS, FDW Grant and IDAPE only)**

Bank Account Number

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Name of Bank

- DBS / POSB UOB OCBC Others (please specify: _____)

The bank account belongs to (please tick ✓ one):

- Patient in Part 2 (single account)
- Patient in Part 2 (joint account)
- FDW Employer in Part 3a (applicable for FDW Grant only)
- Nursing Home (please specify: _____)
- Others (please complete the section below)

NRIC / FIN

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Contact Number

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Email

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The Patient is your (please tick ✓ one):

- Spouse
- Parent / Parent-in-law
- Grandparent / Grandparent-in-law
- Child / Child-in-law
- Grandchild / Grandchild-in-law
- Sibling / Sibling-in-law
- Others: (please specify: _____)

Checklist

- 1) For IDAPE and FDW Grant application, please submit the Means-Test Declaration Form and supporting documents by mail to:
MOH Holdings at Harbourfront Centre Post Office, P.O. Box 074, Singapore 910932

If you have been means-tested in the past two years and there is no change to your address, household income per person or household members, you do not need to re-submit the Means Test Declaration Form. For more information, please call MOH Holdings at 1800 275 2427.

- 2) Documents required for AIC Scheme application:

Documents to be submitted to AIC	PioneerDAS	FDW Grant	FDW Levy Concession for (PWD)	IDAPE
Completed Application Form with signatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear copy of Patient's NRIC (front and back)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear copy of 3rd party Bank Account Holder's NRIC (front and back)	<input type="checkbox"/>	<input type="checkbox"/>	N.A.	<input type="checkbox"/>
Clear copy of bank book/statement indicating the Bank Account Holder name(s) and account number	(If applicable) <input type="checkbox"/>	(If applicable) <input type="checkbox"/>	N.A.	(If applicable) <input type="checkbox"/>
Completed 1) Functional Assessment Report OR 2) Doctor's note indicating that the patient is bedridden OR 3) IDAPE/ElderShield claim approval letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N.A.
Completed IDAPE Assessor Statement (to be provided by the assessors only)	N.A.	N.A.	N.A.	<input type="checkbox"/>
Copy of doctor's note indicating that the Patient is unable to provide consent due to medical condition OR Court Order for deputy appointment	(If applicable) <input type="checkbox"/>	(If applicable) <input type="checkbox"/>	(If applicable) <input type="checkbox"/>	(If applicable) <input type="checkbox"/>
Clear copy of FDW Employer's NRIC (front and back) (Duplicate copy is not required if FDW Employer is the Patient)	N.A.	<input type="checkbox"/>	N.A.	N.A.
Clear copy of Foreign Domestic Worker's (FDW) Work Permit (front and back).	N.A.	<input type="checkbox"/>	<input type="checkbox"/>	N.A.
Clear copy of FDW's certificate of attendance issued by an AIC-approved caregiver training course for FDW Grant application OR Section C of the Functional Assessment Report completed by Public Hospitals or Transitional Convalescent Facility.	N.A.	<input type="checkbox"/>	N.A.	N.A.

To apply for PioneerDAS, FDW Grant and FDW Levy Concession (PWD), please send the above documents to AIC by:

- (a) **Email:** apply@aic.sg (Please ensure that each email size does not exceed 15 MB, and each attachment does not exceed 1 MB.)
- (b) **Mail-in:** 7 Maxwell Road, #04-01, MND Complex Annex B, S(069111)
- (c) **Walk-in:** AICare Link @ Maxwell: 7 Maxwell Road, #04-01, MND Complex Annex B, S(069111)
Mondays to Fridays: 8.30 am to 5.30 pm
Weekends and Public Holidays: Closed
For other available AICare Link locations, please refer to www.silverpages.sg/AICareLink or the attached Annex A.

To apply for IDAPE, please submit the above application documents to the assessors. The assessors will submit the application documents to AIC together with the IDAPE Assessor Statement.

Our AICare Links are located at:

Annex 1

AICare Link @ Maxwell

7 Maxwell Road
#04-01

MND Complex Annex B
Singapore 069111

*Above Amoy Food Centre
(Near Tanjong Pagar MRT Station)*

Mon-Fri: 8.30am to 5.30pm
Closed on weekends and public holidays

AICare Link @ Changi General Hospital

2 Simei Street 3
Singapore 529889

*Discharge Lounge at
Main Building Level 1, Atrium
(Near Simei MRT Station)*

Mon-Fri: 9.30am to 6pm
Sat: 9am to 1pm
Closed on Sundays and public holidays

AICare Link @ Khoo Teck Puat Hospital

90 Yishun Central
Singapore 768828

*Patient Service Centre,
Tower B, Level 1
(Near Yishun MRT Station)*

Mon-Fri: 9.30am to 6pm
Sat: 8.30am to 12.30pm
Closed on Sundays and public holidays

AICare Link @ National University Hospital

5 Lower Kent Ridge Road
Singapore 119074

*Main Building Lobby B, Level 1
(Near Kent Ridge MRT Station)*

Mon-Fri: 9.30am to 6pm
Sat: 9am to 1pm
Closed on Sundays and public holidays

AICare Link @ Ng Teng Fong General Hospital

1 Jurong East Street 21
Singapore 609606

*Tower B, Level 2
Near Visitor Self-registration Kiosk
(Near Jurong East MRT Station)*

Mon-Fri: 9.30am to 6pm
Sat: 9am to 1pm
Closed on Sundays and public holidays

AICare Link @ Singapore General Hospital

Outram Road
Singapore 169608

*Block 6, Level 1, beside Kopitiam
(Near Outram MRT Station)*

Mon-Fri: 9:30am to 6pm
Sat: 9am to 1pm
Closed on Sundays and public holidays

AICare Link @ Tan Tock Seng Hospital

11 Jalan Tan Tock Seng
Singapore 308433

*CareConnect, Level 1, Atrium
(Near Novena MRT Station)*

Mon-Fri: 9.30am to 6pm
Sat: 9am to 1pm
Closed on Sundays and public holidays

For more information, please visit www.silverpages.sg or
Call Singapore Silver Line at **1800-650-6060**