

APPLICATION FOR WELFARE AID

I. PATIENT INFORMATION (TO BE COMPLETED BY MEDICAL SOCIAL WORKER / RECOMMENDER)				
Name: Mr. / Mrs. / Ms / Mdm	NRIC / BC No.		Nationality	
	DOB / Age	Sex	Marital Status	Highest educational level
Name of A/C Payee (if different from applicant):	Type of flat: 1rm / 2rm / 3rm / 4rm / 5rm / Others (For others, please state _____) Purchased / Rented (any arrears: _____)			
Work status: Employed / Unemployed Name of company: _____ Address of company: _____ Contact no. of company: _____ (if unemployed, please state reason & duration: _____)				
Address of applicant: Singapore: _____		Contact of applicant (Home): _____ Contact of applicant (Mobile): _____		
Next of Kin/Contact Person's Name & NRIC No:		Address of Next of Kin (if different): Singapore: _____ Contact No of Next of Kin: _____		
Voucher No.: _____ Commencement Date of Aid: _____		No. of Reviews: _____ Initial Amount: _____		
II. GENOGRAM				
III. HOUSEHOLD SAVINGS		Amount	Benchmark	Remarks
Cash / Bank Savings				
INCOME				
Salary				
Other sources (e.g. Children's contribution, interests from shares / Fixed deposits, rental of rooms, etc.)				
Other Welfare Aid (Please state organization)				
TOTAL INCOME				
ESTIMATED MONTHLY HOUSEHOLD EXPENDITURE				
HDB Installment (Cash only)				
Power Supply Utilities Bill				
Telephone Bills (Home Phone, Mobile Phone)				
Service & Conservancy Charges				
Food & Housekeeping				
School Expenses (School Fees, Pocket Money)				
Working Adult Daily Expenses (Inclusive of transport)				
Loans Installment (Please specify the type of loan)				
Others (Please elaborate)				
TOTAL EXPENDITURE				

I, _____, hereby apply for financial assistance from the SINGAPORE CANCER SOCIETY and declare that the information I have provided are true and complete to the very best of my knowledge. I am aware that providing false or misleading information may result in a discontinuation of the financial assistance with immediate effect.

This declaration was translated from English to _____ by _____.

Applicant's Name & NRIC No.

Signature

Date

NAME OF APPLICANT: _____

IV. MEDICAL INFORMATION (TO BE FILLED BY DOCTOR)				
Diagnosis				
Present Medical Condition				
Hospital / Institution			Doctor's Name & Signature	
Date: _____				
V. RECOMMENDATION / REMARKS (TO BE FILLED BY MEDICAL SOCIAL WORKER / RECOMMENDER)				
Means Tests (\$500 per capita income)				
Per capita Income	=	$\frac{\text{Total Immediate Family Income}}{\text{Total Number of Immediate Family and Eligible Dependents}}$		
	=	=		
Means Tests Passed	=	Yes	/	No
Medical Certificate Provided	=	Yes	/	No
Valid From: _____ to _____				
Remarks				
Amount Recommended: S\$ _____ per month			Duration: _____ months	
Amount in Last Review: S\$ _____			Period of Last Review: _____	
Hospital / Institution:			Recommender's Name & Signature	
Date: _____				
OFFICIAL USE				
<input type="checkbox"/> Approved S\$ _____ for _____ months from _____ to _____				
<input type="checkbox"/> Not Approved <input type="checkbox"/> Suspended <input type="checkbox"/> Terminated <input type="checkbox"/> Final				
Remarks: _____				
Voucher No.: _____			With effect from: _____	
			Chairman, Welfare Committee/Chief Executive Officer Singapore Cancer Society	