

# Long Term Care Schemes Application Form




Eligibility criteria	Interim Disability Assistance Programme for the Elderly (IDAPE)	Pioneer Generation Disability Assistance Scheme (PioneerDAS)	Foreign Domestic Worker (FDWG) Grant	FDW Levy Concession for Persons with Disabilities (PWD)
About the scheme	Cash assistance of \$150 or \$250 per month, up to 72 months for a needy citizen who is not eligible for ElderShield.	Life-long cash assistance of \$100 per month for a Pioneer.	Cash assistance of \$120 per month for a needy family who hires a FDW to care for a Patient.	Lower monthly concessionary FDW Levy of \$60 (instead of \$300), for a family who hires a FDW to care for a Patient.
Lives in Singapore	✓	✓	✓	✓
Citizenship	The Patient is a Singapore Citizen.	The Patient is a Singapore Citizen, who is also 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.
Age	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.	Born on or before 31 December 1949	If the Patient is a Permanent Resident, he/she has to be aged 65 and above.	Patient aged 16 to 66.  (Patient aged 15 and below is under Young Child Scheme; Patient aged 67 and above is under Aged Person Scheme.)
Ability to perform Activities of Daily Living (ADLs): • Eating • Bathing • Dressing • Transferring • Toileting; and • Walking/ moving around.	Severe disability (Unable to permanently perform at least 3 ADLs as assessed by an IDAPE-approved assessor. The Assessor Statement will be made available to the assessors.)	Moderate disability (Needs permanent assistance for at least 3 ADLs as assessed using the Functional Assessment Report found on <a href="http://www.silverpages.sg">www.silverpages.sg</a> )		Mild disability (Needs permanent assistance with at least 1 ADL as assessed using the Functional Assessment Report found on <a href="http://www.silverpages.sg">www.silverpages.sg</a> .)
Financial status (based on means-test)	i. Household monthly income per person is \$2,600 or less; or ii. Annual value of property for households without income is \$13,000 or less.	N.A.	i. Household monthly income per person is \$2,600 or less; or ii. Annual value of property for households without income is less than \$13,000.	N.A.
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.	✓	✓
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.	N.A.	✓	✓
Other useful information	For questions on means-test or to check on your means-test result, please call MOH Holdings at 1800 275 2427.	To check if you are a Pioneer, please visit <a href="http://www.pioneers.sg">www.pioneers.sg</a> or call 1800 2222 888.	For questions on FDW employment, please visit <a href="http://www.mom.gov.sg">www.mom.gov.sg</a> or call 6438 5122.  For questions on means-test or to check on your means-test result, please call MOH Holdings at 1800 275 2427.	For questions on FDW employment and Levy Concession (Young Child and Aged Person Schemes), please visit <a href="http://www.mom.gov.sg">www.mom.gov.sg</a> or call 6438 5122

**Instructions:**


This form may take about 20 minutes to complete

1. This form may be used to apply for benefits under the schemes listed on Page 1. Your application will be processed by the Agency for Integrated Care (AIC) and any other agencies involved in administering these schemes. An incomplete form will delay the processing of your application. Please sign against any amendments made. Do not use correction fluid/tape.


**For more information**

 Visit our website [www.silverpages.sg](http://www.silverpages.sg)

OR

 Call our hotline Singapore Silver Line at 1800 650 6060

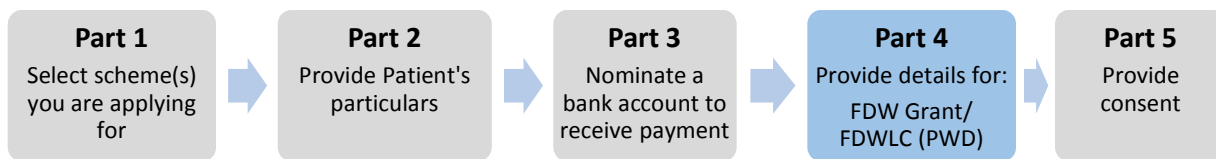
OR

 Visit the AICareLink branch nearest to you [www.silverpages.sg/AICareLink](http://www.silverpages.sg/AICareLink)

2. Patient must go for a disability assessment before submitting the application to AIC. Patient applying for IDAPE must visit an approved assessor for their assessment.

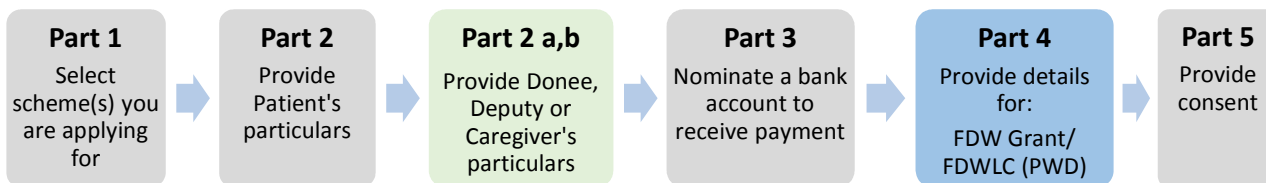
3. Complete the application form in the following sequence and submit with the supporting documents listed in the checklist.

a) For applications made by Patients with mental capacity to provide consent for scheme applications:



b) For applications made on behalf of Patients without mental capacity to provide consent for scheme applications:

The Patient's Donee / Deputy<sup>1</sup> may provide consent on behalf of the Patient. If the Patient does not have a Donee / Deputy, the Patient's caregiver may provide the consent.



<sup>1</sup>The Donee/ Deputy must be appointed according to the Mental Capacity Act (Cap 177).

- 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 relating to financial matters, when the Donor lacks mental capacity.
- A Deputy is someone appointed by the court to make decision on behalf of a person who lacks mental capacity relating to financial matters, when the person has not made a LPA.

Marketing Consent		
I/We, the Patient / Caregiver / FDW Employer (delete accordingly) agree(s) to receive news and information on caregiving resources, events, and talks via the following:		
<input type="checkbox"/> Direct Mailer	<input type="checkbox"/> Email	<input type="checkbox"/> SMS

## Submission Checklist – Documents to be submitted

Documents to be submitted to AIC		IDAPE	PioneerDAS	FDW Grant	FDWLC (PWD)
<b>Part 2</b>	Completed 1) Functional Assessment Report (FAR) <u>OR</u> 2) Doctor's memo indicating that the Patient is permanently bedridden <u>OR</u> 3) ElderShield claim approval letter	N.A.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Completed IDAPE Assessor Statement (to be provided by the assessors only)	<input type="checkbox"/>	N.A.	N.A.	N.A.
	Completed Application Form with signatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In lieu of doctor's certification in Part 2a, you can provide a copy of doctor's memo indicating that the Patient is unable to provide consent due to medical condition <u>OR</u> a Court Order for Deputy appointment.	(If applicable) <input type="checkbox"/>	(If applicable) <input type="checkbox"/>	(If applicable) <input type="checkbox"/>	(If applicable) <input type="checkbox"/>
	Clear copy of Patient's NRIC (front and back)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Clear copy of Donee/ Deputy or caregiver's NRIC (front and back)	(If applicable) <input type="checkbox"/>	(If applicable) <input type="checkbox"/>	(If applicable) <input type="checkbox"/>	(If applicable) <input type="checkbox"/>
<b>Part 3</b>	Clear copy of Bank Account Holder's NRIC if account does not belong to Patient or employer (front and back)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N.A.
	Copy of bank book/statement if account belongs to a Deputy or Administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N.A.
<b>Part 4</b>	Clear copy of FDW Employer's NRIC (front and back) (Duplicate copy is not required if Patient is the FDW Employer)	N.A.	N.A.	<input type="checkbox"/>	<input type="checkbox"/>
	Clear copy of Foreign Domestic Worker's (FDW) Work Permit (front and back)	N.A.	N.A.	<input type="checkbox"/>	<input type="checkbox"/>
	1) Clear copy of FDW's certificate of attendance <u>OR</u> 2) Section C of the FAR	N.A.	N.A.	<input type="checkbox"/>	N.A.
<b>Documents to be submitted to MOH Holdings</b>					
	If you have been means-tested in the past two years and there is no change to your income, address or household members, you do not need to re-submit the Means Test Declaration Form.  Otherwise, you will need to submit the Means-Test Declaration Form and supporting documents to:  <b>MOH Holdings</b> Harbourfront Centre Post Office, P.O. Box 074, Singapore 910932.	(If applicable) <input type="checkbox"/>	N.A.	(If applicable) <input type="checkbox"/>	N.A.

To apply for IDAPE, please submit the above application documents to the assessor. The assessor will submit the application documents to AIC together with the IDAPE Assessor Statement.

To apply for PioneerDAS, FDW Grant and FDWLC (PWD), please send the above documents to AIC by:

- (a) **Email:** apply@aic.sg (Please ensure that each email size does not exceed 15 MB, and each attachment does not exceed 1MB)
- (b) **Mail-in** 7 Maxwell Road. #04-01. MND Complex Annex B S(069111)
- AICare Link @ Maxwell: 7 Maxwell Road, #04-01, MND Complex Annex B, S(069111)
- (c) **Walk-in:** 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.

# Long Term Care Schemes Application Form



## Part 1: Selection of Schemes

**Tip**  
Make sure that the Patient meets the eligibility criteria on Page 1 for the selected scheme(s). Your application may 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)
- Foreign Domestic Worker (FDW) Grant
- FDW Levy Concession for Persons With Disabilities (FDWLC PWD)

**NEXT STEP:**  
Please proceed to Part 2.

## Part 2: About the Patient

**Tip**  
All details must be filled as per Patient's NRIC.  
  
The Patient should have a valid disability assessment before applying.  
  
If the Patient is applying for IDAPE, the disability assessment must be done by an approved IDAPE assessor. You may visit [www.silverpages.sg/idape](http://www.silverpages.sg/idape) for a list of approved IDAPE assessors.

### 2. Patient's details

**Name as in NRIC**

**NRIC**

**Contact number**

**NRIC Address**

**Postal Code**

**Email**

- NEXT STEP:**
- For a Patient who lacks mental capacity to provide consent, proceed to 2a and 2b.
  - For a Patient with mental capacity applying for:
    - IDAPE, PioneerDAS and FDW Grant application, proceed to Part 3.
    - FDWLC (PWD) application only, proceed to Part 4.

## Part 2a and b: For Patient without mental capacity to provide consent

**Tip**  
Part 2a should only be filled by a fully registered doctor.  
  
The doctor's certification must be dated **within 6 months** from the date we receive this form, unless the Patient is certified to lack mental capacity permanently.

### 2a. Doctor's Certification

The Patient stated in Part 2 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  /  /

You may submit a doctor's memo indicating that the Patient lacks mental capacity instead of completing Part 2a. Alternatively, you may submit a court order for Deputy appointment.

**Tip**

Part 2b can be filled by the patient's Deputy, Donee or caregiver.

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

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

<input type="checkbox"/> Patient's Donee/ Deputy	<input type="checkbox"/> Patient's Spouse/ Parent/ Child
<input type="checkbox"/> Patient's Parent-in-law/ Child-in-law	<input type="checkbox"/> Patient's Sibling/ Grandparent/ Grandchild (including in-law)
<input type="checkbox"/> Patient's Uncle/ Auntie/ Nephew/ Niece/ Cousin (including grand and in-law)	<input type="checkbox"/> Others: _____

**Donee/ Deputy/ Caregiver NRIC**

S

**Contact number**

**Email**

**NEXT STEP:**

- If Patient is applying for FDWLC (PWD) only, proceed to Part 4.
- Otherwise, proceed to Part 3.

**Part 3:**

**About the Nominated Bank Account Holder (Not Applicable for FDWLC PWD)**

**Tip**

You must complete this section, unless if you are applying only for FDWLC (PWD).

The Patient can nominate any local bank account to receive pay-outs.

Cashline, loan, credit card, fixed deposit or foreign currency accounts are not permitted.

The nominated bank account holder must be aged 21 and above.

If the Patient lacks mental capacity, the Donee/ Deputy /caregiver can act on behalf of the Patient.

You may nominate different bank accounts for different schemes using a separate Nomination of Bank Account Form.

**3. Nominated Bank Account Holder's Details**

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

<input type="checkbox"/> Patient	<input type="checkbox"/> Patient's Donee/ Deputy
<input type="checkbox"/> Patient's Spouse/ Parent/ Child	<input type="checkbox"/> Patient's Parent-in-law/ Child-in-law
<input type="checkbox"/> Patient's Sibling/ Grandparent/ Grandchild (including in-law)	<input type="checkbox"/> Patient's Uncle/ Auntie/ Nephew/ Niece/ Cousin (including grand and in-law)
<input type="checkbox"/> Others (I am the Patient's) _____	
<input type="checkbox"/> Nursing Home (name of home/branch: _____) <small>*we will use the Nursing Home's account details as per our records</small>	

**Bank Account Holder's NRIC**

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

S

**Bank Account Number**

**Name of bank**

DBS / POSB     UOB     OCBC

**Bank Account Holder's contact number**

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

**NEXT STEP:**

- If Patient is applying for FDW Grant, proceed to Part 4.
- If Patient is applying for PioneerDAS and/or IDAPE, proceed to Part 5.

**Part 4:  
For FDW Grant/  
FDWLC (PWD)  
Application only**

**Tip**

For FDW Grant applications, your FDW must have completed:

- AIC-approved training courses for application of the FDW Grant *or*
- Training conducted in public hospitals or Transitional Convalescent Facilities

Caregiver training for FDW must be done for the Patient applying for the FDW Grant. If the training was done for the previous employment, it will not be accepted.

**4. FDW's and FDW Employer's Details**

**FDW's Work Permit Number**

--	--	--	--	--	--	--	--	--	--

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

<input type="checkbox"/> Patient	<input type="checkbox"/> Patient's Spouse/ Parent/ Child
<input type="checkbox"/> Patient's Parent-in-law/ Child-in-law	<input type="checkbox"/> Patient's Sibling/ Grandparent/ Grandchild (including in-law)
<input type="checkbox"/> Patient's Uncle/ Auntie/ Nephew/ Niece/ Cousin (including grand and in-law)	<input type="checkbox"/> Others: _____

**FDW Employer's NRIC**

(not required if FDW Employer is the Patient)

--	--	--	--	--	--	--	--	--	--

**Contact number**

--	--	--	--	--	--	--	--	--	--

**Email**

--

**NEXT STEP:**

Please proceed to Part 5

**Part 5:  
Consent and  
Declaration**

**5. Declaration and Acknowledgement**

This form is subject to and incorporates the terms and conditions of the respective scheme(s) which you may reference electronically at [www.silverpages.sg](http://www.silverpages.sg). All personal data collected will be treated in accordance with AIC's Data Protection Policy which is available at <http://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).

<b>To be endorsed by</b>	<b>Signature / Thumbprint</b>
<p><b>Patient in Part 2</b></p> <p><i>(Compulsory unless the Patient is under 18 or lacks mental capacity to provide consent)</i></p>	
<p><b>Donee / Deputy / Caregiver in Part 2b</b></p> <p><i>(Compulsory if the Patient lacks mental capacity to provide consent)</i></p>	
<p><b>Bank Account Holder in Part 3</b></p> <p><i>(Not required if account belongs to the Patient or FDW employer)</i></p>	
<p><b>FDW Employer in Part 4</b></p> <p><i>(Not required if FDW Employer is the Patient)</i></p>	

**Tip**

If you intend the pay-out 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.

**NEXT STEP:**

Send the completed application form with the supporting documents stated in the checklist to AIC.