



REHAB AND HOME CARE GRANT APPLICATION FORM

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

Name of Home Care/Rehab Services Provider

If you have applied for AIC assistance, please select one of the following boxes:

<input type="checkbox"/>	Approved	Amount of subsidy:		%
<input type="checkbox"/>	Applying			
<input type="checkbox"/>	Not Approved			
<input type="checkbox"/>	Not Applying			

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>		<i>If No, please provide the following information:</i>	
Name <i>(as in NRIC)</i>			Signature	
Relationship				
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.

By submitting this form to BTSS, I hereby warrant that all the information I have submitted in this form is true and accurate to the best of my knowledge. I further understand that any personal data which I have provided in this form may be processed by BTSS or any of its vendors and/or subcontractors ("BTSS's connected entities") and I expressly consent to such processing for the purposes as set out in BTSS's Privacy Policy (<https://www.braintumoursociety.org.sg/privacy-policy/>).

I also warrant that I have obtained all necessary consents from any third parties for BTSS to disclose any personal data belonging to such third parties as well as for the onward disclosure or processing of such third-party personal data by BTSS.

I understand that any personal data disclosed by me herein will be retained by BTSS and its connected entities as long as any of the purposes set out in BTSS's Privacy Policy remain valid.

Applicant's Name

Applicant's Signature

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
(N.A. for HNF referrals)

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	

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 \$600.
- 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.