SUBSIDY UPDATE AND SPECIAL APPROVAL APPLICATION (EXISTING ENROLMENT)

This form is used for the purpose of:

- Updating child and/or applicant/spouse's details (**for existing enrolled Singapore Citizen children**); or
- Applying for / renewing Special Approval, Start-Up Grant (SUG) and/or financial assistance for child care (CCFA) for children who are already enrolled in the centre (**applicable for Singapore Citizen children only**)
- You may be contacted by the HOMES Ops[1] team and/or ECDA subsequently to provide additional supporting documents or information for verification purposes.

Part 1: Child Details

	Child 1	Child 2 (if applicable)
Name as in Birth Certificate / Passport		
Birth Certificate / FIN / Passport No.		

Part 2: Purpose of Application

Please tick to indicate the purpose of application and proceed to the relevant Section(s):

Section A: Update of Child Details	
☐ Programme Type	➔ Section A (1)
☐ Programme Fee	➔ Section A (2)
Note: For update of child's Singapore Citizenship status, please submit Form 1 (Enrolment and Subsidy Application) to apply for child care subsidies directly.	
Section B: Update of Applicant / Spouse Details	
☐ Marital Status	➔ Section B (1)
☐ Nationality	➔ Section B (2)
☐ Employment and/or Income	➔ Section B (3)
Section C: Special Approval Application	
☐ Special Approval for (1) Non-Working Applicant, or (2) Non-Parent Caregiver Applicant	➔ Section C
Section D: Update of Per Capita Income (PCI)	
☐ Per Capita Income (PCI) Application	➔ Section D
Section E: Application for Start-Up Grant (SUG) / Financial Assistance for Child Care (CCFA)	
☐ Start-Up Grant (SUG)	➔ Section E
☐ Child Care Financial Assistance (CCFA)	➔ Section E

[1]HOMES, the Household Means Eligibility System, is a Government System supporting public schemes in their conduct of means-tests to determine the level of assistance for citizens. For more information, please go to: https://www.homes.gov.sg/eservice.

Section A: Update of Child's Details

- **You are only required to complete the relevant section(s).**
- **Please submit the relevant supporting documents.**

(1) Change in Programme Type

	Child 1	Child 2
New Programme Level	☐ Infant Care ☐ Nursery ☐ Playgroup ☐ K1 ☐ Pre-Nursery ☐ K2	☐ Infant Care ☐ Nursery ☐ Playgroup ☐ K1 ☐ Pre-Nursery ☐ K2
New Service Type	☐ Full Day ☐ Flexi Care 1 ☐ Half Day(AM) ☐ Flexi Care 3 ☐ Half Day(PM)	☐ Full Day ☐ Flexi Care 1 ☐ Half Day(AM) ☐ Flexi Care 3 ☐ Half Day(PM)
Fee Paid for New Programme	**$**_____ (before discount if applicable)[2]	**$**_____ (before discount if applicable)[2]
Effective Start Date	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y

(2) Change in Programme Fee

	Child 1	Child 2
New Programme Fee	**$**_____ (before discount if applicable)[2]	**$**_____ (before discount if applicable)[2]
Effective Start Date	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y

[2] Up to 31 Dec 2024, centres are to fill in the monthly programme fee after discount. With effect from 1 Jan 2025, centres are to fill in the full monthly programme fee (i.e., before discount if applicable).

Section B: Update of Applicant's and/or Spouse's Details

- **You are only required to complete the relevant section(s).**
- **You only need to complete the details of the person for whom you are updating, i.e. if the update is for Applicant, you do not need to fill in details of Spouse.**
- **The Applicant refers to the Mother. Where the mother is unavailable for divorced / separation / widowed cases, the applicant will be the single father.**
- **Please submit the relevant supporting documents.**

Applicant and/or Spouse Details

	Applicant	Spouse
Name as in NRIC / FIN / Passport		
NRIC / FIN[3] / Passport No. [Note: Please circle which ID type]		

(1) Change in Marital Status

	Applicant	Spouse
New Marital Status	☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed	☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed
Effective Start Date	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y

(2) Change in Nationality

	Applicant	Spouse
Change in Nationality to:	☐ Singapore Citizen ☐ Permanent Resident ☐ Foreigner	☐ Singapore Citizen ☐ Permanent Resident ☐ Foreigner
Effective Start Date	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y

[3] If you are a Foreigner holding a Foreigner Identification Number (FIN) card, please provide your FIN number (not passport number).

(3) Change in Employment and/or Income

You only need to complete the details of the person for whom you are updating, i.e. if the update is for Applicant, you do not need to fill in details of Spouse.

- A working Applicant refers to one who works **at least 56 hours per month**[4].
- You may refer to the Explanatory Notes for more information on the computation of household income, and of gross monthly incomes of employees and self-employees.
- Salaried employees without CPF contributions / have started employment within the last 2 months of this application are required to submit the relevant supporting documents to HOMES upon request. Self-employed individuals who did not file tax with IRAS in the latest assessment year[5] (i.e. do not have a Notice of Assessment (NOA) are to declare your average gross monthly income and submit the relevant supporting documents to HOMES upon request.)

Applicant	Spouse
Please tick to select the new employment status and complete the details (if applicable). ☐ **Working** ☐ **Salaried employee** • Did you start your employment within the last 2 months of this application? ☐ Yes □ No *If Yes, please indicate commencement date and gross monthly income: **D D / M M / Y Y Y Y** **$**_____ (Average Gross Monthly Income) • Do you receive CPF contributions? Yes □ No ☐ **Self-employed** • Do you have NOA? ☐ Yes □ No **$**_____ (Average Gross Monthly Income) ☐ **Salaried employee and Self-employed** • Did you start your employment within the last 2 months of this application? ☐ Yes □ No *If Yes, please indicate commencement date and gross monthly income: **D D / M M / Y Y Y Y** **$**_____ (Average Gross Monthly Income) • Do you receive CPF contributions? • Yes □ No • Do you have NOA? ☐ Yes □ No **$**_____ (Average Gross Monthly Income) **[Go to Part 3(C) if applicable]** ☐ **Not Working** ☐ **but applying for Special Approval (SA) and/or Child Care Financial Assistance (CCFA)** [Proceed to Part 3(B), Part 3(C) and Part 4, if applicable] ☐ **And not applying for SA and CCFA**	**Please tick to select the new employment status and complete the details (if applicable).** ☐ **Working** ☐ **Salaried employee** • Did you start your employment within the last 2 months of this application? ☐ Yes □ No *If Yes, please indicate commencement date and gross monthly income: **D D / M M / Y Y Y Y** **$**_____ (Average Gross Monthly Income) • Do you receive CPF contributions? Yes □ No ☐ **Self-employed** • Do you have NOA? ☐ Yes □ No **$**_____ (Average Gross Monthly Income) ☐ **Salaried employee and Self-employed** • Did you start your employment within the last 2 months of this application? ☐ Yes □ No *If Yes, please indicate commencement date and gross monthly income: **D D / M M / Y Y Y Y** **$**_____ (Average Gross Monthly Income) • Do you receive CPF contributions? • Yes □ No • Do you have NOA? ☐ Yes □ No **$**_____ (Average Gross Monthly Income) ☐ **Not Working**
Effective Start Date	**Effective Start Date**
D D / M M / Y Y Y Y	**D D / M M / Y Y Y Y**

[4] Please take note that applicant/spouse on No-Pay Leave (i.e. not working for at least 56 working hours) should indicate in Form 1 as "Not Working and not applying for SA or CCFA".

[5] Due to (i) commencement of trade/business within the last 12 months or (ii) not meeting the income threshold to file tax.

Section C: Special Approval

- **Please complete this section if you wish to submit a new application for Special Approval or seek extension of existing approved subsidy under Special Approval.**
- **Extension will be granted on a case-by-case basis and subject to ECDA's approval. There will be no extension for certain cases.**

(1) Non-Working Applicant

Please tick to indicate reason for not working:

☐ Looking for a job [For assistance, visit https://www.wsg.gov.sg/home/individuals/career-advisory-coaching]

☐ Studying / Training / On course (for at least 56 hours a month)

☐ Pregnancy (EDD[6]: DD / MM / YYYY)

☐ Medically unfit for work due to hospitalisation, long-term illness and/or permanent disability

☐ Taking care of sick or special needs family member

☐ Caring full-time for a sibling aged 24 months and below

Name of Sibling:			
Birth Cert No:			
Citizenship:	☐ Singapore Citizen	☐ Permanent Resident	☐ Foreigner

☐ Incarcerated

☐ KidSTART Letter of Recommendation[7] for Infant Care Subsidy

(2) Non-Parent Caregiver Applicant

Please tick to indicate relationship to child:

☐ Legal Guardian*
  ☐ *Please specify your family relationship to the child: _____
☐ Any Other Caregiver[8]
☐ MSF Foster Parent
☐ Head, Children Home

[6] Please include your Expected Date of Delivery (EDD).
[7] By Family Coaches/ Family Service Centre Social Workers.
[8] Applicants who are Caregivers must also complete the Self-Declaration Form.

Section D: Update of Per Capita Income (PCI) Application

Do you have a household with 5 or more family members?
☐ No – Please skip this section
☐ Yes – Please fill in the details of your family members below.

Complete Part 3C and provide the details of all family members residing in the same residence, as reflected on the National Registration Identity Card (NRIC) address, so that the Per Capita Income (PCI) of your household can be computed. Please exclude the Applicant, Spouse and enrolled Child from this section.

- Family members must be of the following to be included in the application:
  - Related by blood, marriage and/or legal adoption;
  - Have the same address stated in their NRIC / FIN card / Singapore Birth Certificate as the Applicant. The Applicant should not include a Foreigner family member who only holds a Passport in the PCI application.
- You may refer to the Explanatory Notes for more information on PCI computaton.

Name	NRIC / BC / Fin No.	Date of Birth	Relationship to child	Working Status
				☐ **Not working** ☐ **Salaried employee** Did you start your employment within the last 2 months of this application? ☐ Yes □ No *If Yes, please indicate commencement date and gross monthly income: D D / M M / Y Y Y Y **$**_____ (Average Gross Monthly Income) ☐ **Self-employed** **$**_____ (Average Gross Monthly Income) ☐ **Salaried employee and Self-employed** **$**_____ (Average Gross Monthly Income)
				☐ **Not working** ☐ **Salaried employee** Did you start your employment within the last 2 months of this application? ☐ Yes □ No *If Yes, please indicate commencement date and gross monthly income: D D / M M / Y Y Y Y **$**_____ (Average Gross Monthly Income) ☐ **Self-employed** **$**_____ (Average Gross Monthly Income) ☐ **Salaried employee and Self-employed** **$**_____ (Average Gross Monthly Income)

<table>
<tr><th>Name</th><th>NRIC / BC / Fin No.</th><th>Date of Birth</th><th>Relationship to child</th><th>Working Status</th></tr>
<tr><td></td><td></td><td></td><td></td><td>☐ Not working
☐ Salaried employee
Did you start your employment within the last 2 months of this application?
☐ Yes ◻ No
*If Yes, please indicate commencement date and gross monthly income:
D D / M M / Y Y Y Y
$_____________
(Average Gross Monthly Income)
☐ Self-employed
$_____________
(Average Gross Monthly Income)
☐ Salaried employee and Self-employed
$_____________
(Average Gross Monthly Income)</td></tr>
<tr><td></td><td></td><td></td><td></td><td>☐ Not working
☐ Salaried employee
Did you start your employment within the last 2 months of this application?
☐ Yes ◻ No
*If Yes, please indicate commencement date and gross monthly income:
D D / M M / Y Y Y Y
$_____________
(Average Gross Monthly Income)
☐ Self-employed
$_____________
(Average Gross Monthly Income)
☐ Salaried employee and Self-employed
$_____________
(Average Gross Monthly Income)</td></tr>
<tr><td></td><td></td><td></td><td></td><td>☐ Not working
☐ Salaried employee
Did you start your employment within the last 2 months of this application?
☐ Yes ◻ No
*If Yes, please indicate commencement date and gross monthly income:
D D / M M / Y Y Y Y
$_____________
(Average Gross Monthly Income)
☐ Self-employed
$_____________
(Average Gross Monthly Income)
☐ Salaried employee and Self-employed
$_____________
(Average Gross Monthly Income)</td></tr>
</table>

Section E: Application for Start-Up Grant and/or Financial Assistance for Child Care (for Singapore Citizen child only)

- **Child Care Financial Assistance (CCFA)** provides **monthly** fee assistance to lower-income families who require help with paying the monthly fees even after receiving Basic and Additional Subsidies due to difficult family circumstances.
- **Start-Up Grant (SUG)** is a one-time grant to cover the initial costs of enrolling a child in an infant/child care centre. SUG is capped at $1,000 per child (inclusive of GST, if applicable) and covers the registration fee, deposit, school uniform, insurance and mattress.
- Children receiving MSF's ComCare Short-to-Medium-Term Assistance (SMTA) or Long-Term Assistance (LTA) will qualify for maximum CCFA. No further action is required on the family's end, as MSF will verify their eligibility backend.

Eligibility:

- The child is enrolled in a full day programme in an affordable[9] infant or child care centre.
- The applicant (mother or single father) is working or has valid reasons if not.
- The family's monthly gross household income is $3,500 and below, or Per Capita Income (PCI) is $875 and below
- **All applications will be assessed on a case-by-case basis.**

<table>
<tr><th colspan="2">Child 1</th></tr>
<tr><td>Please select the type of referral for CCFA and complete the details. Supporting documents are required to be submitted.

Start date of Child Care Financial Assistance[10]:
_____(MM/YY)

Type of Referral (select either Agency-referral or Self-referral):
☐ <u>Agency-referral:</u>
[Note: Only for applicants working with a caseworker and have a Letter of Recommendation (LOR) issued by caseworkers of MSF-approved programmes or MSF-approved agencies]

☐ <u>Self-Referral:</u>
☐ Parent(s) is/are not working and looking for work
☐ Parent(s) is/are medically unfit to work
☐ Parent(s) is/are incarcerated
☐ Parent(s) is/are schooling or on course
☐ Parent(s) is/are unable to work because caring for a family member who is ill
☐ Family bears high cost of caring for sick / disabled dependant
☐ Applicant is the child's guardian (legal guardian or informal guardian)
☐ Child is a resident in a children's home under MSF's purview
☐ A single parent and in need of support
☐ Others[11]: _____</td><td>Please select the checkbox if applying for SUG.

☐ Start-Up Grant (SUG) – [Note: If the child has benefitted from SUG previously, this application would be considered on an appeal basis only.]

<u>To be completed by the centre[12]</u>:

• Registration fee (one-off upon enrolment)
$_____

• Deposit (equivalent to one month's fee, to be retained by MSF upon SUG approval)
$_____

• School uniform/physical education attire (on a needs basis, capped at 3 days' requirement)
$_____

• Insurance (one-off upon enrolment)
$_____

• Mattress (capped at 1 piece) / Mattress cover (capped at 2 pieces)
$_____</td></tr>
</table>

[9] The family needs to consider if the monthly fee is affordable and within its budget, and would not lead to financial strain.
[10] The CCFA duration will be assessed on a case-by-case basis, up to a duration of 12 months.
[11] To indicate the reason(s) for the application and provide the relevant supporting documents (where applicable).
[12] All items are for use in the current school year upon enrolment in the Centre only.

Child 2	
Please select the type of referral for CCFA and complete the details. Supporting documents are required to be submitted. **Start date of Child Care Financial Assistance[13]:** _____**(MM/YY)** **Type of Referral (select either Agency-referral or Self-referral):** ☐ Agency-referral: [Note: Only for applicants working with a caseworker and have a Letter of Recommendation (LOR) issued by caseworkers of MSF-approved programmes or MSF-approved agencies] ☐ Self-Referral: ☐ Parent(s) is/are not working and looking for work ☐ Parent(s) is/are medically unfit to work ☐ Parent(s) is/are incarcerated ☐ Parent(s) is/are schooling or on course ☐ Parent(s) is/are unable to work because caring for a family member who is ill ☐ Family bears high cost of caring for sick / disabled dependant ☐ Applicant is the child's guardian (legal guardian or informal guardian) ☐ Child is a resident in a children's home under MSF's purview ☐ A single parent and in need of support ☐ Others[14]: _____	**Please select the checkbox if applying for SUG.** ☐ **Start-Up Grant (SUG)** – [Note: If the child has benefitted from SUG previously, this application would be considered on an appeal basis only.] **To be completed by the centre[15]:** • Registration fee (one-off upon enrolment) $_____ • Deposit (equivalent to one month's fee, to be retained by MSF upon SUG approval) $_____ • School uniform/physical education attire (on a needs basis, capped at 3 days' requirement) $_____ • Insurance (one-off upon enrolment) $_____ • Mattress (capped at 1 piece) / Mattress cover (capped at 2 pieces) $_____

[13] The CCFA duration will be assessed on a case-by-case basis, up to a duration of 12 months.
[14] To indicate the reason(s) for the application and provide the relevant supporting documents (where applicable).
[15] All items are for use in the current school year upon enrolment in the Centre only.

Section F: Consent and Declaration by Applicant / Spouse / Family Members (1): Terms of Consent

1. I understand and agree that these phrases used in the consent form have the following definitions:
   1.1. "**Personal Information**" includes my:
   (i) personal data (e.g. name, NRIC No, address, age, gender, family/household structure and family/household composition);
   (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 (e.g. medical reports); 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 information collected and kept by various Government ministries, departments and statutory boards, including 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)
   Information collected from surveys conducted by IRAS and CPF Board is excluded.

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

   1.2. "**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.

   1.3. "**Schemes**" refer to all Participating Schemes.

   1.4. "**Participating Schemes**" refer to social services and public assistance schemes provided by the Government and/or Participating Agencies, including:
   (i) healthcare, aged care, childcare, education, employment, housing, social assistance and counselling services and schemes;
   (ii) any form of financial assistance such as subsidies, grants, tax reliefs, vouchers or bursaries; and
   (iii) schemes administered by CPF Board.

   1.5. "**Participating Agencies**" refers to statutory boards and organisations approved by the Government to provide the Participating Schemes, including any new statutory boards or organisations which may be included from time to time, and their authorised agent(s) if any.

2. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore. For the list of Participating Agencies and Schemes, and FAQs, please go to: https://go.gov.sg/homes-schemes

3. I/We understand that the Government of Singapore and Participating Agencies require my Personal Information for the following purposes:
   3.1 To determine and/or reassess if I, the Applicant, and/or any of my Family members, qualify for the Scheme(s) set out in the Scope of Consent, or KidSTART;
   3.2 To determine and/or reassess if I, the Applicant, and/or any of my Family members, meet all other eligibility criteria for the Scheme(s) set out in the Scope of Consent or for any other assistance scheme which may benefit me, the Applicant and/or our Family Members such as KidSTART;
   3.3 To provide me, the Applicant, and/or any of my Family members, with the Scheme(s) set out in the Scope of Consent; and/or
   3.4 To refer me, the Applicant, and/or any of my Family members, for any other assistance which may benefit me, the Applicant and/or any of my Family members such as KidSTART.

4. I/We hereby consent and agree that the Government and Participating Agencies may collect, share and use my/our Personal Information, to the extent permitted by law, for any of the purposes in paragraph 3.

5. I/We understand that the Government and Participating Agencies may, without further reference to me, the Applicant, and/or any of my Family members, collect, share and use my/our Personal Information to determine if I and/or any of my Family members qualify for any or all of the Schemes set out in the Scope of Consent, and where I and/or my Family member so qualify, to provide such Schemes to me and/or my Family member.

6. I/We understand that my/our Personal Information and the Personal Information of my/our Family members included in this application, collected for any purpose stated in paragraphs 3-4 may also be used by the Government and/or Participating Agencies for analysis and evaluation to improve and/or make changes to the Schemes, and/or to create new social services or public assistance schemes.

7. I/We understand that if there are any discrepancies in the Personal Information collected, such discrepancies may be reflected to the relevant Government ministry(ies), department(s) or agency(ies), so that they may take the necessary steps to rectify any inaccurate records relating to me/us.

8. I/We further consent for the Ministry of Social and Family Development ("MSF") and the Early Childhood Development Agency ("ECDA") to share my Personal Information, the Applicant, and the Personal Information of any of my Family Member(s) included in this application with any agency for one or more of the following purpose(s):-
   8.1 The provision of any Pre-School Subsidies and Financial Assistance;
   8.2 Referral for the provision of other financial assistance or social assistance, such as KidSTART; and/or
   8.3 Programme evaluation, outreach, service delivery, analysis and/or research that benefits the community in Singapore.

9. Where applicable, I/we consent and allow the early childhood development centre (the "ECDC") indicated in this application to apply for any of the Pre-school Subsidies and/or Programmes on my/our behalf.

10. My/Our consent shall remain valid until I/we withdraw in writing. Consent can be withdrawn by sending an email request to Contact@ecda.gov.sg. I/we accept that it could take up to 10 working days from the date receipt by the Government before any withdrawal of consent takes effect.

11. In the event that the consent obtained pursuant to my/our submission of this form is subsequently found to be false, defective or otherwise invalidated through no fault of the Government or Participating Agencies, I/we agree that the Government or Participating Agencies, as the case may be, shall not be liable for any collection, use, sharing or disclosure of my Personal Information that was necessary for any of the purposes in paragraphs 3, 5,6 before such falsity, defect and/or invalidation of consent was known to the Government or Participating Agencies.

12. I/We understand that my/our Personal Information may be used or retained by the Participating Agencies for compliance with requirement(s) in any statute, subsidiary legislation, Code of Practice and/or for audit purposes even if my/our consent has expired or has been withdrawn in paragraph 6.

13. I/We understand that if I/we had opted to provide my/our signatures via electronic methods, the said electronic signatures would be legally valid and binding.

14. If I submit this form by email, I confirm that I am aware of the risks of transmitting my Personal Information to the Government and/or Participating Agencies via email. I agree that I will not hold the Government and/or Participating Agencies responsible or liable for any loss of my Personal Information arising from any unauthorised access of my email or my email account.

15. I/We have read and understood this consent form fully, including the attached Terms of Consent and agree to its content. I/We understand that the onus is on me/us to ensure that all information provided is true and accurate. I/We hereby declare that the information provided in this application by me/us is accurate, and I/we furnish it knowing that I/we may be liable to prosecution if I/we have wilfully stated any information which I/we know to be false or misleading or do not believe to be true.

16. In the event of any false or inaccurate information being submitted to the Government, my/our application may be rejected or any prior approval may be withdrawn. In addition, I/we may be required to repay, in full or part, the subsidy and/or financial assistance provided to me/us by the Government.

17. I/We fully understand that the ECDA and MSF will assess our application according to their criteria and have the discretion to determine the amount of subsidy and/or assistance to be granted to me/us. I/ we are aware that if there are any payments made in mistake or error, I/we may be required to return any such payment to the Government.

(2): Scope of Consent and Acknowledgement (Compulsory)

For Main Applicant/ Family Member(s) who is/are unable to provide consent, please complete Section F(3): Unable to Provide Consent or Consent On Behalf.

Main Applicant

Scope of Consent:

Indicate which Participating Schemes can have access to your Personal Information, to assess and provide any scheme or assistance that may benefit you.

Please select the scheme(s) you wish to consent to (choose **ONE** option only):

☐ **Option 1: ALL Participating Schemes**, offered by the Ministry of Social and Family Development (MSF), Early Childhood Development Agency (ECDA), IMDA, MOE, MOF, MOH and MOM[16]. Visit https://go.gov.sg/homes-schemes for the full list of Participating Schemes.

☐ **Option 2: ALL Schemes administered by MSF and ECDA**.

Acknowledgement:

I confirm that I understand and agree to all the terms in this form. This includes the sharing of my Personal Information with any agency for evaluation, outreach, and other programme-related matters stated in clause 8.3, if it benefits the community in Singapore. I understand I can withdraw my consent under clause 10.

Name:		**Details of Signatory (to be filled only if consent is provided on behalf of the Applicant)^:**	
Signature/Thumbprint:		**Signatory's Name:**	
		Identification Number:	
		Email:	
Date:	D D / M M / Y Y Y Y	**Mobile No.:**	

^Tick one of the following, where applicable:

☐ I am the parent/ legal guardian and have consented on behalf of the Applicant who is under 21 years of age.

☐ I/ We am/ are the donee/ deputy and consented on behalf of the Applicant who is mentally incapacitated[17].

Main Applicant's Spouse

Scope of Consent:

Indicate which Participating Schemes can have access to your personal information, to assess and provide any scheme or assistance that may benefit you.

Please select the scheme(s) you wish to consent to (choose **ONE** option only):

☐ **Option 1: ALL Participating Schemes**, offered by the Ministry of Social and Family Development (MSF), Early Childhood Development Agency (ECDA), IMDA, MOE, MOF, MOH and MOM[19]. Visit https://go.gov.sg/homes-schemes for the full list of Participating Schemes.

☐ **Option 2: ALL Schemes administered by MSF and ECDA**.

Acknowledgement:

I confirm that I understand and agree to all the terms in this form. This includes the sharing of my Personal Information with any agency for evaluation, outreach, and other programme-related matters stated in clause 8.3, if it benefits the community in Singapore. I understand I can withdraw my consent under clause 10.

Name:		**Details of Signatory (to be filled only if consent is provided on behalf of the Spouse)^:**	
Signature/Thumbprint:		**Signatory's Name:**	
		Identification Number:	
		Email:	
Date:	D D / M M / Y Y Y Y	**Mobile No.:**	

^Tick one of the following, where applicable:

☐ I am the parent/ legal guardian and have consented on behalf of the Spouse who is under 21 years of age.

☐ I/ We am/ are the donee/ deputy and consented on behalf of the Spouse who is mentally incapacitated[17].

[16] InfoComm Media Development Authority (IMDA), Ministry of Education (MOE), Ministry of Finance (MOF), Ministry of Health (MOH), Ministry of Manpower (MOM).

[17] Please check whether the donee/ deputy may act singly or has to act jointly with other donee(s)/ deputy(s). If the donees/ deputies are required to act jointly, all donees/ deputies must provide consent on behalf. Please provide a copy of the Lasting Power of Attorney/ Order of Court.

If there are more than 5 family members, request for more copies of this page.

Family Member

Scope of Consent:

Indicate which Participating Schemes can have access to your personal information, to assess and provide any scheme or assistance that may benefit you.

Please select the scheme(s) you wish to consent to (choose **ONE** option only):

☐ **Option 1: ALL Participating Schemes**, offered by the Ministry of Social and Family Development (MSF), Early Childhood Development Agency (ECDA), IMDA, MOE, MOF, MOH and MOM[19]. Visit https://go.gov.sg/homes-schemes for the full list of Participating Schemes.

☐ **Option 2: ALL Schemes administered by MSF and ECDA**.

Acknowledgement:

I confirm that I understand and agree to all the terms in this form. This includes the sharing of my Personal Information with any agency for evaluation, outreach, and other programme-related matters stated in clause 8.3, if it benefits the community in Singapore. I understand I can withdraw my consent under clause 10.

Name:		**Details of signatory (to be filled only if consent is provided on behalf of the Family Member)^:**	
Signature/Thumbprint:		**Signatory's Name:**	
		Identification Number:	
		Email:	
Date:	D D / M M / Y Y Y Y	**Mobile No.:**	

^Tick one of the following, where applicable:

☐ I am the parent/ legal guardian and have consented on behalf of the Family Member who is under 21 years of age.

☐ I/ We am/ are the donee/ deputy and consented on behalf of the Family Member who is mentally incapacitated[17].

Family Member

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Date:	D D / M M / Y Y Y Y	**Mobile No.:**	

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Name:		**Details of signatory (to be filled only if consent is provided on behalf of the Family Member)^:**	
Signature/Thumbprint:		**Signatory's Name:**	
		Identification Number:	
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Date:	D D / M M / Y Y Y Y	**Mobile No.:**	

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Signature/Thumbprint:		**Signatory's Name:**	
		Identification Number:	
		Email:	
Date:	D D / M M / Y Y Y Y	**Mobile No.:**	

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☐ I am the parent/ legal guardian and have consented on behalf of the Family Member who is under 21 years of age.

☐ I/ We am/ are the donee/ deputy and consented on behalf of the Family Member who is mentally incapacitated[17].

(3): Unable to Provide Consent or Consent on Behalf

- **If there are more than one family member who are unable to provide consent, request for more copies of this section.**
- **You may be contacted by HOMES or ECDA subsequently to provide additional supporting documents or information for verification purposes.**

The following Main Applicant/ Family Member is unable to provide consent:

Name (as in NRIC): _____

Reason for Inability to Provide Consent or Consent On Behalf (tick one of the following):

☐ Mentally incapacitated but a donee has not been appointed under a Lasting Power of Attorney or deputy has not been appointed by the Court under the Mental Capacity Act (Cap. 177A)[18] (please fill in doctor's certification below*)

☐ No parent/ legal guardian who can give consent on behalf for the Main Applicant/ Family Member who is under 21 years of age

☐ Incarcerated

☐ Overseas

☐ Others (please specify): _____

***Doctor's Certification for Inability to Give Consent due to Mental Incapacity[19]**

I certify that the above-named Main Applicant/ Family Member is:

☐ **Temporarily** mentally incapacitated and is unable to provide consent for this declaration
☐ **Permanently** mentally incapacitated and is unable to provide consent for this declaration

Name of doctor:		Signature of doctor	Official stamp of clinic/ hospital:
Date	MCR No.	Contact No.	

[18] This does not apply to the Main Applicant/ Spouse/ Family Member who is mentally incapacitated but **has** an appointed donee/deputy. The donee/deputy can give consent on behalf of the Main Applicant/ Spouse/ Family Member.

[19] Date of doctor's certification must be within 6 months from date of submitting this form unless the Main Applicant/ Spouse/ Family Member is permanently mentally incapacitated. If the doctor is not present to certify and sign this form, a separate doctor's memo indicating that the Main Applicant/ Spouse/ Family Member is unable to provide consent due to the relevant medical reason may be attached.

Section G: Declaration by Licensee / authorised personnel of Early Childhood Development Centre

1. I am [the Licensee / authorised by the Licensee of this Centre] to complete this declaration.

2. I am aware that all information submitted relating to the applicant, child and/or any family members is strictly confidential. The Centre is required to maintain the confidentiality of all such information and records in accordance with law, including the Personal Data Protection Act 2012 and the Early Childhood Development Centres Regulations 2018.

3. I have verified[20] the above information to be true, to the best of my knowledge and belief. I understand that I/our Centre may be liable to prosecution for any information furnished which I know to be false or do not believe to be true.

4. I understand that any part of this application improperly completed may lead to the rejection of the application.

Name of Childcare Centre	Centre Code	Contact No.
Name / Designation of Personnel	Signature	DD / MM / YYYY Date

[20] Please refer to Section 8 of the Code of Practice for the requirements relating to the administration of subsidy.