

Centre-Based Respite Care Service Application Package

Introduction:

The Centre-Based Respite Care service aims to provide caregivers of adult or senior persons with physical or cognitive disabilities, the opportunity to take time off from caregiving duties for self-care or to engage in other life roles and responsibilities. The core service of the respite programme is to provide assistance to persons needing care in their basic needs such as feeding, toileting and in mobility, as well as supervision for those who may need it on a regular basis.

Eligibility Criteria:

Persons eligible for admission:

- ✓ Individuals with physical or cognitive disabilities requiring supervision
- ✓ Individuals whose family/caregivers need relief from caregiving duties or are occupied

Persons not suitable for the programme:

- ✗ Individuals who are bedbound and who need more than 1 person's assistance
- ✗ Individuals on nasogastric tube feeding
- ✗ Individuals who are currently in the active stage of infectious or contagious disease
- ✗ Individuals with emotional or behavioural problems who may pose a risk of harm to themselves and/or others
- ✗ Individuals who are disruptive in group settings

Application Package:

Please complete and submit the following:-

PART 1: Application Details

PART 2: Health Declaration. In order for the Provider to adequately understand the needs of the person needing care, please complete to the best of knowledge.

Please also attach:

- Copies of identification documents (NRIC) of person needing care, and
- Copies of identification documents (NRIC) of main caregivers, and
- Latest hospital discharge summary which is dated within 1 year prior to this application (*if available*), and/ or
- Other documents that the Provider may require on a case-by-case basis

A doctor's referral is not required for the Application.

Please refer to the next page for Enquiry and Application Process.

Enquiry and Application for Centre-Based Respite Care

1. Enquiry

- Via your preferred Provider (refer to Annex A), OR
- Via the Singapore Silver Line at 1800-650-6060 or enquiries@aic.sg
[Operating hours are: Mon – Fri, from 8.30am to 8.30pm, and Sat, from 8.30am to 4pm (excluding Public Holidays)], OR
- Via your medical social worker, social worker or case manager



2. Application

1. Please call your preferred Provider (refer to Annex A) to enquire on vacancy availability, before sending your application to the Provider.
2. Please submit:
 - a. Part 1: Application Details AND Part 2: Health Declaration, AND
 - b. Copies of I/Cs, AND/ OR
 - c. Latest hospital discharge summary & Other documents (*if applicable*)

via fax, email or hand-delivered to your preferred Provider, at least 5 working days before requested admission date for processing.



3. Pre-Admission Assessment (Weekday)

Upon receipt of your application, the Provider will contact you to arrange for Pre-Admission Assessment with both the person needing care and the applicant/ caregiver.

(This is an important session for the Provider to better understand the needs of you and your loved one, and to allow you to understand the Provider's requirements before the admission. The cost of the respite care will also be finalized at this session. Please note that final admission will be at the discretion of Provider. Places will also be subject to Provider's availability, and given on a first-come-first-serve basis.)



4. Admission

- Please arrive on time for the respite session.
- If the person needing care requires medication during the day, please pre-pack and bring the required medications. Please also clearly inform the Provider about the medication instructions.

(Should there be a change in admission date and time, please inform the Provider at least 1 working day prior to the admission date)

CENTRE-BASED RESPITE CARE APPLICATION

Part 1: Application Details (To be completed by Applicant)

1. General Information					
A. DETAILS OF PERSON NEEDING CARE					
Name:		NRIC/ Passport/ FIN/ UIN No:		Citizenship: <i>(please delete accordingly)</i>	Singaporean / S'pore PR / Others: _____
Date of Birth (dd/mm/yyyy)		Gender		Religion	
Languages/ Dialects Spoken		Address:			
Referral Source (please circle)	AIC	Self Application	Existing client of Provider	Others	
B. MAIN SPOKESPERSON / CONTACT PERSON'S INFORMATION					
Name:			NRIC/ Passport/ FIN/ UIN No:		
Relationship to person needing care:			Age:		
Address:					
Contact no:	(Home)	(Mobile)			
Email:					
C. 2ND CONTACT PERSON'S INFORMATION (IF AVAILABLE)					
Name:			NRIC/ Passport/ FIN/ UIN No:		
Relationship to person needing care:			Age:		
Address:					
Contact no:	(Home)	(Mobile)			
Email:					

2. REASON(S) FOR REFERRAL (You may select more than one option)

- a. Caregiver requires a break from prolonged caregiving
- b. Foreign Domestic Worker (FDW) is going on leave
- c. Disruptions in physical living arrangements (e.g. renovations, home upgrading)
- d. Primary Caregiver requires medical treatment
- e. Other reason (s) Please state: _____

3. REQUESTED ADMISSION DETAILS

Admission Date requested _____ (dd/mm/yy)

Type of Admission Regular One Time Off / Emergency

Duration requested Full Day Half Day (AM) Half Day (PM)

- Dietary Preference

No preference Halal Vegetarian Others (please specify): _____

4. HOUSEHOLD MEANS TESTING RESULT (ILTC Framework – MOH Non-Residential Funding)

(For centre's use) If government funding is required, please complete the Means Test Declaration Form.

- Has household means testing been conducted for client?

Yes

Funding Level _____% (For Non-Residential Funding)

Date of Expiry: ____ (dd) ____ (mm) ____ (yy)

No

(Note: Please complete the Means-Test Declaration Form available on AIC website <http://www.aic.sg/page.aspx?id=2147484103>. Please indicate the scheme, 'Non-Residential MOH ILTC').

After completion, please submit the form and required documents to your Provider who will assist with the means-test procedure.

CENTRE-BASED RESPITE CARE APPLICATION

Part 2: Health Status Declaration Form (To be completed by Applicant)

Current Functional Status How competent is the client in the following areas?			
Communication Able to understand others: <input type="checkbox"/> All the time <input type="checkbox"/> Often times <input type="checkbox"/> Sometimes <input type="checkbox"/> None of the time Able to make himself understood by others (can express): <input type="checkbox"/> All the time <input type="checkbox"/> Often times <input type="checkbox"/> Sometimes <input type="checkbox"/> None of the time	Cognition & Memory Making safe and reasonable decisions: <input type="checkbox"/> Independent <input type="checkbox"/> Occasionally unsafe <input type="checkbox"/> Always unsafe <input type="checkbox"/> Not at all Short Term Memory: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Recognising people and places: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Vision <input type="checkbox"/> Can see well <input type="checkbox"/> Can see with difficulty <input type="checkbox"/> No vision Hearing <input type="checkbox"/> Can hear well <input type="checkbox"/> Can hear with difficulty <input type="checkbox"/> No hearing	
Mobility Status <input type="checkbox"/> Walks independently <input type="checkbox"/> Walks using walking aid <input type="checkbox"/> Wheelchair Bound Assistance level: <input type="checkbox"/> Independent <input type="checkbox"/> Need help	Transfer (wheelchair to toilet) <input type="checkbox"/> Independent <input type="checkbox"/> Need help	Toilet Use: <input type="checkbox"/> Independent <input type="checkbox"/> Need help Diapers: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Oral Feeding <input type="checkbox"/> Independent <input type="checkbox"/> Need help	Falls: Any falls recently? <input type="checkbox"/> None in the last 90 days <input type="checkbox"/> One or more in last 90 days	Activity Tolerance: Any shortness of breath? <input type="checkbox"/> None <input type="checkbox"/> When doing exercise <input type="checkbox"/> At rest	
Behaviour:			
Wandering	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Not at all
Shouting/screaming	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Not at all
Hits/shoves/pinches	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Not at all
Hoarding/rummaging	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Not at all
Disrobing/inappropriate behaviour	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Not at all
Resists care (feeding, taking medication, toileting)	<input type="checkbox"/> Frequently	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Not at all

The above declaration will be taken into consideration together with the Provider's weekday pre-admission, to form the total care needs of person needing care. Please note that final admission will be at the discretion of Provider.

Please list allergies (food, drug, bee stings etc.), symptoms and treatment if known:

Please list medication client is expected to take during weekend respite service:

1. _____	Dose: _____	Time: _____	Before/After Food
2. _____	Dose: _____	Time: _____	Before/After Food
3. _____	Dose: _____	Time: _____	Before/After Food
4. _____	Dose: _____	Time: _____	Before/After Food
5. _____	Dose: _____	Time: _____	Before/After Food
6. _____	Dose: _____	Time: _____	Before/After Food

Please tell us any other information you would like us to know about the client, if any:

I hereby make an application for admission into the Centre-Based Respite Care service and agree to the fees, terms and conditions as listed.

I declare that the person needing care applying for admission to the program is free from infectious or contagious diseases to the best of my knowledge and belief, and that I have not wilfully suppressed any material fact.

I declare that the particulars stated in Parts 1 and 2 and the documents submitted together with this application are true and correct to the best of my knowledge and belief, and that I have not wilfully suppressed any material fact.

I hereby give my consent for your organisation and the referral source(s) (if applicable) to collect the information provided by me in this application (including in the supporting documents submitted), and disclose it to any relevant person or organisation for the purpose of assessment and processing of this application, including verification of the information provided by me. The information provided by me will be kept confidential.

I also hereby give my consent for your organisation to disclose the information (including in the supporting documents submitted) provided by me in this application, and any information about me or the person needing care in relation to the enrolment and participation of the person needing care in the program, to the Ministry of Health to facilitate the administration of centre-based weekend respite care services (including funding for such services) and to evaluate, analyse and review such services.

If there are any changes to the client's medical condition while he/she is enrolled in the service, I will notify the centre manager at that time.

Name of Applicant & NRIC

Signature or Right Thumb Impression
of Applicant

Date (dd/mm/yy)

FOR OFFICIAL USE

Respite Care Reference No: _____

Date application was received: _____

Staff in-charge: _____

Provider: _____

Staff contact No./ email: _____

Application Status:

- Approved
- Rejected. Reason: _____
- Withdrawn. Reason: _____
- Transferred to: _____ (centre name)

Status Date: _____ (dd/mm/yy)

Commencement of Service Date (if known): _____ (dd/mm/yy)

Remarks (if any):

List of Providers by Region for Centre-Based Respite Care Service (As at 5 Aug 2016)

S/N	Region	Centre	Address	Operation Day/Time (except PHs)	Tel	Email	Type of Dietary Serving
1	South	SASCO Day Activity Centre for the Elderly (DACE)	30 Telok Blangah Rise #01-316 S(090030)	<u>Saturdays,</u> 8:00am – 5:00pm (For weekend respite) <u>Mondays – Fridays:</u> 7.00am – 6.30pm (For enquiries & application)	6276 8713	tbsw@giventake.sg	Halal
2	South	Active Global Active Aging Hub @ Telok Blangah Parcview	92 Telok Blangah St 31 #01-255 S100092	<u>Saturdays, Sundays & Public Holidays</u> 9.00am – 5:00pm (For weekend respite) <u>Mondays – Sundays & Public Holidays:</u> 9.00am – 5:00pm (For enquiries & application)	65360086	irwan@activeglobalcaregiver.com leonard@activeglobalcaregiver.com felicia@activeglobalcaregiver.com	Halal
3	West	SASCO Hong Kah North Day Care Centre	337 Bukit Batok Street 34 #01-06 S(650337)	<u>Saturdays,</u> (For weekend respite) <u>Mondays – Fridays:</u> 7.00am – 7:00pm (For enquiries & application)	6425 0462	hksw@giventake.sg	Halal
4	West	St Luke's Eldercare (Keat Hong Centre)	801 Keat Hong Close (680801)	<u>Saturdays,</u> 9:00am – 3:00pm (For weekend respite) <u>Mondays – Fridays:</u> 7.30am – 6:30pm (For enquiries & application)	68910370	leyyenlau@stluke.org.sg / arlenejiang@stluke.org.sg	Halal

5	West	SASCO Integrated Eldercare Centre	704 West Coast Road #01-431 S(120704)	<u>Saturdays,</u> 8:00am – 5:00pm (For weekend respite) <u>Mondays – Fridays:</u> 7:00am – 7:00pm (For enquiries & application)	6464 0342	wcsw@giventake.org.sg	Halal
6	West	Jamiyah Senior Care Centre	130 West Coast Drive S (127444)	<u>Saturdays & Sundays,</u> 8:30am – 5:00pm (For weekend respite) <u>Mondays – Fridays:</u> 7:00am – 7:00pm (For enquiries & application)	6776 8575	msw1-jnh@jamiyah.org.sg pro_jnh@jamiyah.org.sg	Halal
7	West	Active Global Active Aging Hub @ Ghim Moh Edge	31 A Ghim Moh Link #01-11 (272031)	<u>Saturdays, Sundays & Public Holidays</u> 9:00am – 5:00pm (For weekend respite) <u>Mondays – Sundays & Public Holidays:</u> 9:00am – 5:00pm (For enquiries & application)	65360086	moses@activeglobalcaregiver.com selvii@activeglobalcaregiver.com layhong@activeglobalcaregiver.com	Halal
8	East	Peacehaven SPICE@Changi	9 Upper Changi Road North S(507706)	<u>Saturdays & Sundays,</u> 8:00am – 5:00pm (For weekend respite) <u>Mondays – Fridays:</u> 8:00am – 5:00pm (For enquiries & application)	6546 5669	Spencer_Mak@smm.salvationarmy.org	Non-halal

9	East	St Luke's Eldercare (Marine Parade)	86 Marine Parade Central, #01-670, Singapore 440086	<u>Saturdays,</u> 9:00am – 3:00pm <i>(For weekend respite)</i> <u>Mondays – Fridays:</u> 7.30am - 6:30pm <i>(For enquiries & application)</i>	62841089	marineparadeadmin@slec.org.sg	No pork, No lard, No Beef, Vegetarian, Halal
10	North	SWAMI	5 Sembawang Walk S(757717)	<u>Saturdays & Sundays,</u> 8:30am – 5:30pm <i>(For weekend respite)</i> <u>Mondays – Fridays:</u> 8:30am – 5:30pm <i>(For enquiries & application)</i>	6510 3388	calvin@swami.org.sg	Chinese, Halal, Vegetarian
11	North	St Luke's Eldercare (Nee Soon Central)	766 Yishun Ave 3 #01-295 S(760766)	<u>Saturdays,</u> 9:00am – 3:00pm <i>(For weekend respite)</i> <u>Mondays – Fridays:</u> 7.30am - 6:30pm <i>(For enquiries & application)</i>	6759 9053	lianpiewtey@stluke.org.sg	No Pork, No Lard
12	Northeast	St Luke's Eldercare (Sumang)	222 , Sumang Lane, #01-01, S-820222	<u>Saturdays,</u> 9:00am – 3:00pm <i>(For weekend respite)</i> <u>Mondays – Fridays:</u> 7.00am - 7:00pm <i>(For enquiries & application)</i>	62448031	alvinteo@slec.org.sg	No Pork, No Lard, No beef, Vegetarian, Halal