



## WECARE PLUS @ SOUTH WEST REFERRAL FORM

Please forward the completed referral form and supporting documents to [South\\_West\\_Assistance@pa.gov.sg](mailto:South_West_Assistance@pa.gov.sg)

**Eligibility criteria:**

- South West District Resident
- Singapore Citizen or at least one immediate family member<sup>1</sup> is a Singapore Citizen
- Gross Monthly Household Income of \$3,500 or Per Capita Household Income<sup>2</sup> of \$1,000

*For South West Caregiver Support Fund Applicants only:*

- Caregiver and Care Recipient must reside in the same household
- Care Recipient requiring assistance for at least 3 activities of daily living<sup>3</sup> (ADL) OR
- Care Recipient has a verified disability condition, such as physical disability, visual disability, hearing disability, intellectual disability, and autism spectrum disorder, etc.

### (A) ASSISTANCE REQUIRED

**Mobility Needs**

*\*Applications will be referred to AIC/SG Enable for evaluation and administration.*

☐ Medical Escorts\* ☐ Meals Service\* ☐ Taxi Subsidy

**Bursaries for Students**

☐ Meals (Pri/Sec/SPED) ☐ Transport (Pri/Sec/SPED/JC) ☐ Education (JC/ITE)

**Healthcare**

*\*Applicant should be the main caregiver*

☐ Caregiver Support Fund (Please fill up Part B (ii))

### B (i) APPLICANT'S INFORMATION (Only for Mobility Needs and Bursaries)

<b>Name</b> (as in NRIC)		<b>Date of Birth</b> (DD/MM/YYYY)	
<b>NRIC No.</b>	<input type="checkbox"/> S'porean (Pink) <input type="checkbox"/> PR (Blue)		
<b>Address</b> (as in NRIC)	(S)		
<b>Email Address</b>			
<b>Payment Method</b>	<input type="checkbox"/> PayNow (NRIC) <input type="checkbox"/> Cheque Cheque payable name: _____		
	<input type="checkbox"/> Bank transfer*		
	*Please provide a scanned copy of applicant's bank book showing name, NRIC No. and account number		
	I confirm the above method of payment for the disbursement of my funds. The details listed in this form is correct and true.		
	<b>Signature/Thumbprint of Applicant</b>	<b>Date</b>	

<sup>1</sup> Immediate Family Member includes spouse, parent, parent-in-law, grandparent, sibling and child.

<sup>2</sup> Per Capita Household Income is the total gross monthly income divided by total number of family members living under the same residential address. Gross monthly income refers to your basic employment income, trade / self-employed income, overtime pay, allowances, cash awards, commissions, rental income and bonuses.

<sup>3</sup> ADL comprises of Washing, Feeding, Dressing, Toileting and Mobility.



FOR CAREGIVER SUPPORT FUND ONLY								
B (ii) CAREGIVER'S INFORMATION <i>(Caregiver should be the main applicant.)</i>								
<b>Name</b> <i>(as in NRIC)</i>			<b>Date of Birth</b> <i>(DD/MM/YYYY)</i>					
<b>NRIC No.</b>	<input type="checkbox"/> S'porean (Pink) <input type="checkbox"/> PR (Blue)							
<b>Address</b> <i>(as in NRIC)</i>	(S)							
<b>Caregiver's info</b>	How are you related to the care recipient? Please elaborate : _____							
<b>Payment Method</b>	<div><input type="checkbox"/> PayNow (NRIC) <input type="checkbox"/> Cheque Cheque payable name: _____</div> <div><input type="checkbox"/> Bank transfer*</div> <div><small>*Please provide a scanned copy of applicant's bank book showing name, NRIC No. and account number</small></div> <div>I confirm the above method of payment for the disbursement of my funds. The details listed in this form is correct and true.</div> <table><thead><tr><th>Signature/Thumbprint of Applicant</th><th>Date</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>				Signature/Thumbprint of Applicant	Date		
Signature/Thumbprint of Applicant	Date							
(C) OTHER INFORMATION								
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<b>Contact Details</b>	(Hp) (Home)				
<b>Gross Monthly Household Income</b>	\$		<b>Per Capita Household Income</b>	\$				
<b>Particulars of Family Members</b>	<b>Name of Family Member</b>	<b>Relationship to Applicant</b>	<b>Age</b>	<b>Remarks (e.g. medical condition, etc.)</b>				




#### (D) APPLICANT'S ASSISTANCE INFORMATION

<b>Is applicant receiving any form of assistance at the point of application?</b>		Yes/No (if yes, please state below)
<b>Organisation</b>	<b>Assistance/Quantum</b> (please state if pending)	<b>Period</b>

#### (E) APPLICANT CONSENT / DECLARATION

##### Acknowledgement

- ✓ I understand that the personal data, information and documents that I have provided (including such personal data, information and documents of my child / ward) will be used for the evaluation, assessment and administration of my application for assistance.
- ✓ I understand that People's Association may also need to disclose and share the personal data, information and documents provided to appointed outsource vendors, other government agencies, statutory boards and/or affiliated partners (such as Agency for Integrated Care, Ministry of Social and Family Development and SG Enable) in order to provide the assistance or service sought (and/or for further referral to other organisations) and I hereby authorise such disclosure.

##### Declaration

- ✓ I declare that I am the applicant, a family member living at the same residential address as the applicant, or an individual authorised to provide consent on behalf of the applicant living at the same residential address.
- ✓ I declare that all the information provided by me in this form is true, correct and accurate. I understand and acknowledge that if any of the information provided in this form is false and inaccurate, I and/or the applicant will be liable to repay in full the value of assistance, inclusive of administrative expenses, and also may face criminal prosecution.

<b>Applicant's Signature/Thumbprint:</b>		<b>Date:</b>	
--	--	--------------	--

(Applicable for applicants who are unable to complete the form themselves.)

**Name of Next of Kin:**  
(Please state relationship)

**Contact Number of  
Next of Kin:**



**(F) TO BE COMPLETED BY REFERRING ORGANISATION**  
**(E.G. GROs, SSAs and Schools)**

**REASONS FOR REFERRAL (MAY TICK MORE THAN ONE):**

<input type="checkbox"/> Financial Difficulties	<input type="checkbox"/> Chronic Medical Conditions (please state under Remarks)	<input type="checkbox"/> Physical Impairment
<input type="checkbox"/> Staying Alone/No Support	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Caregiver Self-Care/Caregiving Related Expenses
<p>Remarks (e.g. more information on the above reasons provided or other reasons)</p>		

**RECOMMENDED BY:**

<b>Name/Designation</b>			
<b>Organisation</b>			
<b>Signature</b>		<b>Date</b>	
<b>Email</b>		<b>Contact</b>	

Please email the completed WeCare @ South West Referral Form and ALL supporting documents to [South\\_West\\_Assistance@pa.gov.sg](mailto:South_West_Assistance@pa.gov.sg)

MOBILITY NEEDS		HEALTHCARE	BURSARIES FOR STUDENTS														
South West Mobility Fund Up to \$600 Medical Escorts Subsidy Up to \$300 Taxi Subsidy Per FY		South West Caregiver Support Fund Up to \$800 per Caregiver per FY for self-care and caregiving related expenses	South West CDC – Koh Kock Leong Meals Bursary \$220 (Pri/SPED) \$330 (Sec/SPED)														
<p>Applications are administered by AIC/SG Enable and may require additional supporting documents for further evaluation and assessment.</p> <p><b>Supporting Documents</b></p> <ul style="list-style-type: none"><li>❖ Photocopy of NRIC (Front &amp; Back)</li><li>❖ Payslip/CPF Contribution History of <b>all working &amp; non-working</b> family members in the household/Comcare approval letter</li><li>❖ Appointment details/doctor’s memo/letter</li></ul> <p><b>Taxi Subsidy Requirements</b></p> <p>Please project the frequency or number of medical/rehabilitation sessions required for the applicant. You may use <a href="http://www.gothere.sg">www.gothere.sg</a> to get an estimate.</p> <table><tr><td>Type of Treatment</td><td></td></tr><tr><td>Location To and Fro</td><td></td></tr><tr><td>Single/Round Trip (\$)</td><td></td></tr><tr><td>Frequency Per Month</td><td></td></tr><tr><td>Total No. of Month/s</td><td></td></tr><tr><td>Total Amount (\$)</td><td></td></tr><tr><td>Recommended Amount (\$)</td><td></td></tr></table>		Type of Treatment		Location To and Fro		Single/Round Trip (\$)		Frequency Per Month		Total No. of Month/s		Total Amount (\$)		Recommended Amount (\$)		<p><b>Supporting Documents</b></p> <ul style="list-style-type: none"><li>❖ Photocopy of NRIC (Front &amp; Back) of caregiver and care recipient</li><li>❖ Payslip/CPF Contribution History of <b>all working &amp; non-working</b> family members in the household/Comcare approval letter</li><li>❖ For care recipients <u>requiring assistance of at least three Activities of Daily Living (ADL)</u>, to submit supporting medical report/assessment/letter. Letter of confirmation from AIC on the application of HCG or PioneerDAS is also acceptable.</li><li>❖ For care recipients <u>with disability condition</u>, to submit supporting medical report/assessment/letter. A clear scan/photo of either a Developmental Disability Registry (DDR) Identity Card or a Persons with disabilities Concession Card is also acceptable.</li></ul>	<p><b>Supporting Documents</b></p> <ul style="list-style-type: none"><li>❖ Photocopy of NRIC (Front &amp; Back)</li><li>❖ Payslip/CPF Contribution History of all working family members in the household</li><li>❖ Latest result slip/Matriculation Card</li></ul>
		Type of Treatment															
		Location To and Fro															
		Single/Round Trip (\$)															
		Frequency Per Month															
Total No. of Month/s																	
Total Amount (\$)																	
Recommended Amount (\$)																	
<p><b>South West CDC – ExxonMobil Transport Bursary</b> \$140 (Pri/SPED) \$160 (Sec/SPED/JC)</p>																	
<p><b>Supporting Documents</b></p> <ul style="list-style-type: none"><li>❖ Photocopy of NRIC (Front &amp; Back)</li><li>❖ Payslip/CPF Contribution History of all working family members in the household</li><li>❖ Latest result slip/Matriculation Card</li></ul>																	
Meals Service @ South West* Up to \$1 per meal subsidy		South West CDC – KKL Education Grant \$350 (JC/ITE student)															
<p><b>Supporting Documents:</b></p> <ul style="list-style-type: none"><li>❖ Photocopy of NRIC (Front &amp; Back)</li><li>❖ Medical reports/documents</li></ul>		<p><b>Supporting Documents</b></p> <ul style="list-style-type: none"><li>❖ Photocopy of NRIC (Front &amp; Back)</li><li>❖ Payslip/CPF Contribution History of all working family members in the household</li><li>❖ Latest result slip/Matriculation Card</li></ul>															

**For Referral Use**

I, \_\_\_\_\_ (Name of Staff), of  
\_\_\_\_\_ (Name of CO/SSA/Organisation), confirm that I  
have sighted an \*Original (Physical) / Digital copy (via SingPass) of the applicant(s) \*NRIC(s) for the  
purpose of this application. I hereby confirm that that the details in the said application matches (a) the  
\*Original (Physical) / Digital (via SingPass) \*NRIC(s) which I have sighted; and (b) the person(s) appearing  
before me.

(\*please delete accordingly)

Signature/Date : \_\_\_\_\_

Official Stamp : \_\_\_\_\_