



**CENTRE FOR ENABLED LIVING LTD
ASSISTIVE TECHNOLOGY FUND
APPLICATION FORM**

Instructions:

- Applicants should be persons with disabilities and from low - income families who, because of financial difficulties, could not afford to purchase the equipment or retrofit for mobility, school, employment and/or rehabilitative purpose.
- ATF applicants should be Singapore citizens or permanent residents of Singapore and referred by a Voluntary Welfare Organisation (VWO) or a medical social work department in a hospital. Should the applicant be a PR, at least one immediate family member must be a Singapore Citizen.
- Information of the various schemes is available at <http://www.cel.sg/AssistanceScheme19.aspx>.
- Completed application form with the required supporting documents (eg. medical / social reports, income proof) are to be submitted to:

CENTRE FOR ENABLED LIVING LTD
298, Tiong Bahru Road, #03-01 Central Plaza
Singapore 168730

I PARTICULARS OF APPLICANT

Name: _____ Citizenship: _____
 Passport /NRIC/Birth Cert No.: _____ Date of Birth: _____
 Age: _____ Sex: _____ Contact No(s): _____
 Address: _____ Singapore ()

II. FAMILY & FINANCIAL INFORMATION

Names of Household Members living with the Applicant	Relationship to Applicant	Age	Occupation/ Company	Monthly Income
				Gross (S\$) Before CPF Deduction
Combined Monthly Household Income:				
Other income (Please specify):				
Total Monthly Household Income:				
Per Capita Household Income¹:				

¹ Per capita household income refers to total monthly household income **divided** by number of family members living in the same household as the applicant

Note: Information given under this section must be supported by relevant documents (e.g. salary slips, CPF statements etc).



II TYPE OF EQUIPMENT/DEVICE/RETROFIT APPLIED FOR

Type of Equipment/Device (both hardware and/or software) / Retrofit	Cost of each item (S\$)
Description (model, year made etc)	
Total Cost:	
Amount of Funding Requested:	

Notes: (a) Please submit vendor's quotations/tax invoice/receipt to support the application
 (b) For equipment costing above \$3,000, please provide quotations from at least 3 vendors

Has equipment been purchased prior to this application: (Yes / No). If 'Yes', please submit receipt.

III OTHER SOURCES OF FUNDS/SCHEMES APPLIED FOR

Please state if you have applied for/ secured financial assistance from other funds/ schemes for the equipment requested: Yes / No*

If 'Yes', please state the source, amount and any other relevant details:

IV DECLARATION

I declare that all the information provided is true and correct that I have disclosed all necessary information relevant to the application.

I am aware that Centre for Enabled Living Ltd has the right to recover in full the above Social Service Assistance Scheme grant that was given to me, if I have provided inaccurate information, or withheld any relevant information from the Social Worker/Medical Social Worker.

Applicant/Parent(s)/Guardian/Caregiver Name²: _____

Signature/ Thumbprint: _____ Date: _____

Please attach the following with the applications:

- () Copy of applicant's IC (back and front)
- () Medical reports, social reports (include family, financial, disability background)
- () Vendor quotation(s)
- () Pay Slip / CPF / IRAS Declaration / Bank Statement of Account

² To be filled by applicant's parent(s)/guardian/caregiver, if applicant is below the age of 21.



Section V: Recommendation by Therapist / Medical Doctor

To be completed by a therapist or medical doctor

Reasons for supporting application and recommendation for equipment / retrofit. (Please attach relevant supporting documents, where applicable)

1. Nature of applicant's disability. Please give name of disability and elaborate if necessary

2. Equipment / Retrofit Recommended (please specify in detail if necessary)

3. Please explain how the equipment / retrofit will aid in mobility / rehabilitation (please specify in detail if necessary)

Recommended by:

Name: _____ Contact No.: _____

Designation: _____ Organisation: _____

Email Address: _____

Signature: _____ Date: _____



Section VI: Recommendation by Social Worker / Medical Social Worker

To be completed by a social worker or medical social worker of a referring Voluntary Welfare Organisation or Hospital/Clinic, supporting the application.

1. Social report or reasons for supporting application (please specify in detail if necessary)

2. Justification for waiver of 3 quotations for equipment costing more than \$3,000 (if applicable)

I hereby declare that all information and supporting documents submitted have been verified by me and are true and correct to my knowledge:

Endorsed by:

Name: _____

Name: _____

Designation: _____

Designation: _____

Contact No.: _____

Contact No.: _____

Email Address: _____

Email Address: _____

Organisation: _____

Address: _____

Signature/Date: _____

Signature/Date: _____

Section VII: For CEL use only

Application Form Checked by (Name, Signature, Date)	Application Form Counter-checked by (Name, Signature, Date)



**ANNEX 1:
TO BE FILLED IN BY SCHOOL/ CENTRE/ PLACE OF EMPLOYMENT**

STUDENT STATUS VERIFICATION

This is to certify that _____ (name) NRIC/BC No. _____
is/will * be attending my school/centre * with effect from _____ (date of admission). He/she * is in _____ (level/class *).

_____ Name of Principal/Centre Supervisor	_____ Signature
_____ School/Centre Name	_____ School/Centre Stamp
_____ Contact Number	_____ Date

OR

EMPLOYMENT STATUS VERIFICATION

This is to certify that _____ (name) NRIC/BC No. _____
is/will * be an employee of my company from _____ (date of commencement of employment).
He/She * is/will * be working _____ days per week and is drawing \$ _____ (gross salary) per month.

_____ Name of Supervisor	_____ Signature
_____ Company Name	_____ Registration Number / Company Stamp
_____ Contact Number	_____ Date



INCOME DECLARATION
(in the presence of Social Worker)

TO : CENTRE FOR ENABLED LIVING LTD (CEL)

I, (Name) _____,

(NRIC/Passport Number) _____,

Do hereby declare that I am

(please tick where applicable)

Currently not working

Working as : _____,

My monthly income is S_____.

I declare to the best of my knowledge that the particulars furnished by me are true and correct. If the information is found to be false, CEL reserves the right to recover any monies given out based on this self-declaration.

Signature

Date