INFORMATION FOR FINANCIAL AID APPLICATION

Please read the following information before submitting your application.

1. Cancer Treatment Fund and Welfare Aid Fund administered by Singapore Cancer Society (SCS) are 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 Treatment Fund
    a. Singaporeans or Permanent Residents. There are exceptions for non-residents whose parent, spouse or child are Singapore Citizen or Permanent Resident. The applicant must reside in Singapore for a continuous period of not less than 5 years.
    b. Subsidised patient in restructured hospitals
    c. To submit with Patient's Referral Form (to be completed by treating physician)
4. Application criteria for Welfare Aid Fund
    a. Singaporeans or Permanent Residents. There are exceptions for non-residents whose parent, spouse or child are Singapore Citizen or Permanent Resident. The applicant must reside in Singapore for a continuous period of not less than 5 years.
    b. Per capita household income of less than $1,200
    c. Limited total household savings
    d. To submit with Medical Supplies Order Form(to be completed by respective medical professionals), if applicable
5. 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 Treatment Fund will subsidize the approved specific drug/ treatment(s) or procedure(s) of up to 100% or $6,000 per cycle/month, whichever is lower, of the outstanding cash component of the treatment bill. The subsidy is limited to a maximum of $50,000 per person
    d. If approved, Welfare Aid Fund will assist up to 6 months of cash aid and/or medical supplies per application
    e. It is the onus of the applicant to approach SCS at least 1 month before the end of the approved period if they require further assistance
6. SCS may conduct home visits and/or call the applicant for verification of information provided
7. SCS aims to process each application within 14 working days upon receipt of completed application **and** required supporting documents
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. For enquiries and submission of applications, please email to Welfare Services at the following email address welfare@singaporecancersociety.org.sg or mail to 30 Hospital Boulevard #16-02/03 Singapore 168583.

SUPPORTING DOCUMENTS REQUIRED FOR FINANCIAL AID APPLICATION	
NOTE: Recipients of Public Assistance (PA) / Special Grant (SG) applying for medical supplies only have to furnish (i) PA/SG card and (ii) doctor's memo certifying need for medical supplies. ***Lack of any supporting documents will result in denial or delay in the application process.***	
☐	1a: Copy of NRIC (front and back) of applicant and immediate family members living in the same household 病人本身及与病人同住的直属家庭成员的成年人身份证副本
☐	1b: Copy of birth certificates for children below 15 years old 15 岁以下子女的出生证明书
☐	2: Latest Payslip/ Income Tax Assessment of applicant and immediate family members living in the same household 病人本身及与病人同住的直属家庭成员的最近期薪金结算单或所得税评估单
☐	3: Latest Bank Statements/ Updated Passbooks of applicant and immediate family members living in the same household (including all individual and joint savings accounts, cash, fixed deposits and gold) 病人本身及与病人同住的直属家庭成员的最近期打印 / 更新的银行户本或银行结算单 (包括个人或联名户头定期存款）
☐	4: CPF 15 Months Transaction History Statement of applicant and immediate family members living in the same household 病人本身及与病人同住的直属家庭成员的公积金 15 个月交易单
☐	5: MediFund and Medication Assistance Fund (MAF) Certificate of applicant 医疗基金与药物援助基金证明书
☐	6: Medical Certificate, or Medical Memo/ Report of applicant 医疗证明书或医药报告
☐	7: Cash Investment Statement (including Stocks & Shares, Dividends, Endowment Policy, Foreign Currency, Bonds, Futures and Unit Trust) of applicant and immediate family members living in the same household (if applicable) 病人本身及与病人同住的直属家庭成员的最近期财务现金投资结算单
☐	8: Documents on assistance received from other organizations of applicant and immediate family members living in the same household (if applicable) 其他机构援助的证明书

SINGAPORE CANCER SOCIETY

SINGAPORE CANCER SOCIETY: FINANCIAL AID APPLICATION FORM			
Applying for: ☐ Welfare Aid Fund (☐ Cash Aid / ☐ Medical Supplies: _____) *– To submit with supporting memo(s) and/or Medical Supplies Order Form from relevant healthcare professional(s)* ☐ Cancer Treatment Fund *– To submit with Patient's Referral Form and latest CT scan report*			
APPLICANT INFORMATION			
Name (as in NRIC)		NRIC/ FIN No.	
Citizenship	☐ Singaporean ☐ PR ☐ Non-resident	D.O.B	
Gender	☐ Male ☐ Female	Marital Status	
Race	☐ Chinese ☐ Indian ☐ Malay ☐ Others: _____	Spoken Language(s)	
Address			
Contact (Home)		Contact (Mobile)	
Email			
House Ownership	☐ Purchased ☐ Rented ☐ Lodging	House Type	☐ HDB 1 / 2 / 3 / 4 / 5 / Exec ☐ Apartment/ Condominium ☐ Landed
Employment	☐ Full-time/ Part-time/ Self-employed ☐ Housewife/ Student/ Retired ☐ Unemployed*	*Please state reason & duration	
MEDICAL INFORMATION			
Cancer Diagnosis		Date of diagnosis	
Treatment Status	☐ Undergoing active treatment ☐ In remission ☐ Hospice/ Palliative care	Review	☐ 1-2 monthly ☐ Yearly ☐ 3-4 monthly ☐ NA ☐ 5-6 monthly
OTHER INFORMATION			
Medifund	☐ Yes ☐ No	Quantum & Period	
Medication Assistance Fund	☐ Yes ☐ No	Quantum & Period	
Dependent Protection Scheme	☐ Claimed ☐ Not claimed ☐ NA	Amount & Date claimed	
EMERGENCY CONTACT			
Name (as in NRIC)		NRIC/ FIN No.	
Contact (Home/ Mobile)		Relationship to applicant	
Address			
E-mail			

PARTICULARS OF FAMILY MEMBERS							
Name	Staying Together	D.O.B	Relationship	Occupation	Medisave Balance	Gross Monthly Income	Nett Monthly Income
Applicant			Self				
Total							

PARTICULARS OF LATEST HOUSEHOLD SAVINGS			
Bank	Name of Account Holder	Account No.	Amount
Total			

MONTHLY INCOME		
	Amount	Remarks
Total Nett Monthly Income		
Contributions from other family members		
Maintenance/Alimony		
Other sources (i.e. rental, CPF payout, etc.)		
Total		

MONTHLY EXPENDITURE			
	Amount	BM (for official use only)	Remarks
Housing Loan Instalment (by cash) or Rent			
Other Loans or Instalments			
Utilities			
Service & Conservancy Charges			
Telephone Bills (Home, Mobile)			
Internet & Cable TV			
Food & Sundry			
Working Adult Daily Expenses			
School Expenses (School Fees, Pocket Money)			
Transport Expenses			
Taxes (Property, Income)			
Insurance (Personal, Vehicle)			
Maid (Levy, Salary, Medical)			
Medical & Nursing Expenses			
Others (Please specify)			
Total			
Variance (Income – Expenditure)			

ASSISTANCE RECEIVED FROM OTHER SOURCES			
Sources/ Agencies	Period	Amount	Remarks

GENOGRAM

SOCIAL REPORT (To be attached separately if needed)	
Presenting/ Identified Issue(s)	
Assessment of patient/ family's coping	
Recommendations	

SINGAPORE CANCER SOCIETY

DECLARATION AND SIGNATURE

- ☐ I am not receiving any contribution (including rent, allowances, financial assistance) from any individual, institution or organization other than those already declared
- ☐ I and/or my family members within the household do not have any other savings (cash, fixed deposits or gold) in banks/ finance companies, other than those already declared
- ☐ I and/or my family members within the household do not have any cash investments (Stocks & Shares, Dividends, Endowment Policy, Foreign Currency, Bonds, Futures and Unit Trust) other than those already declared
- ☐ I am not covered by any insurance other than those already declared
- ☐ I do not own any other property (residential / commercial) other than those already declared
- ☐ Any other 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 "30 Hospital Boulevard #16-02/03 Singapore 168583" or to the following email address dataprotection@singaporecancersociety.org.sg.

Name		Relationship to applicant	
Signature		Date	

COMPLETED BY

Name		Designation		Hospital/ Institution	
Date		Contact No.		Email	

SELF-DECLARATION FORM (if applicable)

This form is to be completed by **all individuals** (as indicated in page 4) who are either self-employed, unemployed or are students aged 20 and above. **This form is not applicable for employed individuals and students below age 20.**

Instructions**:**

1. For individual(s) who is self-employed or doing odd job, this form is only to be completed if he/she is not able to provide his/her Income Tax Statement and/or CPF Transaction History.
2. For individual(s) who is unemployed (including housewife or retiree), this form is required to be completed.
3. One self-declaration form per individual. Please make more copies if needed.

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

☐ I am employed as a _____ *(occupation)*
☐ I am unemployed
☐ I am a housewife / retiree
☐ I am a student

I am:
☐ drawing a gross monthly income of $ _____
☐ NOT drawing any income

I certify that I have no other way to document my income and that all of the above information is true and correct. I understand that if I intentionally misrepresent my income, it will result in the unsuccessful application or termination of SCS financial assistance with immediate effect.

Signature		Date	

I certify that I asked the applicant about all sources of income received by the household and, before using this form, used my best efforts to obtain other possible sources of documentation. The information reported on this form was provided solely by the applicant and reflects the income that the applicant reported to me. I did not modify the information in any way.

Name		Designation (Hospital/ Institution)	
Signature		Date	