

STUDENT CARE FEE ASSISTANCE (SCFA) SCHEME
APPLICATION FORM FOR SCFA SUBSIDY AND/OR THE START UP GRANT

I am applying for:-

- The SCFA Subsidy (New / Renewal)* and/or*
 - The Start Up Grant ("SUG") (New enrolment / Appeal for another SUG / Re-application due to Transfer)*
- (*delete where appropriate)

The SCFA Scheme provides fee assistance for children from lower-income working¹ families who enrol in SCFA Administrator Student Care Centres (SCCs). Under the SCFA Scheme, successful applicants are provided a monthly Subsidy and SUG (if eligible) which MSF disburses directly to the SCC. The SCC deducts the Subsidy against the SCC monthly fees. The amount of the Subsidy is determined based on the monthly gross household/per capita income of the family. With effect from **1 January 2016**, families with a gross Household Income of up to \$4,000, or a gross Per Capita Income of up to \$1,000 (for families with five or more family members) are eligible to apply for the Subsidy.

- For new applications, this form must be submitted with a complete set of supporting documents upon admission to the SCC.
- For renewal applications, this form must be submitted with a complete set of supporting documents 2 months prior to expiry of subsidy.
- Only applications which are submitted with a complete set of documents will be processed.

SECTION I: PARTICULARS OF CHILD

Name of Child (as in Birth Certificate) :		Birth Certificate No. :
		Citizenship of Child: <input type="checkbox"/> Singapore Citizen (SC) <input type="checkbox"/> Permanent Resident of Singapore (PR) ² . The following family member of the child is a SC. <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sibling
Date of Birth:	Age of Child (as at Date of Application):	Current Level of Education:
Name of Primary School:		

SECTION II: PARTICULARS OF MAIN APPLICANT	SECTION III: PARTICULARS OF SPOUSE
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Name (as in NRIC / FIN)::	Name (as in NRIC / FIN)::
NRIC / FIN No:	NRIC / FIN No:
Citizenship of Applicant: <input type="checkbox"/> SC <input type="checkbox"/> Singapore PR <input type="checkbox"/> Foreigner	Citizenship of Applicant: <input type="checkbox"/> SC <input type="checkbox"/> Singapore PR <input type="checkbox"/> Foreigner
Relationship to Child:	Relationship to Child:

Address (as in NRIC / FIN):

Correspondence Address (if different from NRIC):

¹If either parent/legal guardian is not working, he or she must be looking for work, on medical leave, incarcerated, a certified full-time caregiver for a dependent, or have other valid reasons. The applicant must provide relevant supporting documents

² A child issued with an Entry Permit (EP) or Re-entry Permit (REP) will be considered a PR. A child born before 15 January 2005 may be considered a PR if he does not hold an EP or REP, but is allowed to reside in Singapore without being placed on restricted stay. To verify if your child qualifies as a PR, please check with the Permanent Residence Services Centre of the Immigration and Checkpoints Authority of Singapore.

Contact No :
 (H) _____ (O) _____ (HP) _____

<p>Employment Status of Main Applicant:</p> <input type="checkbox"/> Employed (working at least 56 hours per month) <input type="checkbox"/> Looking for work <input type="checkbox"/> Not working (Retiree) <input type="checkbox"/> Not working (Student) <input type="checkbox"/> Not working (Permanently medically unfit for work) <input type="checkbox"/> Not working (Temporarily medically unfit for work (Less than or equal to 3 months) <input type="checkbox"/> Not working (Temporarily medically unfit for work (More than 3 months) <input type="checkbox"/> Caregiver for elderly parent(s) <input type="checkbox"/> Undergoing training <input type="checkbox"/> Self-employed <input type="checkbox"/> Serving NS <input type="checkbox"/> Other, please specify: _____	<p>Employment Status of Spouse:</p> <input type="checkbox"/> Employed (working at least 56 hours per month) <input type="checkbox"/> Looking for work <input type="checkbox"/> Not working (Retiree) <input type="checkbox"/> Not working (Student) <input type="checkbox"/> Not working (Permanently medically unfit for work) <input type="checkbox"/> Not working (Temporarily medically unfit for work (Less than or equal to 3 months) <input type="checkbox"/> Not working (Temporarily medically unfit for work (More than 3 months) <input type="checkbox"/> Caregiver for elderly parent(s) <input type="checkbox"/> Undergoing training <input type="checkbox"/> Self-employed <input type="checkbox"/> Serving NS <input type="checkbox"/> Other, please specify: _____
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<p>Marital Status:</p> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<p>Type of Accommodation</p> <input type="checkbox"/> HDB 1/2/3/4/5-rm <input type="checkbox"/> HDB Exec <input type="checkbox"/> HHD Studio Apartment <input type="checkbox"/> Condominium/Private Apartment <input type="checkbox"/> Landed Property <input type="checkbox"/> Crisis Shelter <input type="checkbox"/> Transitional Shelter <input type="checkbox"/> Institution <input type="checkbox"/> Homeless <input type="checkbox"/> Others: _____	<p>Accommodation Status:</p> <input type="checkbox"/> Rented <input type="checkbox"/> Purchased <input type="checkbox"/> Living with relatives <input type="checkbox"/> Others: _____
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SECTION IV: PARTICULARS OF IMMEDIATE FAMILY MEMBERS³ LIVING WITH THE MAIN APPLICANT
 (Note: Please only list the Immediate Family Members who are
 (a) not working or do not have any source of income: e.g., great grandparents, grandparents or children and
 (b) living at the same address as the Main Applicant)

	Name of Immediate Family Members (with <u>no</u> income)	Date of Birth	Relationship to Child receiving the Subsidy	Employment Status (retired/ unemployed/ undergoing training/ looking for work/ serving NS/ schooling)
1				
2				
3				
4				
5				
6				
7				
8				

³ "Immediate Family member" refers to anyone related to the Applicant by blood, marriage (including step-children and in-laws) or legal adoption.

SECTION V: MONTHLY GROSS HOUSEHOLD INCOME OF MAIN APPLICANT AND SPOUSE

(Note: Gross income refers to income before CPF deduction, inclusive of regular overtime pay, allowances, commissions, incentives)

(A) Monthly Gross Income of Main Applicant	\$
(B) Monthly Gross Income of Spouse	\$
SECTION VI : OTHER INCOME (if applicable)	
Income from rent ⁴	\$
Income from monthly commission earnings ⁵	\$
(C) Total Other Income	\$

⁴ This is income from renting out a room (or rooms) of the family home or other properties.

⁵ Monthly commission earnings are based on the actual amount received per month or on the average earnings per month over 12 months (if the commission earnings are irregular).

SECTION VIIA: CONSENT/DECLARATION BY MAIN APPLICANT (MOTHER/ FATHER/ GUARDIAN)

[Note: Please read the Terms of Consent under Section VIII below before signing this portion]

CONSENT FOR COLLECTION, USE AND SHARING OF DATA FOR THE APPLICATION OR RENEWAL OF APPLICATION FOR THE SUBSIDY AND/OR THE START-UP GRANT

1 I am the parent/legal guardian of the Child (whose Personal Information is set out in Section I above) who is under 21 years of age.

2 I understand that the Government of Singapore (“Government”) and Participating Agencies require my and my Child’s Personal Information for the following purposes:

- (a) to determine my Child’s eligibility for the Subsidy and/or the Start Up Grant (“the Subsidies”);
- (b) to provide my Child with both or any of the Subsidies; and
- (c) for data analysis, evaluation and policy-making.

3 I allow the Government and Participating Agencies to collect, share and use my and my Child’s Personal Information for the purposes in Paragraph 2. I understand that my and my Child’s Personal Information will not be shared with non-participating agencies or organisations.

4 I have read and understood this consent form fully, including the Terms of Consent set out in Section VIII of this Application Form.

5 This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

DECLARATION

6 I, the undersigned, declare that I have read and understood the content in Section VIIA of this Application Form. I confirm that the information that I have provided in Sections I, II, III, IV, V, VI is true and correct and I furnish the information knowing that I may be liable to criminal prosecution if I have stated any information that I know to be false or not believe to be true.

7 In the event my application is successful and my Child receives any of the Subsidies which I am applying for, I hereby acknowledge that I may also be liable to make full repayment to the Government of the Subsidies which were provided, should I be found to have provided false or inaccurate information in this form.

OTHER TERMS

8 I understand and agree to the following:-

i. It shall be my responsibility to stay employed⁶ to continue to enjoy the Subsidies for my Child. If I am unemployed and intend to seek employment, the onus is on me to actively seek employment.

ii. (only applicable to applications for the Start-Up Grant) The Start up Grant shall only be given once to my Child, and any subsequent applications shall be assessed and granted only in MSF’s sole discretion.

iii. In order to continue enjoying the relevant monthly Subsidy, I must ensure that my Child attends at least 50% of the number of days in which the SCC operates per month. If my Child does not meet the minimum attendance rate, the Subsidy paid for the relevant month may be refunded to MSF and I am liable to pay the full SCC monthly fee.

iv. I shall provide the SCC with a one-month notice before withdrawing my child/ward from the SCC.

(Signature of Main Applicant)

Name: _____

Date of Consent: _____ **(DD/MM/YYYY)**

⁶ i.e. to be engaged under a contract of service and receive a salary

SECTION VIIB: CONSENT/DECLARATION BY MAIN APPLICANT'S SPOUSE / OTHERS

[Note: Please read the Terms of Consent under Section VIII below before signing this portion]

CONSENT FOR COLLECTION, USE AND SHARING OF DATA FOR THE APPLICATION OR RENEWAL OF APPLICATION FOR THE SUBSIDY AND/OR THE START-UP GRANT

1 I am the Spouse/ _____ of the Main Applicant and my Personal Information is set out in Section III above.

2 I understand that the Government of Singapore ("Government") and Participating Agencies require my Personal Information for the following purposes:

- (a) to determine the Child's eligibility for the Subsidy and/or the Start Up Grant ("the Subsidies");
- (b) to provide the Child with both or any of the Subsidies; and
- (c) for data analysis, evaluation and policy-making.

3 I allow the Government and Participating Agencies to collect, share and use my Personal Information for the purposes in Paragraph 2. I understand that my Personal Information will not be shared with non-participating agencies or organisations.

4 I have read and understood this consent form fully, including the Terms of Consent set out in Section VIII of this Application Form.

5 This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

DECLARATION

6 I, the undersigned, declare that I have read and understood the content in Section VIIB of this Application Form. I confirm that the information in Sections I, II, III, IV, V, VI is true and correct and I make this declaration knowing that I may be liable to criminal prosecution if I have stated any information that I know to be false or not believe to be true.

7 In the event my application is successful and the Child receives any of the Subsidies which I am applying for, I hereby acknowledge that I may also be liable to make full repayment to the Government of the Subsidies which were provided, should I be found to have provided false or inaccurate information in this form.

OTHER TERMS

8 I understand and agree to the following:-

i. It shall be my responsibility to stay employed⁷ to continue to enjoy the Subsidies for the Child. If I am unemployed and intend to seek employment, the onus is on me to actively seek employment.

ii. (only applicable to applications for the Start-Up Grant)The Start up Grant shall only be given once to the Child, and any subsequent applications shall be assessed and granted only in MSF's sole discretion.

iii. In order to continue enjoying the relevant monthly Subsidy, I must ensure that the Child attends at least 50% of the number of days in which the SCC operates per month. If my Child does not meet the minimum attendance rate, the Subsidy paid for the relevant month may be refunded to MSF and I am liable to pay the full SCC monthly fee.

iv. I shall provide the SCC with a one-month notice before withdrawing my child/ward from the SCC.

(Signature of Main Applicant's Spouse / _____)

Name: _____

Date of Consent: _____ **(DD/MM/YYYY)**

⁷ i.e. to be engaged under a contract of service and receive a salary

SECTION VIII: TERMS OF CONSENT

DEFINITIONS

1 I understand and agree that the following phrases in this Application Form have the following definitions:

- a) **"Personal Information"** includes my:
- i) personal data (e.g. name, NRIC No, address, age, gender, family/household structure);
 - ii) financial data (e.g. income, insurance coverage);
 - iii) consumption data (e.g. housing, healthcare bills, scheme subscriptions);
 - iv) social assistance data (e.g. social assistance history, assessments for eligibility and suitability for social services and public assistance schemes, social worker case reports);
 - v) medical information; and
 - vi) other information (e.g. savings, payment for utilities) provided by me for the evaluation and administration of social services and public assistance schemes.

It includes the following information collected and kept by the Inland Revenue Authority of Singapore (IRAS) and Central Provident Fund (CPF) Board:

- i) my income information;
- ii) information relating to and derived from my CPF Account(s) and CPF contributions (e.g. CPF Account(s) balance, CPF withdrawal details); and
- iii) information relating to my participation in schemes administered by CPF Board (e.g. medical information, insurance coverage).

The above information kept by IRAS and CPF Board will only be used to determine if I and my Child are eligible for the Subsidies, and to provide me and my Child with the Subsidies.

Information collected from surveys conducted by IRAS and CPF Board is excluded.

Personal Information may relate to past, present or future matters.

- b) **"Family"** refers to anyone related to me by blood, marriage (including step-children and in-laws) or legal adoption, whether or not they live together with me.
- c) **"Participating Agencies"** refer to statutory boards and organisations which are involved in the provision of the Student Care Fee Assistance scheme ("the SCFA") and have been approved by the Government to collect, share or use Personal Information under a valid consent form. New Participating Agencies may be included from time to time.

2. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

SECTION IX: DETAILS OF SCFA SUBSIDY AND START UP GRANT (Note: To be completed by the SCC)Date of Child's Admission into the Student Care Centre ("SCC"):
_____ (DD/MM/YY)Monthly Student Care Fee (inclusive GST, if applicable)
\$ _____Application Period for Subsidy:
_____ to _____ (MM/YY)**Applying for Start Up Grant** Yes No**Has the Child received the Start Up Grant before?** Yes No**Breakdown of Start Up Grant** (inclusive GST, if applicable) (Capped at \$400)

1. Registration fee (if applicable)	\$
2. Deposit (equivalent to one month's fees. This amount shall be held by MSF and disbursed to the SCC if the Child withdraws without providing 1 month's notice)	\$
3. Insurance ⁸ (one-off annually, for group insurance plans only)	\$
4. Uniform/ physical education attire (to estimate the cost of attire which a Child would need, up to a 3 day period, if applicable)	\$
Total	\$
Total to be paid to SCC (LESS Deposit)	\$

SECTION X : SCC PARTICULARS

(Note: To be completed by SCC)

Name of SCC:	Tel No. of SCC: _____ Fax No. of SCC: _____
Address of SCC:	Contact Person: _____ Email: _____

Bank Details

Payable to: _____ Bank Name: _____	Account No.: _____
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⁸ This claim is not applicable for School-based Centre Operators..

SECTION X : DECLARATION BY THE SCC

- I confirm that the information provided in Sections IX and X of this form is true and correct and I furnish the information knowing that I may be liable to criminal prosecution if I have stated any information that I know to be false or not believe to be true.
- I confirm that I have verified that the Applicant and Child meet the eligibility criteria for the relevant subsidies and that the required supporting documentation for the application/ renewal has been submitted.
 - I am aware that MSF will require the SCC to refund the relevant subsidies which remain unused or are disbursed in excess (regardless of whether they are granted based on wrongful claims) within one month from the date it receives a written notification from MSF. I am also aware of MSF's refund policy contained in Annex A4 of the SCFA Administrator Application Form
- I understand that the SCC should not pay any of the relevant subsidies to the Applicant or Child. I also understand that the relevant subsidies should not be used to offset any arrears in SCC fees which have been incurred by the Applicant or Child.

Name of Centre Supervisor

Signature

Date