

INFORMATION FOR TRANSPORT SERVICES APPLICATION

Please read the following information before submitting your application.

1. The objective of Singapore Cancer Society's (SCS) transport service aims to alleviate the financial burden of needy families by providing free transport services (van or volunteer driver), taxi and/ or ambulance subsidies to patients undergoing radiotherapy and chemotherapy at various restructured hospitals.
2. Please approach your respective Health Professionals/ MSWs from hospitals and other community agencies to complete this application form
3. Application criteria for Transport Services
 - a. Cancer patient undergoing treatment at a restructured hospital
 - b. Singaporean or Singapore Permanent Resident (PR).
 - c. Recipient of Medifund, CHAS, Medical Fee Assistance Card (MFAC), Public Assistance (PA) or
 - d. Receiving financial assistance from SCS (only applicable for Cancer Treatment Fund (CTF), Welfare Aid Fund (WAF) and Living Well Programme (LWP) recipients), Social Service Offices (SSO), or other community agencies
4. Supporting documents required for SCS Transport Services Application
 - a. Copy of NRIC (front and back) of applicant
 - b. Copy of Medifund, CHAS, Medical Fee Assistance Fund (MFAC) Certificate OR Public Assistance (PA) Card of applicant
5. Approval and Quantum of Assistance
 - a. All applications are subjected to the approval based on SCS Transport Services Eligibility Criteria
 - b. All transport services are subjected to the availability of the SCS Van Services
 - c. 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
 - d. It is the onus of the applicant to approach SCS at least 2 weeks before the end of the approved period if they require further assistance
6. SCS may call the applicant for verification of information provided
7. SCS aims to process each application within 7 working days upon receipt of completed application and required supporting documents. Lack of any supporting documents will result in denial or delay in the application process.
8. SCS reserves the right to change the terms and conditions of the welfare applications without prior notice
9. Applicant will be duly informed of application outcome
10. Please note that SCS Van Services only applicable to NUH, SGH, NCC and TTSH.

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

SINGAPORE CANCER SOCIETY: TRANSPORT SERVICES APPLICATION			
APPLICANT INFORMATION			
Name (as in NRIC)		NRIC/ FIN No.	
Citizenship	<input type="checkbox"/> Singaporean <input type="checkbox"/> PR	D.O.B	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Spoken Language(s)	
Address			
Contact (Home)		Contact (Mobile)	
Email			
Any Companion/ Caregiver Accompanying	<input type="checkbox"/> Yes (only 1 person is allowed) <input type="checkbox"/> No	Any Mobility Issue	<input type="checkbox"/> Yes (Wheelchair/ Bedridden) <input type="checkbox"/> No
MEDICAL INFORMATION			
Cancer Diagnosis		Treating Hospital	
ELIGIBILITY (patient must meet one of the eligibility criteria)			
Is patient a Medifund/ CHAS/ MFAC / PA recipient?	<input type="checkbox"/> Yes (please provide a copy of the supporting document)		<input type="checkbox"/> No
Is patient receiving welfare assistance from SSO or other welfare organizations?	<input type="checkbox"/> Yes (please provide a copy of the supporting document)		<input type="checkbox"/> No
Is patient currently a recipient of SCS financial assistance?	<input type="checkbox"/> Yes, please state _____		<input type="checkbox"/> No
EMERGENCY CONTACT			
Name (as in NRIC)		NRIC/ FIN No.	
Contact (Home/ Mobile)		Relationship to applicant	
TYPE OF TREATMENT AND TREATMENT SCHEDULE			
<input type="checkbox"/> Radiotherapy	Start Date		End Date
	Time	<input type="checkbox"/> 10am – 11am	<input type="checkbox"/> 2pm – 3pm
<input type="checkbox"/> Chemotherapy *Please provide the schedule for chemotherapy appointment below for arrangement purpose. To be attached separately if needed.			
Case Summary			

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DECLARATION

- I declare that the above-stated information I have provided is true and accurate to the best of my knowledge.
- I understand that any intentionally withheld information will affect my application's outcome and/or lead to termination of existing financial assistance with immediate effect.
- 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):
- Text Message
- 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 "SCS Data Protection Officer" at "Singapore Cancer Society, 15 Enggor Street, #04-01, Realty Centre, Singapore 079716" or to the following email address dataprotection@singaporecancersociety.org.sg.

Name		Relationship to applicant	
Signature		Date	

COMPLETED BY HEALTH PROFESSIONAL (MSW/ NURSE/ DOCTOR)

Name		Designation		Hospital/ Institution	
Date		Contact No.		Email	

FOR OFFICAL USE ONLY

Status: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Allocation for: Van <input type="checkbox"/> AM (pick up from home 8.30 am/ Hospital 11.30 am) <input type="checkbox"/> PM (pick up from home 12.30 pm/ Hospital 3.30 pm)
Processed by:	
Signature and Date:	

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