

Long Term Care Schemes

[Quick Guide]



The Long Term Care Schemes are only applicable for Patients who always require assistance with or are unable to perform the Activities of Daily Living (ADLs)

What are the different levels of disability?

Mild Disability: Always require some assistance with at least 1 Activity of Daily Living (ADL)

Moderate Disability: Always require some assistance with at least 3 ADLs

Severe Disability: Unable to perform at least 3 ADLs

Examples of moderate vs severe disability



Feeding



Bathing



Toileting



Dressing



Moving



Transferring

Moderate Disability (at least 3 of these)	Needs food to be minced or have meals set up	Needs some help, e.g. to wash hair	Needs help to get on and off the toilet bowl	Needs help to button clothes	Needs help in walking	Needs support when sitting up
Severe Disability (at least 3 of these)	Needs to rely entirely on caregiver to be fed or tube-fed	Needs to be bathed entirely by caregiver	Needs caregiver to manage diapers/catheter	Needs to rely entirely on caregiver to be dressed	Bedbound; cannot get out of wheelchair	Needs to be carried

For more information



Click www.aic.sg



Call 1800 650 6060



Visit [AIC Link](#)

[Eligibility Criteria Checklist]

Moderate/ Mild Disability Schemes

Pioneer Generation Disability Assistance Scheme

\$100 per month for life

- Pioneer Generation*
- At least moderate disability
- Lives in Singapore

*To check if you are a Pioneer



1800 2222 888



www.pioneers.sg

Home Caregiving Grant

\$200 per month, for the care of a Patient at home

- Singapore Citizen or Permanent Resident (PR should have a parent, child or spouse who is a Singapore Citizen)
- At least moderate disability
- Means-tested:
 - o Household monthly income per person is \$2800 or less; or
 - o Annual value of property for household without income is \$13000 or less
- Lives in Singapore
- Not in a residential long-term care institution (e.g. nursing home)

FDW Levy Concession for Persons with Disabilities

Lower levy of \$60 per month, for a household who hires a Foreign Domestic Worker (FDW) to care for a Patient

- Singapore Citizen
- Age 16 to 66
- At least mild disability
- Lives in Singapore
- Patient is the FDW employer or staying with the FDW employer

For FDW employment, and levy concession (for young child and elderly) related



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www.mom.gov.sg

Severe Disability Schemes

Interim Disability Assistance Programme for the Elderly

\$250 or \$150 per month for up to 72 months, for Patients who were not eligible for ElderShield in 2002

- Singapore Citizen
- Either born on or before 30 Sep 1932, OR born between 01 Oct 1932 and 30 Sep 1962 (with pre-existing disabilities as at 30 Sep 2002)
- Severe disability
- Means-tested:
 - o Household monthly income per person is \$2800 or less; or
 - o Annual value of property for household without income is \$13000 or less
- Lives in Singapore



Long Term Care Schemes

[Application Guide]



How do I apply for the scheme(s)?

1

Complete application form

Fill in the Long Term Care Schemes Application Form

2



Undergo disability assessment

For Moderate/ Mild Disability scheme(s) application

(Pioneer Generation Disability Assistance Scheme, Home Caregiving Grant, FDW Levy Concession (PWD))

Visit a General Practitioner or arrange with your care provider to obtain a **Functional Assessment Report (FAR)***

*If you are also applying for IDAPE, you **do not need** to obtain the FAR. Visit an IDAPE-approved assessor instead to obtain an Assessor Statement.

For Severe Disability scheme application

(Interim Disability Assistance Programme for the Elderly)

Visit an IDAPE-approved assessor to obtain an **Assessor Statement** (list of assessors at www.aic.sg/Assessors-List). The assessor will submit the assessment results to AIC directly.

3



Submit documents below to AIC

- Long Term Care Schemes Application Form
- Copy of Functional Assessment Report (only for Moderate/ Mild scheme(s) application) *
- Additional supporting documents for Patient who lacks mental capacity

Send the documents to AIC by:

Email : apply@aic.sg (each email size < 15MB, each attachment < 1 MB)

Mail in : Agency for Integrated Care, Singapore Post Centre Post Office, P.O. Box 1173 S(914040)

Walk-in: AIC Link

Scan the QR code for the list of AIC Link locations.



For more information



OR



OR



Click www.aic.sg

Call 1800 650 6060

Visit [AIC Link](#)

Additional guidance for Patient who lacks mental capacity to provide consent

1. The Patient's donee/ deputy# may provide consent on Patient's behalf. If the Patient does not have such a Donee / Deputy, Patient's caregiver may make the application on Patient's behalf.

#Donee/ deputy must be appointed in accordance with the Mental Capacity Act (Cap 177) and is authorised to act on behalf of the Patient for the Patient's property and affairs.

2. Please submit the following additional supporting documents:

- Doctor's certification that the Patient lacks mental capacity OR court order of Deputy appointment OR recent medical report stating that the Patient lacks mental capacity; and
- Copy of bank book or statement IF you are nominating an account belonging to a deputy of the Patient or an administrator of the Patient.

Additional guidance for Patient below age 21

The Patient's parent or legal guardian^ may make this application on behalf of the Patient.

^Legal guardian refers to a person who has been lawfully appointed in accordance with the Guardianship of Infants Act (Cap. 122).

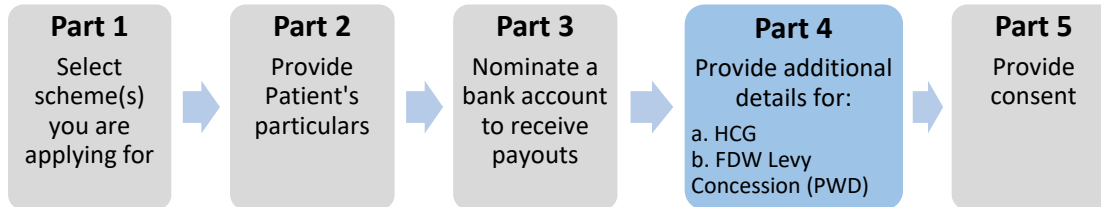
Long Term Care Schemes Application Form

This form may take about 20 minutes to complete

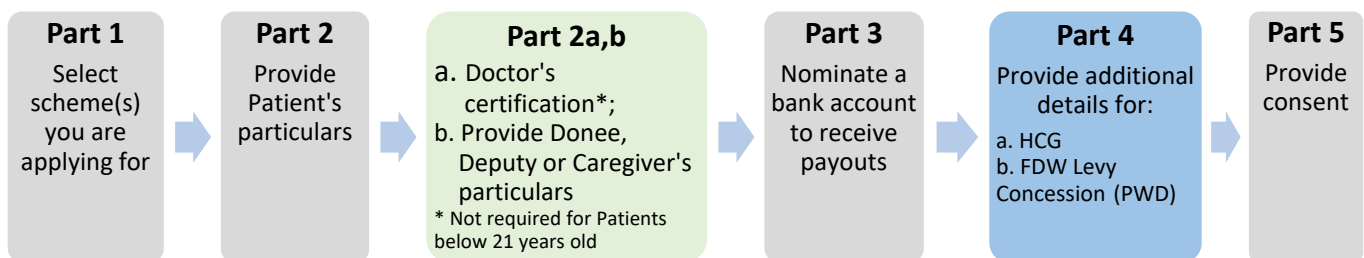
You can use this application form to apply for benefits under the schemes listed in Part 1 below (collectively, the “Schemes” and each, a “Scheme”). Your application will be processed by the Agency for Integrated Care (“AIC”) and any other agencies involved in administering the Schemes.

Complete the application form in the following sequence.

For Patients **with mental capacity** to provide consent



For Patients **without mental capacity** to provide consent and/or **below 21 years old**



Part 1: Selection of Schemes

Tip

Check that the Patient meets the eligibility criteria for the selected Scheme(s).

The application will be rejected if the Patient does not fulfil the eligibility criteria.

1. Select Scheme(s) (may tick ✓ more than one):

- Interim Disability Assistance Programme for the Elderly (IDAPE)
- Pioneer Generation Disability Assistance Scheme (PioneerDAS)
- Home Caregiving Grant (HCG)
- Foreign Domestic Worker Levy Concession for Persons with Disabilities (FDW Levy Concession (PWD))

NEXT STEP:

Please proceed to [Part 2](#).

Part 2: About the Patient

Tip

All details must be filled in.

2. Patient's Details

Patient's NRIC/ Birth Certificate No.

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Patient's contact number

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Date of issue of Patient's NRIC

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NEXT STEP:

- If the Patient lacks mental capacity to provide consent, proceed to Part 2a and Part 2b.
- If Patient is under 21 years old, proceed to Part 2b.
- Otherwise, proceed to:
 - Part 3 if Patient is applying for IDAPE, PioneerDAS or HCG;
 - Part 4 if Patient is only applying for FDW Levy Concession (PWD).

Part 2a:

For Patient without mental capacity to provide consent

Tip

Part 2a should only be filled by a registered doctor.

The doctor's certification must be dated **no more than 6 months** from the date we receive this form, unless the Patient is certified to lack mental capacity permanently.

Otherwise, you may submit a doctor's memo indicating that the Patient lacks mental capacity to provide consent or a Court Order for deputy appointment.

2a. Doctor's Certification

The Patient stated in Part 2, _____ (Patient's NRIC) lacks mental capacity permanently to provide consent for application of Long Term Care Scheme(s).

Yes

No

Doctor's signature & name stamp

Official clinic/hospital stamp

Date

D D / M M / Y Y Y Y

NEXT STEP:

- Proceed to Part 2b.

Part 2b:

For Patient without mental capacity to provide consent;

and/or

For Patient below 21 years old

Tip

If Patient lacks mental capacity to provide consent,

1. A registered doctor can provide certification that the Patient lacks mental capacity to provide consent for this application form. This certification must be submitted with this application form.
2. The Patient's donee or deputy may provide consent on behalf of the Patient, if he / she is authorised to act on behalf of the Patient for the Patient's property and affairs.
3. If the Patient does not have a donee or deputy, the Patient's immediate family member (parent, spouse, child) may make this application on behalf of the Patient. If immediate family members are unable to act, other related family caregivers may make this application on behalf of the Patient.

If Patient is below 21 years old,

The Patient's parent or legal guardian may make this application on behalf of the Patient.

2b. Patient's Donee's/ Deputy's/ Caregiver's Details

Complete either Section 1 or Section 2.

Section 1: Donee/ deputy details for Patient with donee/ deputy

*The donee/ deputy must be appointed in accordance with the Mental Capacity Act (Cap 177) and is authorised to act on behalf of the Patient for the Patient's property and affairs.

- A donee is appointed through a Lasting Power of Attorney (LPA) made by a donor and is authorised to act on the donor's behalf when the donor lacks mental capacity.
- A deputy is appointed by the court to make decision on behalf of a person who lacks mental capacity, when the person has not made a LPA.

Donee/ Deputy's NRIC/ FIN

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Donee/ Deputy's contact number

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Date of issue of Donee/ Deputy's NRIC/ FIN

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If the Patient has more than one donee/ deputy who are required to act jointly, please provide the particulars of all other donees/ deputies using Annex A and ensure that all donees/ deputies sign this application form.

Section 2: Caregiver details for Patient without a donee/ deputy

The Patient's caregiver is the (please tick ✓ one only):

Immediate family member/ Legal Guardian

Patient's Parent or Legal Guardian
*Legal guardian refers to a person who has been lawfully appointed in accordance with the Guardianship of Infants Act (Cap. 122) to be guardian of the Patient.

Patient's Child/ Spouse

Not an immediate family member or legal guardian, and the Patient's immediate family members are unable to act on behalf of the Patient

Patient's Parent-in-law/ Child-in-law
*Caregiver must be a Singapore Citizen/ Permanent Resident

Patient's Sibling/ Grandparent/ Grandchild (including in-law)
*Caregiver must be a Singapore Citizen/ Permanent Resident

Patient's Uncle/ Auntie/ Nephew/ Niece/ Cousin (including grand and in-law)
*Caregiver must be a Singapore Citizen/ Permanent Resident and residing at the same address as the Patient

You must declare your relationship with the Patient accurately. We may ask for supporting documentation where deemed necessary to verify your declaration.

Caregiver's NRIC/ FIN

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Caregiver's contact number

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Date of issue of caregiver's NRIC/ FIN

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NEXT STEP:

- If Patient is applying for FDW Levy Concession (PWD) only, proceed to Part 4b.
- Otherwise, proceed to Part 3.

Part 3:

About the Nominated Bank Account Holder (Not Applicable for FDW Levy Concession (PWD))

Tip

You must fill in this section, unless you are only applying for FDW Levy Concession (PWD).

A Patient with mental capacity to provide consent can nominate anyone to receive payouts.

If Patient lacks mental capacity to provide consent:

1. The donee(s)/ deputy(ies) in Part 2b can nominate anyone to receive payouts.
2. Otherwise, the caregiver in Part 2b can nominate one of the following to receive payouts:
 - i. the Patient;
 - ii. the Patient's nursing home;
 - iii. the caregiver himself/ herself; or
 - iv. another family member of the Patient.

If Patient is below 21 years old, the parent or legal guardian in Part 2b can nominate anyone to receive the payouts.

Unless the Nominated Bank Account Holder is the Patient, the Nominated Bank Account Holder must be 21 years old and above.

If you nominate an account belonging to a deputy or administrator of the Patient, please provide a copy of the bank book/ statement.

3. Nominated Bank Account Holder's Details

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

- Patient
- Patient's Donee/ Deputy
- Patient's Parent or Legal Guardian
- Patient's Child/ Spouse
- Patient's Parent-in-law/ Child-in-law
- Patient's Sibling/ Grandparent/ Grandchild (including in-law)
- Patient's Uncle/ Auntie/ Nephew/ Niece/ Cousin (including grand and in-law)
- Nursing Home (Name of home/branch: _____)
*AIC will use the Nursing Home's bank account in our records
- Others (Please specify: _____)

Nominated Bank Account Holder's NRIC/ FIN

(not required if account belongs to the Patient or Nursing Home)

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Date of issue of Nominated Bank Account Holder's NRIC/ FIN

(not required if account belongs to the Patient or Nursing Home)

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Payment mode (please tick ✓ one only):

- PayNow linked to the Bank Account Holder's NRIC
- Interbank Giro

Name of bank

- DBS / POSB
 - UOB
 - OCBC
- (Please note only these banks are accepted.)

Nominated Bank Account Number

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NEXT STEP:

- If Patient is applying for HCG or FDW Levy Concession (PWD), proceed to [Part 4](#).
- If Patient is applying for PioneerDAS, proceed to [Part 5](#).

Part 4a:

For HCG application only

Tip

This section is NOT necessary if the Patient is a Singapore Citizen.

You must fill in this section if the Patient applying for the HCG is a Permanent Resident.

The Patient's immediate family member must be the Patient's parent, child or spouse and that family member must be a Singapore Citizen.

4a. HCG Immediate Family Member's Details

For Patient who is a Permanent Resident, the Patient's immediate family member (i.e. parent, child or spouse) must be a Singapore Citizen.

The immediate family member is (please tick ✓ one only):

Patient's Parent

Patient's Child/ Spouse

Patient's Immediate Family Member's NRIC/ Birth Certificate No.

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Date of issue of Patient's Immediate Family Member's NRIC

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You must declare the family member's details accurately. We may ask for supporting documentation where deemed necessary to verify your declaration.

NEXT STEP:

- If Patient is applying for FDW Levy Concession (PWD), proceed to [Part 4b](#).
- Otherwise, proceed to [Part 5](#).

Part 4b:

For FDW Levy Concession (PWD) application only

Tip

You must fill in this section if you are applying for the FDW Levy Concession (PWD).

If the FDW employer is not the Patient, the FDW employer must reside at the same address the Patient as set out in the respective NRIC.

4b. FDW Employer's Details

The FDW is employed by (please tick ✓ one only):

Patient

Patient's Parent

Patient's Child/ Spouse

Patient's Parent-in-law/ Child-in-law

Patient's Sibling/ Grandparent/ Grandchild (including in-law)

Patient's Uncle/ Auntie/ Nephew/ Niece/ Cousin (including grand and in-law)

Others (Please specify: _____)

FDW Employer's NRIC

(not required if FDW Employer is the Patient)

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Date of issue of FDW Employer's NRIC

(not required if FDW Employer is the Patient)

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NEXT STEP:

Please proceed to [Part 5](#).

**Part 5:
Declarations and
Consent**

5. Declarations and Consent

This form is subject to and incorporates the terms and conditions of the respective scheme(s) which you may reference electronically at www.aic.sg/schemes-terms-conditions. All personal data collected will be treated in accordance with the AIC's data protection policy which is available at www.aic.sg/data-protection-policy. By signing and/or affixing your thumbprint, you acknowledge to have read and accepted the terms and conditions governing the scheme(s).

To be endorsed by	Signature / Thumbprint
Patient in Part 2 <i>(Compulsory unless the Patient lacks mental capacity to provide consent or is under 21 years old)</i>	
Donee / Deputy / Caregiver in Part 2b <i>(Compulsory if the Patient lacks mental capacity to provide consent or is under 21 years old)</i>	
Nominated Bank Account Holder in Part 3 <i>(Not required if account belongs to the Patient.)</i>	
For FDW Levy Concession (PWD) only FDW Employer in Part b <i>(Not required if FDW Employer is the Patient)</i>	

Tip

If you intend the payouts under the relevant Scheme(s) to be made to a nursing home, please ask the staff at the nursing home for the authorised signatory name, designation and organisation stamp. These should be entered here.

Marketing Consent

I/We, the Patient / donee / deputy/ caregiver (delete accordingly) agree(s) to receive news and information on caregiving resources, events, and talks via the following:

Direct Mailer Email SMS

FINAL STEP:

Attend disability assessment and send the completed application form with the supporting documents (if applicable) to AIC via:

- Email : apply@aic.sg (each email size < 15MB, each attachment < 1 MB)
- Mail in : Agency for Integrated Care, Singapore Post Centre Post Office, P.O. Box 1173 S(914040)
- Walk-in : AIC Link, scan the QR code for the list of AIC Link locations.



Annex A

Part 2b:
For Patient without mental capacity to provide consent;
and
has more than 1 donee/ deputy who are required to act jointly

2b. Patient's Donee's/ Deputy's Details

This form is subject to and incorporates the terms and conditions of the respective scheme(s) which you may reference electronically at www.aic.sg/schemes-terms-conditions. All personal data collected will be treated in accordance with the AIC's data protection policy which is available at www.aic.sg/data-protection-policy. By signing and/or affixing your thumbprint, you acknowledge to have read and accepted the terms and conditions governing the scheme(s).

2nd Donee/ Deputy's NRIC

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Date of issue of 2nd Donee/ Deputy's NRIC

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2nd Donee/ Deputy's Signature/ Thumbprint

3rd Donee/ Deputy's NRIC

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Date of issue of 3rd Donee/ Deputy's NRIC

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3rd Donee/ Deputy's Signature/ Thumbprint

4th Donee/ Deputy's NRIC

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Date of issue of 4th Donee/ Deputy's NRIC

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4th Donee/ Deputy's Signature/ Thumbprint

5th Donee/ Deputy's NRIC

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Date of issue of 5th Donee/ Deputy's NRIC

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5th Donee/ Deputy's Signature/ Thumbprint