

## Seniors' Mobility and Enabling Fund (SMF) Assistive Devices Subsidy Application Form (Outreach)

7 Maxwell Road, MND Complex Annex B, #04-01, Singapore 069111

Email: [smf.community@aic.sg](mailto:smf.community@aic.sg)

Call: 1800-650-6060

Website: [www.aic.sg](http://www.aic.sg)

### ELIGIBILITY CRITERIA

The Seniors' Mobility & Enabling Fund (SMF) provides holistic support for seniors to age in place within the community by extending subsidies to Singaporean seniors.

Please use this form to apply for subsidies for **assistive devices only**. The application must be submitted and approved before subsidies for assistive devices can be claimed. **Please note reimbursement for any device purchased prior to application approval is strictly not allowed.** For the application of home healthcare items, please approach your home healthcare provider.

To be eligible for the SMF assistive devices subsidy, you must:

- ✓ Be a Singapore Citizen aged 60 and older
- ✓ Have a household monthly income per person of \$2,000 and below OR Annual Value (AV) of residence reflected on NRIC of \$21,000 and below for households with no income\*
- ✓ Be living in the community (not residing in a nursing home or sheltered home)
- ✓ Either be a first time SMF applicant for the device category **or** if you have previously applied for the device from SMF you have met the applicable black-out period
- ✓ Be able to co-pay for the assessment fee and assistive device (100% subsidised applicant will continue to have assessment fee waived)
- ✓ Be assessed by a qualified assessor on the type of device required when applicable
- ✓ Not concurrently receive (or apply for) any other public or private grants, or subsidies, that exceed the amount of co-payment by you under the SMF scheme. This is applicable to the same or similar device(s) being applied for under SMF.

\* For details of the National Means Testing System assessment, please refer to resource on how to apply and access Household Means-Test Declaration at <https://medishieldlife.moh.gov.sg>

### INSTRUCTIONS TO APPLICANT

1. Please make sure that you meet the above eligibility criteria before completing this form.
2. This application will take about 15 minutes to complete.
3. Please complete all fields in Part 1, Part 2 and Part 4 of the application form. If you are applying to replace a previously approved assistive device, please also complete Part 3 of the application form. The information provided must be accurate as of the date of submission. Application will be processed upon receiving a complete set of documents.
4. Your submission to AIC should include the following:
  - i. **Completed application form including the consent section in Part 4**
  - ii. **Copy of Applicant's NRIC (Front and Back) or image copy of Digital NRIC through Singpass mobile app**
  - iii. **Medical reports – if applicable**  
(e.g. Discharge summary, doctor's memo describing applicant's medical condition) and
  - iv. **Financial assistance documents – if applicable**  
(e.g. Public Assistance Card, Medifund, MSF ComCare Short-to-Medium Term Assistance or Medical Fee Exemption Card)



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5. You may submit your application through:

- Online Submission: <https://for.sg/smf-ad-application-form>
- Email: [smf.community@aic.sg](mailto:smf.community@aic.sg)
- Post: 7 Maxwell Road, MND Complex Annex B, #04-01, Singapore 069111
- Walk-in: AIC Link located at various locations. To find an AIC Link near you, visit <https://www.aic.sg/AIC-Link>

6. This application is subject to the terms and conditions of the SMF Assistive Devices Subsidy which can be found in Annex B. By signing and/or affixing your thumbprint, you acknowledge that you have read and accepted the terms and conditions governing the scheme.

7. You agree that all personal information which you provide to us is subject to and may be collected, used, disclosed and processed according to our Data Protection Policy (<https://www.aic.sg/data-protection-policy>). For verification purposes, you may be required to produce your original NRIC or image copy of Digital NRIC from Singpass mobile app during delivery, training, assessment, or upon request by an assessor.

8. AIC may contact you for further clarification on your application, if any.

### PART 1A: PARTICULARS OF APPLICANT

Name (according to NRIC):	<input type="text"/>			
NRIC No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Race:	<input type="checkbox"/> Chinese	<input type="checkbox"/> Malay	<input type="checkbox"/> Indian	<input type="checkbox"/> Others: <input type="text"/>
Date of Birth (DD/MM/YYYY):	<input type="text"/>	/	<input type="text"/>	/
Age:	<input type="text"/>			
Contact number (Home/Mobile):	<input type="text"/>			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Citizenship: <b>Singaporean</b>	
Address (according to NRIC):	<input type="text"/>			
Unit No.:	<input type="text"/>	/	<input type="text"/>	Postal Code: <input type="text"/>

### PART 1B: PARTICULARS OF NEXT OF KIN / CONTACT PERSON

Name (according to NRIC):	<input type="text"/>		
Relationship to applicant:	<input type="text"/>	Contact Number (Home/Mobile):	<input type="text"/>

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**PART 1C: DEVICE CATEGORY TO BE ASSESSED**

(a) Walking Aids  <input type="checkbox"/>	(b) Wheelchair/ Pushchair  <input type="checkbox"/>	(c) Pressure Relief Cushion  <input type="checkbox"/>	(d) Commode  <input type="checkbox"/>	(e) Hospital Bed  <input type="checkbox"/>
(f) Pressure Relief Mattress  <input type="checkbox"/>	(g) Special Equipment (e.g. Hoist, Transfer Board, Transfer Belt)  <input type="checkbox"/>	(h) Geriatric chair  <input type="checkbox"/>	<u>Spectacles</u> Please register for the next Functional Screening Event in your neighbourhood.	<u>Hearing Aids</u> Please obtain a referral letter from a polyclinic or CHAS clinic for a subsidised hearing assessment at the public hospital.

**PART 2: MEDICAL DECLARATION BY APPLICANT**

1. Do you have a medical appointment at any hospital in the next 2 months?

- 
- No
- 
- Yes (Provide information)

Name of Hospital: \_\_\_\_\_

Date of Next Follow-up Appointment: \_\_\_\_\_(DD/MM/YY)

Appointment Type:     Rehab     Blood/Medical tests     See a doctor

2. Are you receiving any centre-based or home-based services (e.g. Rehabilitation / Day-Care Services, Home Nursing)?

- 
- No
- 
- Yes (State name of service provider)

Name of service provider: \_\_\_\_\_

3. For the safety of the assessor and the community, please let us know if you or anyone living with you have/recently had any infectious diseases. This will enable assessors to take steps to minimise the spread of infection should they visit your home.

- 
- No
- 
- Yes, tick the type of disease(s)

 Chicken Pox / Shingles Hand, Foot and Mouth Disease (HFMD) Pulmonary Tuberculosis (TB) Others: \_\_\_\_\_

Date of onset of disease(s):

\_\_\_\_\_ (DD/MM/YY)

Date of recovery from disease, if already fully recovered:

\_\_\_\_\_ (DD/MM/YY)

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4. Select the type of mobility aid and assistive device that applicant is currently using:

- None
- Walking Stick
- Quadstick
- Walking Frame
- Rollator Frame
- Wheelchair / Pushchair
- Others: \_\_\_\_\_

### PART 3: ADDITIONAL DECLARATION BY APPLICANT (FOR APPLICATION TO REPLACE DEVICE)

1. Provide the following information regarding the previously SMF approved device to be replaced

Device Category / Type Received:	(e.g. Wheelchair)
Device Vendor, Model and Brand:	(Indicate NA if not available)
Month and Year Device Received:	(Indicate NA if not available) (MMMMYYYY)

2. Please inform us if you would you like the replacement to be the same or similar model as the device to be replaced.

Please answer "Yes" only if you have determined that the previous device is sufficient to serve your needs, and you do not require a device assessment to be conducted.

Please answer "No" if the current device is insufficient or if you would like a device assessment to be conducted.

Please note that AIC may still require an assessment to be conducted and you may still be assigned a replacement device of the same or similar model if such model is assessed to be sufficient for your needs.

No

Yes



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**PART 4: CONSENT**

By signing and/or affixing my thumbprint:

I declare that all the information provided in this form is true, correct and accurate to the best of my knowledge.

I acknowledge that I have read and I accept all the terms in this application, including those in Annex B.

I am aware that I am responsible for any co-payment amounts (computed according to the prevailing subsidy tiers and as may be informed to me), in respect of the devices and services to be provided. Any failure to make payment of such amounts when requested may affect the provision of the devices and services. Any co-payments incurred and paid as part of assessment is non-refundable regardless of the application outcome

I agree to attend the centre-based assessment, if applicable, by means of my own transportation.

*Signature / Thumbprint of <b>Applicant &amp; Date</b>	*Signature / Thumbprint of <b>Next of Kin / Contact Person &amp; Date</b> (When Applicant is not able to sign or affix thumbprint)
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\*For an applicant who lacks mental capacity, his/her signature is not required. His/her next-of-kin/contact person must sign on his/her behalf, the signature constitutes declaration that applicant has no mental capacity and the next-of-kin/contact person is authorised to act on behalf of the applicant.

**BLANK**

**Seniors' Mobility and Enabling Fund (SMF)  
SMF Assistive Devices Category List**

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**ANNEX A: ASSISTIVE DEVICE CATEGORIES**

<p>(a) Walking Aids</p>  <p>Blackout Period (Month): 36</p>	<p>(b) Wheelchair / Pushchair</p>  <p>Blackout Period (Month): 36</p>
<p>(c) Pressure Relief Cushion</p>  <p>Blackout Period (Month): 24</p>	<p>(d) Commode</p>  <p>Blackout Period (Month): 24</p>
<p>(e) Hospital Bed</p>  <p>Blackout Period (Month): 48</p>	<p>(f) Pressure Relief Mattress</p>  <p>Blackout Period (Month): 24</p>
<p>(g) Special Equipment e.g. Oxygen Concentrator, Suction Pump, Hoist</p>  <p>Blackout Period (Month): 36</p>	<p>(h) Geriatric Chair</p>  <p>Blackout Period (Month): 48</p>
<p>(i) Spectacles<sup>1</sup></p>  <p>Blackout Period (Month): 24</p>	<p>(j) Hearing Aids (per pair)<sup>2</sup></p>  <p>Blackout Period (Month): 48</p>

**Note:** All pictures are for illustration purposes only. The actual device may differ from the pictures.

<sup>1</sup> Application and assessment for spectacles will be directed to AIC appointed partners.

<sup>2</sup> For hearing aids applications, Applicant is required to obtain a referral letter from a polyclinic or CHAS clinic for a subsidised hearing assessment at the public hospital. The Audiologist / ENT specialist will assess your needs and assist with your SMF application.



## Seniors' Mobility and Enabling Fund (SMF) SMF Assistive Devices Subsidy – Terms and Conditions

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### ANNEX B – TERMS AND CONDITIONS

#### DECLARATION

1. I affirm that all the information provided in my application for Seniors' Mobility and Enabling Fund (SMF) subsidy which includes all the documents submitted, is true and correct to the best of my knowledge, and I have not deliberately omitted any necessary information relevant to this application.
2. I am aware that Agency for Integrated Care ("AIC") has the right to recover the SMF subsidy given to me, if I do not pass the Means-Test criteria, have provided any false or inaccurate information, or withheld any relevant information from the Qualified Assessor<sup>1</sup> and/or administration staff of the Organisation administering the Services and Schemes.
3. I am not currently an applicant or recipient of any other public or private grant or subsidy (that exceeds the applicable co-payment amount by me under the SMF Devices scheme), and will not be applying for such grant or subsidy, in respect of the same or similar device(s) being applied for under the SMF Devices scheme.
4. If my application is for a replacement device, I affirm that my previous device(s) is no longer usable and/or discarded.
5. If my application is for repair of device, I am aware that the repair warranty would cover only the repair service and the replacement parts. The repair warranty period would be shorter compared to warranty period of a new replacement device, and the repair would restart the clock for blackout period for the device.
6. I will fully indemnify AIC, the Organisation administering the scheme and the Government of the Republic of Singapore against any loss, damage, cost and expense whatsoever, including any legal cost on a full indemnity basis, which may be incurred by AIC, the Organisation administering the scheme and the Government of the Republic of Singapore as a result of any false or inaccurate information given by me or my failure to comply with my obligations.
7. I have read and understood all the terms and conditions of my application and agree to be bound by them.
8. I agree to abide by AIC's decision regarding my application, which is final.

#### CONSENT FOR DISCLOSURE AND USE OF PERSONAL INFORMATION

9. I understand that the sharing of Personal Information<sup>2</sup> between different entities such as the Government, and certain participating statutory boards and organisations approved by the Government, will assist in the evaluation of my suitability and eligibility for Services and Schemes<sup>3</sup>.
10. I agree that any Cooperating Party may:
  - a. collect my Personal Information from me or any of the other Cooperating Parties<sup>4</sup>;
  - b. disclose my Personal Information to any of the other Cooperating Parties; and
  - c. use my Personal Information
 regardless of whether my Personal Information relates to matters occurring before, on or after the date of this consent, for the purposes of:
  - i. evaluating my suitability and eligibility for Services and Schemes at any time;
  - ii. the administration and provision of Services and Schemes in relation to me; and/or
  - iii. data analysis, evaluation and policy formulation, in which I shall not be identified as specific individuals or households (collectively known as the "Purposes").
11. I understand and accept that AIC's Data Protection Policy (available at <https://www.aic.sg/data-protection-policy>) also applies to the collection, use and/or disclosure of my Personal Information by AIC. Therefore, in addition to the Purposes which I have consented to above, I also consent to the collection, use and/or disclosure of my Personal Information by AIC for the purposes set out in AIC's Data Protection Policy.
12. I consent to AIC and/or the Organisation administering the Services and Schemes in obtaining the applicant's medical information from any healthcare professional who is providing or has provided medical care, treatment to, or has medically assessed the senior.
13. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.



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### TERMS AND CONDITIONS APPLICABLE FOR SMF ASSISTIVE DEVICES SUBSIDY APPLICATION

14. I allow AIC and/or the Organisation administering the Services and Schemes to access my Means Test result from the National Means Test System for the purpose of this application.
15. I will not hold AIC and/or the Organisation administering the Services and Schemes liable if my Means Test result has expired and I am unable to qualify for the SMF subsidy.
16. I have been briefed by AIC and/or the Organisation administering the Services and Schemes and will be expected to and will make the required co-payments after the SMF subsidy. I agree that any co-payment amounts incurred as part of assessment is non-refundable regardless of the application outcome.
17. I agree that I am responsible for the management and maintenance of the assistive devices issued for my use, and not the responsibility of AIC and/ or the Organisation administering the Services and Schemes or the assistive devices vendors.
18. I will not hold AIC, the Organisation administering the Services and Schemes or any related assessors, liable for accidents and/or incidents related to the use of the assistive devices issued and for the duration of the client education session provided.

<sup>1</sup> **“Qualified Assessor”** is in accordance to SMF Qualified Assessor List, and subjected to the type of device prescribed. This includes fully registered physiotherapists, fully registered occupational therapists, registered nurses, registered doctors, certified audiologists, fully registered optometrists, centre managers and SMF personnel trained in administering the Simplified Assessment Tool.

<sup>2</sup> **“Personal Information”** means an individual's personal data (e.g. name, NRIC No, address, age, gender, family/household structure), financial data (e.g. income, savings, insurance coverage), consumption data (e.g. payment for utilities, housing, healthcare bills, scheme participation), social assistance data (e.g. social assistance history, assessments for eligibility and suitability for various Services and Schemes, social worker case reports) or medical information, that is relevant for the purpose of this application.

<sup>3</sup> **“Services and Schemes”** means social services schemes, financial assistance schemes and insurance schemes, including:

- i. The SMF Scheme;
- ii. financial assistance schemes and insurance schemes administered by AIC;
- iii. healthcare, aged care, childcare, education, social assistance and counselling services and schemes;
- iv. any form of financial assistance such as subsidies, grants, tax reliefs, levy concessions, vouchers or bursaries; and
- v. retirement, savings and insurance schemes operated by the Government, CPF or their appointed agents (including Medisave and MediShield Life).

<sup>4</sup> **“Cooperating Parties”** shall refer to the Government of the Republic of Singapore (the “Government”), and participating statutory boards and organisations approved by the Government, including AIC and the approved organisations that are involved in or assisting in the provision and delivery of the Services and Schemes.