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; or 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; or 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 Eldershield assessors found on www.silverpages.sg. The Assessor Statement will be provided by the assessors only).
The patient is the FDW employer or 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, or 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;
    - call 1800 650 6060; or
    - email apply@aic.sg
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. By signing and/or affixing your thumbprint, you acknowledge to have read and accept the terms and conditions governing the scheme(s).

Part 1: Scheme Application (Must complete)

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

☐ PioneerDAS
☐ FDW Grant
☐ FDW Levy Concession
☐ IDAPE

Part 2: Patient Particulars (Must complete)

Name (according to NRIC)

NRIC

Contact Number

Address

Postal Code

Signature/Thumbprint* of Patient & Date

*Note: For patient below 18 years old or lacks mental capacity, his/her signature is not required. Doctor's certification below is required for patient who lacks mental capacity.

Doctor's Certification of Mental Incapacity

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 separate 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:	☐ Yes ☐ 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)

Name (according to NRIC)

NRIC

Contact Number

Email

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:_____)

Signature/Thumbprint of FDW Employer & Date

Part 3b: FDW Particulars

(For FDW Grant and FDW Levy Concession (PWD) Only)

Name (according to Work Permit)

Work Permit Number

Part 4: Nominated Bank Account

(For PioneerDAS, FDW Grant and IDAPE Only)

Bank Account Number

Name of Bank

☐ DBS Bank ☐ POSB ☐ UOB ☐ OCBC ☐ Others (please specify:_____)

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

☐ Patient in Part 2

☐ FDW Employer (applicable for FDW Grant only)

☐ Nursing Home (please specify:_____)

☐ Others (please complete this section)

Name (according to NRIC)

NRIC/FIN

Contact number

Address

Postal Code

Email

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:_____)

Signature*/Thumbprint of bank account holder & Date

*For nursing home, please include the authorised signatory name, designation and organisation stamp.

*I authorise AIC to deposit the payment into the same nominated bank account for PioneerDAS/FDW Grant/ IDAPE that I or the patient may be eligible for.

Part 5: Caregiver Particulars

(For Patient Who Lacks Mental Capacity Only)

The Caregiver is (please tick ✓ one):

☐ FDW Employer in Part 3a

☐ Bank Account Holder in Part 4

☐ Others (please complete this section)

Name (according to NRIC)

NRIC

Contact Number

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

☐ Nursing Home Resident

☐ Others (Please specify:_____)

Signature/Thumbprint of Caregiver & Date

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	**PioneerDAS**	**FDW Grant**	**FDW Levy Concession (PWD)**	**IDAPE**
Completed Application Form with signatures	❑	❑	❑	❑
Copy of Patient's NRIC (front and back)	❑	❑	❑	❑
Copy of 3rd Party Bank Account Holder's NRIC (front and back)	(If applicable) ❑	(If applicable) ❑	N.A.	(If applicable) ❑
Copy of bank book/statement indicating the Bank Account Holder name(s) and account number	❑	❑	N.A.	❑
Completed 1) Functional Assessment Report OR 2) Doctor's note indicating that the Patient is bedridden OR 3) IDAPE/ElderShield claim approval letter	❑	❑	❑	N.A.
Completed IDAPE Assessor's Statement (to be provided by the assessors only)	N.A.	N.A.	N.A.	❑
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) ❑	(If applicable) ❑	(If applicable) ❑	(If applicable) ❑
Copy of FDW Employer's NRIC (front and back) (Duplicate copy is not required if FDW Employer is the Patient)	N.A.	❑	N.A.	N.A
Copy of Foreign Domestic Worker's (FDW) Work Permit (front and back)	N.A.	❑	❑	N.A
Copy of FDW's certificate of attendance issued by an AIC-approved caregiver training course for FDW Grant application	N.A.	❑	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 your email size does not exceed 15 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

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.

Functional Assessment Report
功能评估报告

IMPORTANT NOTE: This report assesses the need for assistance in Activities of Daily Living and is only for the purpose of application of specific government schemes administered by AIC (i.e. Pioneer Generation Disability Assistance Scheme, Foreign Domestic Worker (FDW) Grant and FDW Levy Concession for Persons with Disabilities), SG Enable, SNTC and HDB. It is NOT valid for the Interim Disability Assistance Programme for the Elderly (IDAPE) or ElderShield. If you are applying for IDAPE, please visit an appointed IDAPE assessor to complete the IDAPE Assessor Statement. If you are applying for ElderShield, please use the ElderShield claim form. More information on ElderShield is available from the websites of Aviva, Great Eastern and NTUC Income. Please contact the individual agencies if there are further queries on the other government schemes.

Any Singapore-registered doctor's memo or document certifying that person needing assessment is permanently bedridden may be accepted in lieu of the functional assessment report.

要注：这份报告旨在评估一个人在日常生活活动中是否需要帮助，唯一目的是用来申请护联中心（如：建国一代残疾人士援助计划（PioneerDAS）、女佣雇主补贴(FDW Grant)，以及外籍女佣减税计划（残疾人士）(FDW Levy Concession for Persons with Disabilities））、新加坡协助残疾人自立局、特需信托机构及建屋局等机构管理的特定政府计划。它不适用于申请乐龄中期残障援助计划(IDAPE)或乐龄健保计划(ElderShield)。若是您想申请乐龄中期残障援助计划，请安排该计划的指定评估员为您填写评估表格。若是您想申请乐龄健保计划,请使用乐龄健保索赔表格。欲知更多有关乐龄健保计划的详情，请参阅Aviva、大东方及职总英康保险公司网站。关于其他政府计划的询问，请联系个别的相关机构。

如拥有新加坡注册医生的备忘录或文件证明申请人需长期卧床，申请人无需进行日常生活活动能力的评估。

SECTION A: TO BE COMPLETED BY PERSON NEEDING ASSESSMENT / CAREGIVER
A组：由需要评估 / 看护人者填写

Name of Person Assessed : _____
受评估者姓名

NRIC/BC : _____
身份证 / 出生证号码

Important: Please proceed to complete this form, only if the person has required assistance in Section A Part 1 (iii) to (viii) for more than 6 months and/or if the person will require assistance in Section A Part 1 (iii) to (viii) on a permanent basis.
注意：唯有在受评估者已在A组第1部分（iii）至（viii）项中需要超过6个月的援助及 / 或将在A组第1部分（iii）至（viii）项中需要永久性帮助的情况下才填写这份表格。

1 INFORMATION ON FUNCTIONAL STATUS (TO BE COMPLETED BY PERSON NEEDING ASSESSMENT / CAREGIVER)
关于功能状况的资料（由需要评估 / 看护人者填写）
Please provide additional information to aid the assessment.
请提供额外资料以助评估。

Please circle the answers that apply for the person needing assessment:
请圈出适用于需要评估者的答案：

i	Does the person assessed need a mobility aid when indoors? 受评估者在户内时是否需要助行器？	Yes / No 需要 / 不需要
ii	If "Yes", please indicate the mobility aids used: 若是"需要"，请注明所使用的助行器： ☐ Wheelchair (Powered / Manual) 轮椅（电动 / 人工） ☐ Artificial Limbs / Devices 义肢 / 器具 ☐ Crutches 拐杖	

	☐ Walking Cane / Quad Stick 助行藤杖 / 四脚拐杖 ☐ Walking Frame (with/without wheels) 助行框（有轮 / 无轮） ☐ Others (please specify) 其他（请注明）_____	
iii	Does the person need help to move (with or without walking aids or wheelchair) between his or her room to the toilet in his or her home? 受评估者在家里是否需要帮助才能从房间去厕所（有或无助行器或轮椅？	Yes / No 需要 / 不需要
iv	Does the person need help to bathe and dry himself or herself (excluding the back)? 受评估者洗澡或擦干身体（背部除外）时是否需要帮助？	Yes / No 需要 / 不需要
v	Does the person need help to wear and take off both upper and lower body clothing? 受评估者穿衣穿裤及脱衣脱裤时是否需要帮助？	Yes / No 需要 / 不需要
vi	Does the person need help to cut up food, bring the food to the mouth, chew and swallow? 受评估者割切食物、把食物放进嘴巴、咀嚼及吞咽时是否需要帮助？	Yes / No 需要 / 不需要
vii	Does the person need help to use the toilet and to clean himself or herself after passing motion or urination? 受评估者如厕时及大小便后清理自己是否需要帮助？	Yes / No 需要 / 不需要
viii	Does the person need help to transfer from bed to chair (or bed to wheelchair) and vice versa? 受评估者从下床到椅子（或轮椅）上或从椅子（或轮椅）到上床时是否需要帮助？	Yes / No 需要 / 不需要
ix	Approximately, when did the person first require assistance with (iii) to (viii), where applicable? 受评估者首次需要（iii）至（viii）项援助时（适用之处）大概是在什么时候？	_____/_____ (MM/YYYY) _____/_____（月份/年份）

2 Declaration by Person Needing Assessment / Caregiver
需要评估 / 看护人者宣誓

I declare that the above information has been provided to the best of my knowledge, true and correct. I give consent to the assessor to use the above information for the functional assessment. I also declare that I have not withheld any relevant information or made any misleading statement. I give my consent to the assessor to communicate with any physician who has attended to me.

我宣誓，以上资料是根据我所知提供的，并且属实和正确。我同意让评估者使用以上资料为参考。我也宣誓，我没有隐瞒任何相关资料或作出任何误导性声明。我同意让评估者与任何曾治疗我的医生沟通。

Name and Signature of Person Needing Assessment / Caregiver 需要评估 / 看护人者姓名及签名	I/C Number 身份证号码	Date 日期

SECTION B: TO BE COMPLETED BY ASSESSOR (i.e. SMC FULLY REGISTERED DOCTOR, SNB REGISTERED NURSE OR FULLY REGISTERED PHYSIOTHERAPIST / OCCUPATIONAL THERAPIST UNDER AHPC)

FUNCTIONAL ASSESSMENT

Patient's Sticky Label (where applicable)

(if no patient's sticky label)

Name of Person Assessed : _____

NRIC/BC : _____

1 Activities of Daily Living (ADLs)*

		Requires help/supervision from an assistant.	Independent – No help is required.
i	Mobility	☐	☐
ii	Washing or Bathing	☐	☐
iii	Dressing	☐	☐
iv	Feeding	☐	☐
v	Toileting	☐	☐
vi	Transferring	☐	☐

2 Comments

Please estimate when the assistance with the ADLs first started. _____ / _____ (MM/YYYY)

Additional Comments (e.g. whether the need for assistance is of permanent nature, or unlikely to require permanent assistance due to recovery potential): _____

I confirm that the assessment done for the above applicant is true and correct to my best knowledge, and with reference to the declaration made by the applicant in Section A. I am aware that the assessment for this application will serve as reference only. The Scheme Administrator reserves the right to make the final decision on the application outcome and reject any application if the information is found to be inaccurate, or if any relevant information has been withheld by the applicant.

Name, Registration No. & Signature of Assessor	Stamp of Organisation / Clinic / Hospital	Date	Tel / Fax Nos.

Important Note: *Assessor must sign against any amendment made and affix the official stamp of the organisation / clinic / hospital. If not, the report will be deemed to be incomplete.*

**** Notes for Assessor***

a.	*Washing or Bathing*	*Needs help to wash body (excluding back) in the bath, shower or sponge/bed bath. Includes subcomponents of washing, rinsing and drying.*
b.	*Dressing*	*Needs help to put on, take off, secure and unfasten garments (upper and lower) and any braces, artificial limbs or other surgical appliances.*
c.	*Feeding*	*Needs help to feed oneself after food has been prepared and made available.*
d.	*Toileting*	*Needs help to use the toilet and manage bowel and bladder hygiene. Consists of (i) maintenance of balance during the act of urination or defecation and clothing adjustment, and (ii) maintaining perineal hygiene such as using toilet paper to clean the perineum. Independent of actual bowel or bowel functions e.g. incontinence. Does not include changing of long-term indwelling catheter under toileting.*
e.	*Transferring*	*Needs help to transfer from bed to an upright chair or wheelchair, and vice versa. Includes sit-up from a lying position, a sit to standing position, a weight or pivot shift and a controlled descent to a sitting position in another location.*
f.	*Mobility*	*Needs help to walk indoors or move in a wheelchair from room to room on level surface for about 8 meters (about twice the length of a clinic). This is regardless of the use of walking aid and the speed of walking.*

ONLY FOR APPLICATION OF FOREIGN DOMESTIC WORKER GRANT SCHEME

SECTION C: TO BE COMPLETED BY CAREGIVING TRAINER

CAREGIVER TRAINING RECEIVED BY FOREIGN DOMESTIC WORKER (if applicable)

(for use by authorised caregiver trainer only)

Name of Foreign Domestic Worker (FDW) : _____

FIN / Work Permit of FDW : _____

1 FDW has been trained in the following components (please tick)

☐ Washing / Bathing / Personal Hygiene	☐ Dressing	☐ Transferring / Bed Care
☐ Feeding / Medication Serving	☐ Toileting	☐ Mobility

☐ Others (please state) _____

I confirm that the training done for the above applicant is true and correct. I am aware that the training for this application will serve as reference only. The Scheme Administrator reserves the right to make the final decision on the application outcome and reject any application if the information is found to be inaccurate, or if any relevant information has been withheld by the applicant.

Name and Signature of Trainer	Stamp of Organisation	Date	Tel / Fax Nos.

Trainer must sign against any amendment made and affix the official stamp of the organisation. If not, the report will be deemed to be incomplete.