

TERMS AND CONDITIONS AGREED BY FDW EMPLOYER / CAREGIVER ACTING ON BEHALF OF FDW EMPLOYER WHO LACKS MENTAL CAPACITY

1. I understand that my Foreign Domestic Worker Grant (“FDW Grant”) application is approved based on my declaration that that I am/ the applicant is the FDW Employer and I satisfy/ the applicant satisfies the following eligibility criteria (“Eligibility Criteria”) for the FDW Grant:
 - (a) The Patient is a Singapore Citizen OR if the Patient is a Permanent Resident, he/she is 65 years old or above and the Employer is a Singapore Citizen.
 - (b) The Employer (if he/she is not the Patient) is a family member of the Patient, and lives together with the Patient at the same address as registered with the Immigration and Checkpoints Authority (ICA).
 - (c) The per capita monthly household income of the Employer is \$2,600 and less. If the household has no income, the annual value of the property where the household resides is less than \$13,000.
 - (d) The Patient requires permanent assistance with at least 3 out of 6 Activities of Daily Living (ADLs): (i) showering/bathing; (ii) dressing; (iii) eating; (iv) toileting; (v) transferring from chair to bed or vice versa; and (vi) walking or moving on level surfaces.
 - (e) The FDW has gone through the relevant Caregiver’s Training approved by AIC.
2. Where I am making the application on behalf of the Employer who is the Patient and lacks mental capacity, I further declare that I am:
 - (a) His/Her appointed donee(s) acting under a Lasting Power of Attorney under the Mental Capacity Act (Cap. 177A); OR
 - (b) His/Her deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Patient; OR
 - (c) His/Her main caregiver.
3. I understand that in order to be eligible for the FDW Grant, the Eligibility Criteria set out in Paragraph 1 must be satisfied. I will inform AIC immediately if I/the Patient no longer satisfy any of the Eligibility Criteria or I become aware that the Patient has passed on.
4. I affirm that all the information given in my application (including all the documents submitted) is true and accurate to the best of my knowledge, and I have not deliberately omitted any relevant fact. I have read through and understood all the terms and conditions of my application and agree to be bound by them.
5. I understand that if I am found to have provided any false or inaccurate information in my application, or if the Employer and/or the Patient no longer satisfy the Eligibility Criteria:

- (a) Payments under FDW Grant may be withheld; and
 - (b) I will be obliged to refund the FDW Grant or any part thereof which has already been paid to me.
6. I authorize the Agency for Integrated Care (“AIC”) to make FDW Grant payment into my Nominated Bank Account indicated in my FDW Grant application.
7. I will fully indemnify AIC and the Government of the Republic of Singapore against any loss, damage, cost and expense whatsoever, including any legal cost on a full indemnity basis, which may be incurred by AIC and the Government of the Republic of Singapore as a result of any false or inaccurate information given by me or my failure to comply with my obligations.
8. I agree to abide by AIC’s decision regarding my application, which shall be final.

TERMS AND CONDITIONS AGREED BY NOMINATED BANK ACCOUNT HOLDER WHO IS NOT THE FDW EMPLOYER NOR PATIENT

1. I I/We understand that I/we will receive the FDW Grant payment based on my declaration that I am/ we are the nominated bank account holder(s) stated in the FDW Grant application and I am/ we are the donee(s)/ deputy(s)/ main caregiver of the Patient.
2. I/ We agree and undertake as follows:
- (a) I/ We will use the FDW Grant payment made to the Nominated Bank Account only for the care of the Patient;
 - (b) I/ We will inform AIC immediately in writing when the Patient has passed on or ceases to satisfy the Eligibility Criteria;
 - (c) Upon written demand by AIC, I/ we will refund to AIC any FDW Grant payments paid to the Nominated Bank Account when the Patient is no longer eligible;
 - (d) I/ We will fully indemnify AIC and the Government of the Republic of Singapore against any loss, damage, cost and expense whatsoever, including any legal cost on a full indemnity basis which may be incurred by AIC and the Government of the Republic of Singapore as a result of my/ our failing to abide by the terms and conditions.

This clause applies where the Patient is found eligible for and accepted into the Pioneer Generation Disability Assistance Scheme (“PioneerDAS”):

3. I/ We agree and undertake as follows:
- (a) I/ we will use the PioneerDAS payment made to the Nominated Bank Account only for the care of the Patient.
 - (b) I/ we will inform AIC immediately in writing when the Patient has passed on or

when the Patient ceases to satisfy the PioneerDAS Eligibility Criteria*

- (c) Upon written demand by AIC, I/ we will refund to AIC any PioneerDAS payments paid to the Nominated Bank Account when the Patient is no longer eligible;
- (d) I will fully indemnify AIC and the Government of the Republic of Singapore against any loss, damage, cost and expense whatsoever, including any legal cost on a full indemnity basis which may be incurred by AIC and the Government of the Republic of Singapore as a result of my failing to abide by the terms and conditions.

* Eligibility Criteria for the PioneerDAS are as follows:

- (a) The Pioneer is born on or before 31 December 1949;
- (b) The Pioneer is a citizen of Singapore on or before 31 December 1986, and remains a Singapore citizen;
- (c) The Pioneer continues to stay in Singapore; and
- (d) The Pioneer continues to require assistance with at least 3 out of 6 Activities of Daily Living (ADLs): (i) showering/bathing; (ii) dressing; (iii) eating; (iv) toileting; (v) transferring from chair to bed or vice versa; and (vi) walking or moving on level surfaces.

CONSENT FOR DISCLOSURE AND USE OF PERSONAL INFORMATION AGREED BY FDW EMPLOYER, PATIENT AND 3RD PARTY NOMINATED BANK ACCOUNT HOLDER

Definitions

1. Throughout this Section, the words and expressions below shall have the meanings hereby ascribed to them.
 - 1.1 “**Cooperating Parties**” shall refer to the Government of the Republic of Singapore (the “**Government**”), and statutory boards and organisations approved by the Government that are involved in or assisting in the provision and delivery of the Services and Schemes.
 - 1.2 “**Personal Information**” means an individual’s personal data (e.g. name, NRIC No, address, age, gender, family/household structure), financial data (e.g. income, savings, insurance coverage), consumption data (e.g. payment for utilities, housing, healthcare bills, scheme participation), social assistance data (e.g. social assistance history, assessments for eligibility and suitability for various Services and Schemes, social worker case reports) or medical information, that is relevant for the Purpose (as defined in Paragraph 3 below).
 - 1.3 “**Services and Schemes**” means public services and schemes, which includes the FDW Grant as well as:

- (a) any healthcare, aged care, childcare, disability, education, social assistance and counselling services and schemes;
- (b) any form of financial assistance such as subsidies, grants, tax reliefs, vouchers or bursaries; and
- (c) retirement, savings and insurance schemes operated by Government, CPF Board or their appointed agents.

Consent

2. I understand that the sharing of personal information between different entities such as the Government, and certain participating statutory boards and organisations approved by the Government, will assist in the evaluation of my suitability and eligibility for the Services and Schemes.
3. I agree that any Cooperating Party may:
 - (a) collect my Personal Information from me or any of the other Cooperating Parties;
 - (b) disclose my Personal Information to any of the other Cooperating Parties; and
 - (c) use my Personal Information,regardless of whether my Personal Information relates to matters occurring before, on or after the date of this consent, for the purposes of:
 - (a) evaluating my suitability and eligibility for the Services and Schemes at any time;
 - (b) the administration and provision of the Services and Schemes in relation to me; and/or
 - (c) data analysis, evaluation and policy formulation, in which I shall not be identified as specific individuals or households (collectively known as the "**Purpose**").
4. I consent to AIC obtaining the Patient medical information from any healthcare professional who is providing or has provided medical care, treatment to, or has medically assessed the Patient.
5. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.