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@senable.sg
ELIGIBILITY

- Singapore Citizen or Permanent Resident
- Certified to have a permanent disability of any one of the following:
  - Physical disability
  - Intellectual disability
  - Visual impairment
  - Autism Spectrum Disorder
  - Hearing impairment
- 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.
# SECTION 1: APPLICANT AND HOUSEHOLD INFORMATION

## A. APPLICANT'S PARTICULARS

<table>
<thead>
<tr>
<th>Name: (Mr/Mrs/Mdm/Ms/Miss)*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification Type:</td>
<td>NRIC – Singapore Citizen, Permanent Resident</td>
</tr>
<tr>
<td>Date of Birth: (DD/MM/YYYY)</td>
<td></td>
</tr>
<tr>
<td>Citizenship:</td>
<td></td>
</tr>
<tr>
<td>Preferred Spoken Language:</td>
<td>English</td>
</tr>
<tr>
<td>Contact (Mobile):</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Postal Code:</td>
<td></td>
</tr>
<tr>
<td>Preferred Contact Mode:</td>
<td>Email</td>
</tr>
<tr>
<td>Housing Type:</td>
<td>HDB Flats (1/2/3/4/5 Room, Executive, Maisonette)*</td>
</tr>
<tr>
<td>Present Occupation:</td>
<td>Infant</td>
</tr>
</tbody>
</table>

*Please circle which applies

*Please tick where applicable

Age:  
Gender: Male Female

Preferred Contact Mode: Email Mail

Housing Type: Private Others (please specify) Others (please specify)

Present Occupation: Infant Student Working Training Unemployed National Service

#0-0 if there is no unit no.
**SECTION 1: APPLICANT AND HOUSEHOLD INFORMATION**

### B. GUARDIAN INFORMATION

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

<table>
<thead>
<tr>
<th>Name: (Mr/Mrs/Mdm/Ms/ Miss)*</th>
<th>Identification Type:</th>
<th>Identification Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NRIC – Singapore Citizen, Permanent Resident</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Foreign Identification Number</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship:</th>
<th>Guardianship:</th>
<th>Citizenship:</th>
<th>Date of Birth: (DD/MM/YYYY)</th>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Legal Guardian</td>
<td>Singaporean</td>
<td>/ /</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deputy</td>
<td>Permanent Resident</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Donee</td>
<td>Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred Spoken Language:</th>
<th>Contact (Mobile):</th>
<th>Contact (Home):</th>
<th>Contact (Office):</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandarin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malay</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tamil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email:</th>
<th>Preferred Contact Mode:</th>
<th>Stay With Applicant:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Email</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mail</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Postal Code:</th>
<th>Unit No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td># # -</td>
</tr>
</tbody>
</table>

#0-0 if there is no unit no.
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.
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: 

PWD Identification Number: 

B. DISABILITY INFORMATION

Declared Disability Type
- Physical Disability
- Intellectual Disability
- Visual Impairment
- Hearing Impairment
- Autism Spectrum Disorder
- Others (please specify): 

Medical Summary: 

(e.g. Limb Amputation, Muscular Dystrophy, Optic Atrophy)

Nature of Disability: 
- Permanent
- Temporary
- Suspected
- Unknown

For Temporary Disability: Indicate estimated recovery period - (e.g. 12 mths)

C. DEVICE INFORMATION

Recommended device(s) should meet one or more of the outcomes listed below:
1. Aid in early intervention/ education
2. Aid in training
3. Aid in open/supported employment
4. Aid in therapy
5. Aid in rehabilitation
6. Increase independence in daily living

<table>
<thead>
<tr>
<th>No.</th>
<th>Device Description</th>
<th>Device Outcome</th>
<th>Net Cost of Device ($S)</th>
<th>Vendor Name</th>
<th>Quotation Reference No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>1 3 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>1 3 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>1 3 5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SECTION 2: ASSESSOR’S REPORT**

**C. DEVICE INFORMATION (CONTINUED)**

<table>
<thead>
<tr>
<th>No.</th>
<th>Device Description</th>
<th>Device Outcome</th>
<th>Net Cost of Device ($)</th>
<th>Vendor Name</th>
<th>Quotation Reference No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remarks (if any): ____________________________________________

(e.g. Elaborate how device will benefit applicant, justification of chosen AT, etc)

Please provide quotation(s) for device(s) recommended. SG Enable may request Touchpoint to provide more quotes if required.

---

**D. OTHERS**

Date of Assessment/ Recommendation: __________ / __________ / ________

Are the Inputs to This Section Provided by a Therapist/Optometrist/Audiologist/Medical Doctor?: ○ Yes ○ No

If No, please state why in your view a therapist/doctor assessment was not necessary. e.g. Applicant is recommended a repair/replacement/upgrade of device. Please provide any medical documents stating permanence and type of disability.

________________________________________________________________________

________________________________________________________________________

---

**E. SECTION COMPLETED BY**

I confirm that the assessment done for the above applicant is true and correct to my best knowledge. I obtained consent from applicant for the assistive technology device(s) that are recommended to him. I am aware that the assessment for this application will serve as reference. 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 applicant.

Name: _________________________________________________________

Designation: ___________________________________________________

Email: _________________________________________________________

Contact No.: ___________________________________________________

________________________________________________________________________

Signature: __________ Date: __________ Organisation Name: __________
SECTION 3: APPLICATION ADMIN’S REPORT
This section is to be filled in by Touchpoint’s Staff and Endorser.

A. APPLICANT’S PARTICULARS

<table>
<thead>
<tr>
<th>PWD Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PWD Identification Number:</td>
<td></td>
</tr>
</tbody>
</table>

B. APPLICATION ADMIN’S RECOMMENDATION

<table>
<thead>
<tr>
<th>1</th>
<th>Has Applicant been Means-Tested within the Past 2 Years?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>
If No, please assist applicant and household to complete Means-Test Declaration Form before proceeding with application.

<table>
<thead>
<tr>
<th>2</th>
<th>Funding Percentage Requested for (%):</th>
<th></th>
</tr>
</thead>
</table>
Please indicate % requested based on your assessment of the applicant’s financial ability to co-pay
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.

<table>
<thead>
<tr>
<th>3</th>
<th>Any Other Source of Subsidy Applied for this Recommended Device(s)?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
If Yes, please provide details on subsidy source(s). Double funding for the same device(s) is not allowed.

<table>
<thead>
<tr>
<th>4</th>
<th>For applicants 60 years and above</th>
<th></th>
</tr>
</thead>
</table>
Has subsidy been sought from other funds such as AIC SMF or HDB Ease for this device(s)? | Yes | No |
Please provide details on subsidies sought/not sought.

<table>
<thead>
<tr>
<th>5</th>
<th>Does Applicant Receive Financial Assistance?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PA</td>
<td>ComCare</td>
<td>Others (please specify):</td>
</tr>
<tr>
<td>MFEC</td>
<td>MediFund</td>
<td></td>
</tr>
</tbody>
</table>

C. ADDITIONAL INFORMATION

Additional Remarks (if any):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please attach other supporting documents if necessary
SECTION 3: APPLICATION ADMIN’S REPORT

D. APPROVED SUBSIDY DISBURSEMENT DETAILS

Both Touchpoints and Vendors are encouraged to register with us on the Enabling Services Management System (ESMS). Approved subsidy disbursement for Registered Touchpoints and Vendors will be made via GIRO.

Disbursement Option (please select only one option):  ☐ Touchpoint  ☐ Vendor

Only one disbursement will be made per application. If Disbursement Option chosen is an Unregistered Touchpoint or Vendor, please provide the following Cheque details.

Approved Subsidy Disbursement Cheque Details

Cheque Payee Name: ____________________________
Attention To: ____________________________
Postal Code: ____________________________  Block No.: ____________________________
Street Name: ____________________________
Building Name: ____________________________
Floor No.: ____________________________  Unit No.: ____________________________

Touchpoint will be kept informed of subsidy disbursement for all applications.

E. APPLICATION ADMIN’S AND ENDORSER’S DECLARATION

By using the services offered by SG Enable and by providing or making available our personal information and such other information about us to SG Enable and/or MSF and continuing to do all of the above, we represent and warrant that:

1. The information given in this application is true and correct to the best of our knowledge and those of each of our individual clients and contains all relevant information and matters that ought to be disclosed by us to SG Enable whether for ourselves or for our clients.

2. We and each of our clients have read and understood all of the provisions herein and we hereby represent that we have been duly authorised by and have the requisite authority to make the application, execute such documents and do all necessary acts including the disclosure of such personal information, on our clients’ or our organisation’s behalf and that each of our clients has given their consent for SG Enable and/or MSF to use their personal data including but not limited to names, NRICs, contact numbers, mailing and email addresses as well as other information for the purposes of the 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 and each of them shall provide their consent in favour of SGE Enable and/or MSF in relation to the above

3. We and each of our clients’ are aware that SG Enable has the complete and sole discretion in considering our or our clients’ eligibility for the programme in question and SG Enable may without providing any reasons or explanations, revoke its approval of any application by us at any time without prior notice and such decisions and acts or omissions of SG Enable shall be conclusive, final and binding on us or our clients including such right on the part of SG Enable to recover in full any subsidy disbursed to us arising from this application if we or any of our members have provided inaccurate information, or withheld any relevant information required for this application.
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:

Endorser’s Declaration

Endorser Name:

Designation:

Email:

Contact (Mobile):

Contact (Office):

Signature Date Organisation Name

Signature Date Organisation Name