

Application Form For Schemes Administered By Agency For Integrated Care

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.

Eligibility criteria	Pioneer Generation Disability Assistance Scheme (PioneerDAS)	Foreign Domestic Worker (FDW) Grant	FDW Levy Concession for Persons with Disabilities (PWD)
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.
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.
Needs permanent help in Activities of Daily Living (ADLs): <ul style="list-style-type: none"> • Eating, • Bathing, • Dressing, • Transferring, • Toileting, and • Walking/moving around as assessed using the Functional Assessment Report (found on www.silverpages.sg).	At least 3 ADLs	At least 3 ADLs	At least 1 ADL
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.	✓	✓
Means Test: 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.
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 (child aged below 16) and Aged Person Scheme (elderly aged 65 and above).
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.	

Application Form For Schemes Administered By Agency For Integrated Care

Instructions:

- Please make sure that you meet the scheme eligibility criteria on page 1 before completing this form.
- This form will take about 20 minutes to complete.
- You will need the following documents to complete this form:

Document	PioneerDAS	FDW Grant	FDW Levy Concession (PWD)
Patient's NRIC	✓	✓	✓
Caregiver's NRIC	✓	✓	✓
Employer's NRIC	N.A.	✓	✓
FDW's Work Permit	N.A.	✓	✓
Bank Book/Statement	✓	✓	N.A.

- 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):

- FDW Grant
 FDW Levy Concession (PWD)
 PioneerDAS

Part 2: Patient Particulars (Must complete)

Name (according to NRIC)

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NRIC

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Contact Number

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Address

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Postal Code

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Signature/ Thumbprint* of Patient & Date

*Note: For patient who lacks mental capacity, his/her signature is not required. Doctor's certification in Part 6 is required.

Part 3: Caregiver Particulars (Must complete)

Note: The Caregiver must be the bank account holder in Part 5 if the account does not belong to the Patient in Part 2 or the FDW Employer in Part 4a.

Name (according to NRIC)

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NRIC/FIN

Contact Number

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Address

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Postal Code

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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: _____)

<p>Signature/ Thumbprint of Caregiver & Date</p>

Part 4a: FDW Employer Particulars
(For FDW Grant and FDW Levy Concession (PWD) only)

The FDW Employer is (please tick ✓ one):

- Patient in Part 2 (skip Part 4a and go to Part 4b)
- Caregiver in Part 3 (skip Part 4a and go to Part 4b)
- Others (complete Part 4a)

Name (according to NRIC)

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NRIC

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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: _____)

Signature/ Thumbprint of FDW Employer & Date

Part 4b: FDW Particulars
(For FDW Grant and FDW Levy Concession (PWD) Only)

Name (according to Work Permit)

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Work Permit Number

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Part 5: Nominated Bank Account
(For PioneerDAS and FDW Grant Only)

Part 5a: PioneerDAS

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

- Patient in Part 2
- Caregiver in Part 3
- Nursing Home (please specify: _____)

Bank Account Number

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Name of Bank

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

Signature/ Thumbprint of bank account holder & Date

Part 5b: FDW Grant

- Same bank account as PioneerDAS (skip Part 5b)
- Applying for FDW Grant only; or different bank account from PioneerDAS (complete Part 5b)

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

- Patient in Part 2
- Caregiver in Part 3
- FDW Employer in Part 4a

Bank Account Number

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Name of Bank

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

Signature/ Thumbprint of bank account holder & Date

**Part 6: Doctor's Certification of Mental Incapacity
(For Patient in Part 2)**

Instructions:

- 1) If the Patient in Part 2 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 6 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.

Doctor's Declaration:

I certify that the Patient, in Part 2, lacks mental capacity and is unable to provide consent for the purpose of this application.

Name of Doctor:

MCR No.:

Official stamp of clinic/ hospital:

Signature:

Date (dd/mm/yyyy):

Checklist

- 1) For FDW Grant application, please submit Means-Test Declaration Form and supporting documents by mail to:

Harbourfront Centre Post Office, P.O. Box 074, Singapore 910932

If you have done means-test 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 submit the Means Test Declaration Form. For more information, please call 1800 275 2427.

- 2) Documents required for application

Documents to be submitted	PioneerDAS	FDW Grant	FDW Levy Concession (PWD)
Completed Application Form with signatures	✓	✓	✓
Copy of Patient's NRIC (front and back)	✓	✓	✓
Copy of 3 rd Party Bank Account Holder's NRIC (front and back) (where applicable)	(If applicable) ✓	(If applicable) ✓	N.A.
Copy of bank book/statement indicating the Bank Account Holder name(s) and account number	✓	✓	N.A.
Completed Functional Assessment Report OR doctor's note indicating that the Patient is bedridden OR IDAPE/ElderShield claim approval letter	✓	✓	✓
Copy of doctor's note indicating that the Patient is unable to provide consent due to medical condition/or Court Order (where 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.
Copy of Foreign Domestic Worker's (FDW) Work Permit (front and back)	N.A.	✓	N.A.
FDW's certificate of attendance of an AIC-approved caregiver training course for FDW Grant	N.A.	✓	N.A.

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) **Call-in:** 1800 650 6060
Mondays to Fridays: 8.30 am to 8.30 pm
Saturdays: 8.30 am to 4.00 pm
- (d) **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 AICare Link locations, please refer to www.silverpages.sg/AICareLink