

INFORMATION FOR CANCER CARE FUND APPLICATION

Please read the following information before submitting your application.

1. Cancer Care Fund administered by Singapore Cancer Society (SCS) is made available by the kind generosity of our donors and benefactors for needy cancer patients
2. Please approach your respective Medical Social Worker or SCS staff to complete this application form
3. Application Criteria for Cancer Care Fund
 - a. Singaporeans or Permanent Residents. There are exceptions for non-residents whose parent, spouse or children are Singapore Citizen or Permanent Resident. The applicant must reside in Singapore for a continuous period of not less than 5 years.
 - b. Patients diagnosed with cancer within 6 months of the date of application
 - c. Singaporeans who are card holders of the Community Health Assist Scheme (CHAS); Permanent Residents and non-residents who meet the income requirements as stipulated by CHAS
4. Approval and Quantum of Assistance
 - a. All applications are subjected to the approval of the respective SCS committee
 - b. SCS reserves the right to decline applications if all the required supporting documents have not been submitted, and/or if the applicant has withheld or given false information
 - c. If approved, Cancer Care Fund will provide a one-time off assistance of \$500 for Orange CHAS card holder with per capita income between \$1201 - \$2000 and \$1000 for Blue CHAS card holder with per capita income of less than \$1200
 - d. Submission of this completed application form and required document does not guarantee that application will be approved
5. SCS may conduct home visits and/or call the applicant for verification of information provided
6. SCS aims to process each application within 14 working days upon receipt of completed application **and** required supporting documents
7. SCS reserves the right to change the terms and conditions of the applications without prior notice
8. Applicant will be duly informed of application outcome

SINGAPORE CANCER SOCIETY

15 Enggor Street, Realty Centre #04-01, Singapore 079716

Toll free 1800-727-3333 | Fax: 6221 9575

www.singaporecancersociety.org.sg | enquiry@singaporecancersociety.org.sg

SUPPORTING DOCUMENTS REQUIRED FOR CANCER CARE FUND APPLICATION

Lack of any supporting documents will result in denial or delay in the application process.

<input type="checkbox"/>	1a: Copy of NRIC (front and back) of applicant ¹ 病人本身的成年人身份证副本
<input type="checkbox"/>	1b: Copy of birth certificate for applicant below 15 years old 15 岁以下申请人的出生证明书
<input type="checkbox"/>	2: Copy of CHAS card ² of applicant 病人本身的社保援助计划 (简称 CHAS) 卡副本
<input type="checkbox"/>	3: Copy of Bank Statement/ Passbook of applicant (if applicant opts for GIRO payment) 病人本身的最近期打印 / 更新的银行户本或银行结算单

¹ For all Permanent Residents and non-residents, please complete the Income Declaration Form on page 4 of this application. For non-residents, please also submit a copy of your long term visit pass and marriage/birth certificate (if applicable).

² For Singaporeans without CHAS card, you can pick up a CHAS application form at any of the following places:

- Community Centre or Club (CC)
- Community Development Council (CDC)
- Public Hospital
- Polyclinic

Alternatively, you can download the application form from www.chas.sg or apply online using your SingPass.

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SINGAPORE CANCER SOCIETY : CANCER CARE FUND APPLICATION FORM			
Name (as in NRIC)		NRIC/ FIN No.	
Citizenship	<input type="checkbox"/> Singaporean <input type="checkbox"/> PR <input type="checkbox"/> Non-resident	D.O.B	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	
Address			
Contact (Home)		Contact (Mobile)	
Email			
MEDICAL INFORMATION (to be completed by doctor)			
Cancer Diagnosis		Date of diagnosis	
Signature & Stamp of Doctor		Name of Hospital	
MODE OF PAYMENT (payee to applicant only)			
GIRO (to attach copy of passbook/ bank statement) (Preferred)		Bank Name & Account No.:	
DECLARATION			
<input type="checkbox"/> I declare that the above-stated information I have provided are true and accurate to the best of my knowledge. <input type="checkbox"/> I understand that any wilful omission or suppression of information may result in unsuccessful application of aid with immediate effect. <input type="checkbox"/> I consent to allow Singapore Cancer Society (“SCS”) to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with SCS as a member, volunteer, programme participant, beneficiary and/or donor (“Purpose”), including communications on SCS’ activities, programs and services; donation requests; carrying out research, analysis and development activities for SCS’ purposes; and making disclosures required by law or a competent authority. SCS may, for the above Purpose, disclose my personal data to its third party service providers and/or agents, which may be sited outside of Singapore (subject always to requirements under applicable law having been met). If you wish to receive communications on SCS’ activities, programs and services via phone call and/or text message to a phone number or numbers that you have provided to SCS, please TICK the relevant box(es): <input type="checkbox"/> Text Message <input type="checkbox"/> Phone Call In any event, you agree that SCS may send communications on its activities, programs and services to you via email and/or post. If you do not wish to receive such communications via email and/or post, or if you wish to make changes to consent previously given, you understand that you may opt-out by writing to the “ <u>SCS Data Protection Officer</u> ” at “ <u>Singapore Cancer Society, 15 Enggor Street, #04-01, Realty Centre, Singapore 079716</u> ” or to the following email address dataprotection@singaporecancersociety.org.sg .			
Signature of Applicant		Date	

INCOME DECLARATION FORM (if applicable)

This form is to be completed by applicant who is a **Permanent Resident** or **non-resident**.

I, _____ (Name) _____ (NRIC) hereby declare that:

- I am a Permanent Resident
 I am a non-resident

My gross monthly household income per capita is as follow:

- \$ 1,200 or less
 between \$1,201 - \$2,000

- I acknowledge that I have fully understood the content of this declaration.
- I declare that all the above information I have provided are true and accurate to the best of my knowledge. I understand that any wilful omission or suppression of information may result in unsuccessful application or termination of financial assistance with immediate effect.

Signature		Date	
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