

BEFORE YOU FILL IN THIS FORM, PLEASE TAKE NOTE:

ABOUT ATF

- The Assistive Technology Fund (ATF) provides subsidies for Persons with Disabilities (PWDs) to purchase assistive technology devices to enable independent living.
- A successful applicant qualifies for a subsidy of up to 90% of the cost of assistive technology devices, subject to a cap of \$40,000 over the applicant's lifetime. The subsidy amount is means-tested.

INSTRUCTIONS TO TOUCHPOINTS

- Applicants will require the assistance of an Application Admin (e.g. Social Worker) and an Assessor (e.g. Therapist) from Touchpoints such as Hospitals and Social Service Agencies to complete this application. The Application Admin will submit this application on behalf of the applicant.
- Registered Touchpoints are requested to submit the application directly via the eService portal.
- The instructions for completing and submitting the application form are provided on the next page. The application has to be endorsed before submission.
- A successful applicant who requires further subsidy can be considered for the Special Assistance Fund from the National Council of Social Service using this same application.
- SG Enable will inform the Application Admin of the application outcome via email. Upon approval, the Application Admin has to mail the original or certified true copy invoice to us before we proceed with the subsidy disbursement. The invoice must show the full cost of the device(s). SG Enable will not accept reimbursement for devices already purchased.

IMPORTANT NOTES

- SG Enable reserves the right to reject any application that is incomplete, not supported with the required documents and/or is arising from unauthorised Touchpoints.
- New Touchpoints are advised to approach SG Enable on the application process.

PROCESSING TIME

- Upon receipt of the completed application form and all required supporting documents, SG Enable requires up to 15 working days to process the application.

SEND APPLICATION TO

Completed application form must be submitted through a Touchpoint via one of the following modes:

Mailing Address : SG Enable – Assistive Technology Fund
20 Lengkok Bahru, #01-01, Singapore 159053

Email : ATF@sgenable.sg

CONTACT US:

Infoline: 1800 8585 885
Website: www.sgenable.sg

ELIGIBILITY

- Singapore Citizen or Permanent Resident
- Certified to have a permanent disability of any one of the following:
 - Physical disability
 - Visual impairment
 - Hearing impairment
 - Intellectual disability
 - Autism Spectrum Disorder
- Undergone qualified assessor's assessment to determine the need and type of device(s)
- Household gross monthly income per person of \$2,000 and below

SUPPORTING DOCUMENTS

Touchpoint's Application Admin will need to prepare the following documents to attach with the application

- SECTION 1: APPLICANT AND HOUSEHOLD INFORMATION signed by the applicant or an authorised person if the applicant is below 21 years old/ mentally incapacitated.
- Clear photocopy of the applicant's NRIC (Front and Back) or Birth Certificate (for applicants below age 15)
- Clear photocopy of the authorised person's NRIC (Front and Back) for applicant who is below 21 years old/ mentally incapacitated.
- Valid Means-Test (MT) Result.
 - Applicant does not need to complete the Means-Test Declaration Form if they have a valid MT result within the past two years. Please ensure MT has a minimum validity period of at least 3 months at the time of submission.
 - If the applicant does not have a valid MT result, Touchpoint will have to perform MT on behalf of the applicant- the form can be obtained from www.sgenable.sg. Please mail original completed MT form with supporting documents to MOHH.
- SECTION 2: ASSESSOR'S REPORT is to be filled by a qualified assessor indicating applicant's disability information and recommendation of device OR
 - Any other latest supporting documents by qualified assessor stating permanence and type of disability, as well as clear recommendation of device(s)
- Vendor's quotation(s) to be provided by Touchpoint showing full cost of device(s)
 - We need to verify device cost. Please provide a formal quotation (preferred) or a memo/email from hospital/vendor, or price list, whichever available.
- SECTION 3: APPLICATION ADMIN'S REPORT to be filled by Application Admin and Endorser.
 - Provide information such as the funding percentage requested for and reasons for requested subsidy level, applicant's other source of financial assistance and funding (if any) and subsidy disbursement details.
 - Application to be endorsed before submission to SG Enable.
- Other supporting documents (Optional)

Upon application approval

- Vendor's invoice(s) to be provided by Touchpoint showing full cost of device(s).
 - Note: Original or certified true copy of invoice is only required after application approval. SG Enable will inform Touchpoint of the application approval and request for the invoice thereafter to facilitate subsidy disbursement.

Please tick where applicable

*Please circle which applies

SECTION 1: APPLICANT AND HOUSEHOLD INFORMATION

A. APPLICANT'S PARTICULARS

Name: (Mr/Mrs/Mdm/Ms/ Miss)*	<input type="text"/>															
	<input type="text"/>															
	<input type="text"/>															
Identification Type:	<input type="radio"/> NRIC – Singapore Citizen, Permanent Resident	<input type="radio"/> Foreign Identification Number	Identification Number:	<input type="text"/>												
Date of Birth: (DD/MM/YYYY)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Age:	<input type="text"/>						
Citizenship:	<input type="radio"/> Singaporean	<input type="radio"/> Permanent Resident	<input type="radio"/> Others	Gender:	<input type="radio"/> Male	<input type="radio"/> Female										
Preferred Spoken Language:	<input type="radio"/> English	<input type="radio"/> Mandarin	<input type="radio"/> Malay	<input type="radio"/> Tamil	<input type="radio"/> Others (please specify) _____											
Contact (Mobile):	<input type="text"/>			Contact (Home):	<input type="text"/>											
				Contact (Office):	<input type="text"/>											
Email:	<input type="text"/>															
Address:	<input type="text"/>															
	<input type="text"/>															
Postal Code:	S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unit No.:	#	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
											#0-0 if there is no unit no.					
Preferred Contact Mode:	<input type="radio"/> Email	<input type="radio"/> Mail														
Housing Type:	<input type="radio"/> HDB Flats (1 /2 /3 /4 /5 Room, Executive, Maisonette)*	<input type="radio"/> Private	<input type="radio"/> Others (please specify) _____													
Present Occupation:	<input type="radio"/> Infant	<input type="radio"/> Student	<input type="radio"/> Working	<input type="radio"/> Training	<input type="radio"/> Unemployed	<input type="radio"/> National Service										

Please tick where applicable

*Please circle which applies

SECTION 1: APPLICANT AND HOUSEHOLD INFORMATION

B. GUARDIAN INFORMATION

(For applicant below 21 years old and/or certified mentally incapacitated)

Name: (Mr/Mrs/Mdm/Ms/ Miss)*	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
Identification Type:	<input type="radio"/> NRIC – Singapore Citizen, Permanent Resident	<input type="radio"/> Foreign Identification Number	Identification Number:	<input type="text"/>						
Relationship:	<input type="text"/>									
Guardianship:	<input type="radio"/> Legal Guardian	<input type="radio"/> Deputy	<input type="radio"/> Donee							
Citizenship:	<input type="radio"/> Singaporean	<input type="radio"/> Permanent Resident	<input type="radio"/> Others							
Date of Birth: (DD/MM/YYYY)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
								Gender:	<input type="radio"/> Male	<input type="radio"/> Female
Preferred Spoken Language:	<input type="radio"/> English	<input type="radio"/> Mandarin	<input type="radio"/> Malay	<input type="radio"/> Tamil	<input type="radio"/> Others (please specify)	<input type="text"/>				
Contact (Mobile):	<input type="text"/>			Contact (Home):	<input type="text"/>					
				Contact (Office):	<input type="text"/>					
Email:	<input type="text"/>									
Preferred Contact Mode:	<input type="radio"/> Email	<input type="radio"/> Mail								
Stay With Applicant:	<input type="radio"/> Yes	<input type="radio"/> No								
Address:	<input type="text"/>									
	<input type="text"/>									
Postal Code:	S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Unit No.:	#	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
#0-0 if there is no unit no.										

Please tick where applicable

*Please circle which applies

SECTION 1: APPLICANT AND HOUSEHOLD INFORMATION

C. DECLARATION

I do not want to receive mailers from and/or be contacted by SG Enable for related services and schemes in the future.

By using SG Enable services and by providing or making available my personal information or those of my ward and such other information about myself or my ward to SG Enable and/or MSF and continuing to do all of the above, I represent that:

1. The information given in this application is true and correct to the best of my knowledge.
2. I have read and understood all of the provisions herein and I hereby give my consent for SG Enable and/or MSF to use my or my ward's personal data including but not limited to my name, NRIC, contact number, mailing and email address as well as other information for such purposes of the present programme run by SG Enable as well as any applicable supplementary programmes at SG Enable's discretion and the purposes that are set out in SG Enable's Privacy Policy which can be found on its website at <https://www.sgenable.sg> as well as MSF's Privacy Statement which can be found on its website at <http://www.msf.gov.sg>.
3. I am aware that SG Enable has the right to recover in full any subsidy disbursed to me arising from this application if I have provided inaccurate information, or withheld any relevant information required for this application.
4. I understand that SG Enable and/or MSF will take all reasonable measures to protect my or my ward's information from unauthorised access or against loss, misuse or alteration by third parties.
5. I have been advised that I may withdraw my consent to SG Enable and/or MSF in respect of the use of my or my ward's personal data by providing such reasonable notice to SG Enable and/or MSF as well as to direct any queries I may have, including any request to delete data that have been obtained from me or my ward or from third parties or to opt out of any messages, emails, newsletters or other marketing or promotional materials to me or my ward, to the designated person, email or contact persons as indicated in SG Enable's Privacy Policy or MSF's Privacy Statement.

Name of Applicant/
Authorised Person

Signature of Applicant/
Authorised Person

Date

I consent on behalf of the Main Applicant who is under 21 years of age.

I consent on behalf of the Main Applicant who is mentally incapacitated.

This page is intentionally left blank.

Please tick where applicable

*Please circle which applies

SECTION 2: ASSESSOR'S REPORT

This section is to be filled up by an Assessor. If this section is not filled up by a Therapist/ Optometrist/ Audiologist/ Medical Doctor, please give inputs in Part D: Others.

A. APPLICANT'S PARTICULARS

PWD Name:	<input style="width: 100%;" type="text"/>
PWD Identification Number:	<input style="width: 100%;" type="text"/>

B. DISABILITY INFORMATION

Declared Disability Type	
<input type="radio"/> Physical Disability	<input type="radio"/> Intellectual Disability
<input type="radio"/> Hearing Impairment	<input type="radio"/> Autism Spectrum Disorder
<input type="radio"/> Others (please specify): _____	<input type="radio"/> Visual Impairment
Medical Summary: _____	

(e.g. Limb Amputation, Muscular Dystrophy, Optic Atrophy)	
Nature of Disability:	<input type="radio"/> Permanent <input type="radio"/> Temporary <input type="radio"/> Suspected <input type="radio"/> Unknown
For Temporary Disability: Indicate estimated recovery period - _____ (e.g. 12 mths)	

C. DEVICE INFORMATION

Recommended device(s) should meet <u>one or more</u> of the outcomes listed below:					
1. Aid in early intervention/ education		3. Aid in open/supported employment		5. Aid in rehabilitation	
2. Aid in training		4. Aid in therapy		6. Increase independence in daily living	
No.	Device Description e.g. New Look Rodeo Tilt standard wheelchair with accessories or Oticon Chili SP 5 BTE (left)/(right)/(both)	Device Outcome Choose outcome from list above and check one or more that applies.	Net Cost of Device (\$\$) Including GST where applicable	Vendor Name	Quotation Reference No. If available
1		<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6			
2		<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6			
3		<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6			

Please tick where applicable

*Please circle which applies

SECTION 3: APPLICATION ADMIN'S REPORT

This section is to be filled in by Touchpoint's Staff and Endorser.

A. APPLICANT'S PARTICULARS

PWD Name:	<input type="text"/>
PWD Identification Number:	<input type="text"/>

B. APPLICATION ADMIN'S RECOMMENDATION

1	<p>Has Applicant been Means-Tested within the Past 2 Years? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>If No, please assist applicant and household to complete Means-Test Declaration Form before proceeding with application.</p>
2	<p>Funding Percentage Requested for (%): <input type="text"/></p> <p>Please indicate % requested based on your assessment of the applicant's financial ability to co-pay</p> <p>State the reasons if funding percentage requested is higher than ATF qualified subsidy and if alternative co-payment modes such as installments or external funding can be explored.</p> <hr/> <hr/>
3	<p>Any Other Source of Subsidy Applied for this Recommended Device(s)? <input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <p>If Yes, please provide details on subsidy source(s). Double funding for the same device(s) is not allowed.</p>
4	<p>For applicants 60 years and above</p> <p>Has subsidy been sought from other funds such as AIC SMF or HDB Ease for this device(s)? <input type="radio"/> Yes <input type="radio"/> No</p> <hr/> <p>Please provide details on subsidies sought/not sought.</p>
5	<p>Does Applicant Receive Financial Assistance?</p> <p><input type="radio"/> PA <input type="radio"/> ComCare</p> <p><input type="radio"/> MFEC <input type="radio"/> Others (please specify): <input type="text"/></p> <p><input type="radio"/> MediFund</p>

C. ADDITIONAL INFORMATION

<p>Additional Remarks (if any):</p> <hr/> <hr/> <hr/> <p>Please attach other supporting documents if necessary</p>
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Please tick where applicable
*Please circle which applies

SECTION 3: APPLICATION ADMIN'S REPORT

E. APPLICATION ADMIN'S AND ENDORSER'S DECLARATION (CONTINUED)

4. We and each of our clients understand that SG Enable and/or MSF will take all reasonable measures to protect our and our clients' information from unauthorised access or against loss, misuse or alteration by third parties.
5. We agree that in no event will SG Enable and/or MSF be liable to us or our clients for any losses or damages, loss of income, profit or savings or indirect, incidental, special, consequential, or punitive damages arising from or in connection with our application.
6. We and each of our clients have been advised that we may withdraw our consent to SG Enable and/or MSF in respect of the use of our personal data by providing such reasonable notice to SG Enable and/or MSF as well as to direct any queries we may have, including any request to delete data that have been obtained from them or from third parties or to opt out of any messages, emails, newsletters or other marketing or promotional materials to us or our clients, to the designated person, email or contact persons as indicated in SG Enable's Privacy Policy or MSF's Privacy Statement.

Being the person disclosing the information and making the application for the purposes as set out above or being duly authorised by such persons disclosing the information and making the application for the purposes as set out above, we agree to the above.

Application Admin's Declaration

Application Admin Name:

Designation:

Email:

Contact (Mobile): Contact (Office):

Organisation Address:

Signature Date Organisation Name

Endorser's Declaration

Endorser Name:

Designation:

Email:

Contact (Mobile): Contact (Office):

Signature Date Organisation Name