

REHAB AND HOME CARE GRANT APPLICATION FORM

SECTION 1: TYPE OF SERVICE REQUESTED *(Please tick as appropriate)*

Do you intend to apply for rehabilitation or home care services provided by Home Nursing Foundation (HNF) or public healthcare institutes?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If Yes, please complete Sections 2 & 3, and complete the AIC Referral Form (Community Services).</i>	<i>If No, please proceed to complete all sections of this form.</i>

SECTION 2.1: PATIENT PARTICULARS *(Please tick as appropriate)*

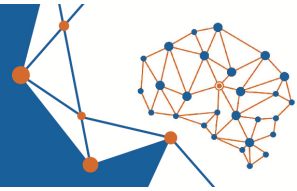
Name <i>(as in NRIC)</i>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs
	<input type="checkbox"/> Miss	<input type="checkbox"/> Mdm
	<input type="checkbox"/> Dr	<input type="checkbox"/> Others
Other Name(s)	Date of Birth <i>(DD/MM/YY)</i>	
Address	Gender	
	<input type="checkbox"/> Male	<input type="checkbox"/> Female
	Nationality	
	Race	
Email	Mobile Tel	
	Home Tel	

SECTION 2.2: APPLICANT DETAILS *(Please tick as appropriate)*

Same as above <i>(I am applying for myself)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>If Yes, move on to Next of kin details.</i>	
Name <i>(as in NRIC)</i>	<i>If No, please provide the following information:</i>	
Relationship	Signature	
Email	Mobile Tel	
	Home Tel	

SECTION 2.3: PATIENT'S NEXT OF KIN DETAILS

Name <i>(as in NRIC)</i>	Relationship
Email	Mobile Tel
	Home Tel

**SECTION 3: FINANCIAL INFORMATION** *(Please tick as appropriate)***Are the services requested in this application covered by any other subsidies or your existing insurance?**

Yes

No

Total monthly household income per person**Apart from the BTSS Rehab and Home Care Grant, have you applied for any other financial support to cover the same needs?**

Yes

No

If Yes, please provide full details:

I declare that the above contains a full and true account of the whole of my income from all sources.

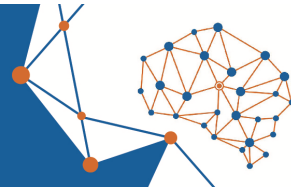
Applicant's Name

Applicant's Signature

Applicants applying for HNF or public hospital services, please proceed to fill in AIC Referral form (Community Services)

Applicants applying for services at private clinics or hospitals, please complete the following sections in this form

SECTION 4: MEDICAL CONDITION**Date diagnosed with brain tumour****Name of hospital where you have received or are receiving treatment****Consultant's name**



SECTION 5: APPLICATION DETAILS

Details of home care/ rehabilitation services required	
Estimate of total costs <i>(N.A. for HNF referrals)</i>	
Name of home care/ rehabilitation service provider	

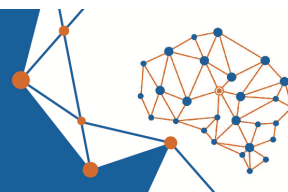
SECTION 6: DETAILS OF HEALTHCARE PROFESSIONAL SUPPORTING THE APPLICATION

Name <i>(as in NRIC)</i>		Contact No.	
Designation		Date	
MCR no. (for doctors)			
Institution/Hospital			

I agree to endorse this application. I acknowledge that in signing this endorsement, BTSS may contact me directly for further details regarding this application.

Signature

Name Stamp *(If any)*



SECTION 7: ADMINISTRATIVE DETAILS *(To be filled by BTSS Staff)*

Status of Application	Approved	Rejected
Date of Approval		Grant Expires on
Remarks		
BTSS Staff's Name	BTSS Staff's Signature	
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TERM & CONDITIONS

All BTSS Rehab and Home Care Grant applications are reviewed and subject to approval by the BTSS EXCO.

- Any BTSS Rehab and Home Care Grant awarded will reimburse up to 50% of payable rehab or home care costs, subject to a cap of \$500.
- Awarded grants will lapse within 12 months of approval. Subsequent applications must be accompanied by evidence of efficacy and necessity of further rehab/home care services.
- BTSS at its sole discretion reserves the right to question the applicant on the information provided, and request further details from the person endorsing the application either by way of a telephone enquiry or written communication.
- All applications must be endorsed by a licensed medical practitioner in Singapore.
- BTSS accepts no responsibility whatsoever for an application lost or delayed by any mail delivery service.
- Grants awarded are to be used for the sole purpose for which the application was made. Any changes in purpose need to be first approved by BTSS in writing. BTSS reserves the right to terminate any grants in the event of unapproved use.
- On confirmation of the awarding of a grant, all payments will be made by BTSS directly to the supplier of the service. If this is not possible, the claimant will be required to provide BTSS with either the originals, or copies of all documents to support the expenditure.
- BTSS will report to the relevant authorities if it suspects that there have been any attempts made to obtain a grant in a fraudulent manner.
- Following the awarding of a grant BTSS will not, without written consent, use the applicant's details for any publicity or show details within any printed matter or online.
- We will include, but will not show individual detail, the total sum of money made available under our welfare grant scheme in the BTSS annual report and accounts. Applicants may however share information about the grant with any parties of their choice.
- BTSS will not enter into any verbal or written discussion should it decide not to award a grant, other than to notify the applicant that they have been unsuccessful.
- BTSS decision is final and not subject to appeal.
- All applicants must reside in Singapore – the BTSS Rehab and Home Care Grant is restricted to Singapore Citizens and Permanent Residents.
- BTSS will retain within its secured database details of all grant applications made. Such information will not be disclosed to any third party unless a request is made by an authority entitled to demand the information from BTSS.