

USEFUL INFORMATION

All information is correct as of April 2014.

Compiled by Institute of Family Medicine (IFM) & Ministry of Social and Family Development (MSF) Workgroup

Useful Resources for Medical Practitioners: Ministry of Social and Family Development (MSF) Disability Resource List

Life Stage	Service	Short Description	Referral Point
Children and Youth	Early Intervention Programme for Infants and Children (EIPIIC)	✓ For children with moderate to severe developmental delays in specialised centres	SG Enable http://www.sgenable.sg/ Infoline: 1800 8585 885 Fax: 6226 2366 Infoline Operating Hours Monday to Friday: 8.30am to 6.00pm Saturday: 8.30am to 12.30pm Closed on Sundays and Public Holidays
	Development Support Programme (DSP)	✓ For children with mild developmental delays in mainstream pre-schools	
	Integrated Child Care Programme (ICCP)	✓ For children with special needs for preparation to enter into mainstream education	
Education	Special Education (SPED) Schools	✓ Customised educational programmes with Individual Education Plans for all pupils ✓ Support from paramedical professionals such as psychologists, speech therapists, occupational therapists, physiotherapists and social workers	MOE Schools
Employment	Open Door Fund	✓ Funding of up to \$100,000 per company for job redesign or workplace modifications ✓ Apprenticeship training allowance for persons with disabilities	SG Enable http://www.sgenable.sg/ Mainline: 6505 9748 Fax: 6226 2366 Email: opendoor@sgenable.sg

	Workfare and Special Employment Credits for Persons with Disabilities	✓ Extended to persons with disabilities who have attended SPED schools	<p>CPF Board</p> <p>For queries on WIS, Hotline: 1800-222-6622 (Mondays to Fridays: 8am-5:30pm) Email: member@cpf.gov.sg Website: http://mycpf.cpf.gov.sg/Members/Gen-Info/WIS</p> <p>For queries on SECs, Hotline: 1800 2222 888 (Mondays to Fridays: 8.00am to 5.30pm) Email: employer@cpf.gov.sg Website: http://www.sec.gov.sg/sec2012.html</p>
	Vocational Assessment, Job Placement and Job Support Services	<p>✓ Vocational Assessment: Evaluation of skills, interest and employability for employment suitability</p> <p>✓ Job placement and Job Support: Employment opportunities for both employers and people with disabilities</p>	<p>SG Enable http://www.sgenable.sg/</p> <p>Mainline: 6505 9748 Fax: 6226 2366 Email: opendoor@sgenable.sg</p>
Adult Care	Adult Disabled Homes/Hostels for PWDs	✓ Residential services for persons with disabilities who are either destitute, neglected or whose caregivers are unable to take care of them	<p>SG Enable http://www.sgenable.sg/for-adults/</p> <p>Infoline: 1800 8585 885 Fax: 6226 2366</p> <p>Infoline Operating Hours Monday to Friday: 8.30am to 6.00pm Saturday: 8.30am to 12.30pm Closed on Sundays and Public Holidays</p>
	Day Activity Centres (DACs)	✓ Community-based service for care and skills training	
Financial and Legal Security	Special Needs Trust Company (SNTC)	<p>✓ Non-profit trust services for persons with special needs</p> <p>✓ Development of care plans</p>	<p>Appointment to be made with SNTC http://www.sntc.org.sg/</p> <p>Main line: 6278 9598 Email: enquiries@sntc.org.sg</p>

	Special Needs Savings Scheme (SNSS)	✓ Monthly disbursements of nominated CPF monies upon CPF member's demise	<p>SG Enable http://www.sgenable.sg/schemes/financial-support/special-needs-savings-scheme/</p> <p>Infoline: 1800 8585 885 Fax: 6226 2366</p> <p>Infoline Operating Hours Monday to Friday: 8.30am to 6.00pm Saturday: 8.30am to 12.30pm Closed on Sundays and Public Holidays</p>
	Mental Capacity Act	✓ Legal framework to enable and support persons who lack mental capacity ✓ Provision of safeguards (i.e. court-appointed deputies and donees)	<p>Office of Public Guardian (OPG), MSF http://www.publicguardian.gov.sg/About-OPG/The-Office-of-the-Public-Guardian</p> <p>Main line: 1800 226 6222 Email: enquiry@publicguardian.gov.sg</p>
Grants and Schemes	Foreign Domestic Worker (FDW) Grant	✓ Monthly \$120 grant ✓ Over and above \$95 levy concession	<p>SG Enable http://www.sgenable.sg/</p> <p>Infoline: 1800 8585 885 Fax: 6226 2366</p> <p>Infoline Operating Hours Monday to Friday: 8.30am to 6.00pm Saturday: 8.30am to 12.30pm Closed on Sundays and Public Holidays</p>
	Assistive Technology Fund (ATF)	✓ Financial assistance for purchase of assistive technology for education or work purposes	
	Car Park Label Schemes (CPLS)	✓ Eligibility to park vehicles at designated parking lots	
	Caregiver Training Grant	✓ Subsidies for caregivers to attend relevant training courses/programmes	
	Computer Access Trust Fund (CATF)	✓ Financial assistance for purchase of computers and computer-related assistive technology devices for educational or work purposes.	
	LTA Cares Fund	✓ Charity Fund catering to the transport needs of working adults and students in mainstream schools who are financially and physically disadvantaged	

	Special Assistance Fund	✓ Provides financial assistance to low-income families in purchasing assistive equipment to aid persons with disabilities in their mobility or rehabilitation	
	Traffic Accident Fund	✓ Provides financial assistance to persons who have acquired permanent or temporary disabilities due to traffic accidents	
	Public Transport Concession for Persons with Disabilities	✓ Concessionary travel on public transport for persons with disabilities	
	VWO Transport Subsidy	✓ Transport subsidies for persons with disabilities accessing community based services such as EIPIC, SPED schools, Day Activity Centres and Sheltered Workshops	
	Taxi Subsidy Scheme	✓ Taxi subsidies for persons with disabilities who are unable to take public transport and rely on taxis to commute to work and school	

Useful Resources for Medical Practitioners: Application for Disability Schemes Functional Assessment Report

Application for Disability Schemes Functional Assessment Report

APPLICANT

Type of scheme(s) you wish to apply (please tick):

☐ **Foreign Domestic Worker (FDW) Levy Concession (Persons with Disabilities)**

Aims to provide support to families of persons with disabilities to employ FDW to assist the persons with disabilities who are likely to require permanent assistance in performing at least 1 activity of daily living (ADL). Eligible employer will pay a lower monthly FDW levy of \$120 to the Ministry of Manpower.



☐ **Foreign Domestic Worker (FDW) Grant**

Aims to provide more support to families who care for persons who have at least moderate disability. They are likely to require permanent assistance in performing at least 3 ADLs. Eligible employer of FDW will receive a monthly grant of \$120 given by the Ministry of Health. The Grant applies to households with a per person household monthly income of up to \$2,600. The FDW must also attend caregiver training courses pre-approved by AIC.

Please send this report together with the completed application form and supporting documents **via mail** to:
Agency for Integrated Care
No. 7 Maxwell Road, #05-08,
Annexe B MND Complex,
Singapore 069111

☐ **Special Needs Savings Scheme (SNSS)**

Aims to encourage parents of child(ren) with special needs to use their CPF monies to save up for their child(ren)'s long-term care needs. The child with special needs has to require assistance in at least 1 ADL, or be attending a Special Education school.



☐ **Public Transport Concession for Persons with Disabilities**

Aims to assist persons with disabilities in their transportation needs by providing concessionary rates for travel on buses and trains. Eligible persons should be aged below 60 years of age, are Singapore Citizens or Permanent Residents, and have a permanent disability of in one or more of the following: physical disability, visual impairment, hearing impairment, autism spectrum disorder or intellectual disability. Persons with permanent physical disability who have yet to be assessed may use this form to support their application for the scheme. Persons with permanent disabilities other than physical disability should not use this form. Instead, they may provide their latest doctor's memo or verification form endorsed by VWOs providing disability services and programmes, to support their application for the transport concession.

Please send this report together with the completed application form **via fax or mail** to:
SG Enable Ltd
141 Redhill Road
Singapore 158828
Website: www.sgenable.sg
Fax: 6226 2366 | Infoline: 1800-8585 885

☐ **Enhancement for Active Seniors (EASE)**

Aims to enhance the safety and comfort of seniors living in HDB flats through the installation of improvement items at subsidised rates for Singapore Citizen households. Eligible persons include seniors aged between 65 years and 69 years who require assistance for at least 1 ADL. Seniors aged above 70 years and above need not undergo an ADL assessment.

Contact No: _____

Address: _____

Please send this report together with HDB EASE Application to the respective HDB Branches*.

Alternatively, please attach this report when submitting the EASE application via e-services on HDB InfoWEB or m-service in Mobile@HDB.

*Note: Please refer to HDB InfoWEB (www.hdb.gov.sg) for a list of HDB Branches or call HDB toll-free EASE enquiry line at 1800-9332990 on weekdays (excluding Public Holidays) from 8.00am to 5.00pm for assistance.

Please note that this assessment form is **not** valid for ElderShield or the Interim Disability Assistance Programme for the Elderly (IDAPE). If you are applying for ElderShield/IDAPE, please use the ElderShield/IDAPE claim form instead. More information is available from the websites of Aviva, Great Eastern and NTUC Income.

ASSESSOR**FUNCTIONAL ASSESSMENT***(if no patient's sticky label)***Name of Person** : _____
Assessed**NRIC/BC** : _____Patient's Sticky Label
(where applicable)

Section 1: Functional Assessment*		Yes	No
a. Activities of Daily Living (ADLs)		Requires help/supervision most of the time	No help is required
i	Washing or Bathing	<input type="checkbox"/>	<input type="checkbox"/>
ii	Dressing	<input type="checkbox"/>	<input type="checkbox"/>
iii	Feeding	<input type="checkbox"/>	<input type="checkbox"/>
iv	Toileting	<input type="checkbox"/>	<input type="checkbox"/>
v	Transferring	<input type="checkbox"/>	<input type="checkbox"/>
vi	Mobility	<input type="checkbox"/>	<input type="checkbox"/>
Section 2: Comments by Assessor			
b. Are the disabilities permanent*?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Date of onset of impairment		(estimated dd/mm/yyyy)	
Additional comments (if any) _____ _____			
<p>I confirm that the assessment done for the above applicant is true and correct to my best knowledge. I am aware that the assessment for this application will serve as reference only. The Scheme Administrator reserves the right to make the final decision on the application outcome and reject any application if the information is found to be inaccurate, or if any relevant information has been withheld by the applicant.</p>			
_____ Name and Signature of Assessor		_____ Stamp of Clinic / Hospital	_____ Date
		_____ Tel / Fax Nos.	

Important Note:

Assessor must sign against any amendment made and affix the official stamp of the clinic / hospital. If not, the report will be deemed to be incomplete.

*** Notes for Assessor**

- a. *Washing or Bathing* Ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash by other means.
- b. *Dressing* Ability to put on, take off, secure and unfasten all garments (upper and lower) and any braces, artificial limbs or other surgical appliances.
- c. *Feeding* Ability to feed oneself after food has been prepared and made available.
- d. *Toileting* Ability to use the toilet or manage bowel and bladder functions through the use of protective undergarments or appropriate surgical appliances.
- e. *Transferring* Ability to move from (a lying position on the) bed to an upright chair or wheelchair, and vice versa.
- f. *Mobility* Ability to walk indoors from room to room on level surface, without the use of assistive devices such as walking frame, walking stick, brace, cane, crutch, prosthetic device, or assistance of another person. To also take into account the applicant's restriction to walk due to medical conditions such as lung, cardiac, arthritic, neurological, or orthopaedic condition and the use of oxygen.

ONLY FOR FDW GRANT APPLICATION**CAREGIVING TRAINER****CAREGIVER TRAINING RECEIVED BY FOREIGN DOMESTIC WORKER (if applicable)***(for use by authorised caregiver trainer only)***Name of Foreign Domestic Worker (FDW) :** _____**FIN / Work Permit of FDW :** _____**Section 3: FDW has been trained in the following components (please tick)**

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Washing / Bathing / Personal Hygiene | <input type="checkbox"/> Dressing | <input type="checkbox"/> Transferring / Bed Care |
| <input type="checkbox"/> Feeding / Medication Serving | <input type="checkbox"/> Toileting | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Others (please state) _____ | | |

I confirm that the training done for the above applicant is true and correct. I am aware that the training for this application will serve as reference only. The Agency for Integrated Care (AIC) reserves the right to make the final decision on the application outcome and reject any application if the information is found to be inaccurate, or if any relevant information has been withheld by the applicant.

Name and Signature of Trainer_____
Stamp of Organisation_____
Date_____
Tel / Fax Nos.

Trainer must sign against any amendment made and affix the official stamp of the organisation. If not, the report will be deemed to be incomplete.



MOBILITY REPORT

ASSESSMENT (To be completed by Medical Doctor ONLY)

Assessing Doctor must sign against any amendments made on this form. If not, it will be deemed as "Incomplete"

Name of Applicant: _____ (Mr / Ms/ Mdm) Identification No: _____

Does the applicant need a mobility aid when travelling outdoors? ☐ YES ☐ NO

If "YES", please tick ✓ the applicant's **MAIN MODE** (*please select one only*) of mobility aid used :

☐ Wheelchair ☐ Prosthesis / Orthotic ☐ Crutches ☐ Walking Frame ☐ Quad Stick

☐ Others (Please specify) : _____

Does the applicant have any physical disability or medical condition which causes mobility constraint? ☐ YES ☐ NO

If "YES", please tick ✓ the type of physical disability:

☐ Cerebral Palsy

☐ Loss/Deformity of limbs

☐ Quadraplegic

☐ Paraplegia

☐ Spina Bifida

☐ Osteogenesis Imperfecta

☐ Muscular Dystrophy

☐ Tetraplegia

☐ Poliomyelitis

☐ Others : _____

Nature of disability/ condition: ☐ Permanent

☐ Temporary

(**INDICATE** estimated recovery period) _____

CONFIRMATION OF ASSESSMENT BY MEDICAL DOCTOR

I confirm that the assessment done for the above applicant is true and correct. The SG Enable reserves the right to make the final decision on the application outcome and reject any application if the information is found to be inaccurate, or if any relevant information has been withheld by the applicant.

Name and Signature of Assessing Doctor

MCR Number of Assessing Doctor

Stamp of Clinic or Hospital

Tel and Fax Nos.

Date of Assessment*

***Mobility Report is valid for a period of 6 months from the date of assessment.**