



## MSF FOSTERING SCHEME APPLICATION FORM FOR FOSTER PARENTS

Dear Sir/Madam,

We are delighted that you are interested in becoming a foster parent. **As foster parents, you will experience the life-changing rewards of caring for a vulnerable child by not just offering them a roof over their heads, but more importantly, HOPE for a better future.**

Now that you are ready, here are a few things to consider before applying together with your spouse:

- The entire application and assessment process will take approximately **3 months**.
- Upon approval of your application, you will be required to complete foundation training over **3 Saturday mornings and 2 e-learning sessions**. Dates of the next available training will be shared with you by the assessor.
- During the assessment process, you may indicate if you have a preferred age and/or gender for a foster child. Our assessors may also recommend the age and gender of foster child you may be most suited to care for based on your home, experience and comfort level.
- Applicants who would like to foster children **below the age of 13 must install window grilles** on all the windows in their home for the safety of the child.

We would appreciate if you can furnish us a copy of the latest **payslips or Tax Income Assessment of the income earners**, a copy of the **NRIC, birth certificate or work permit of everyone** in your household and your **marriage certificate**. If you do not have these items on hand, please send them to us via WhatsApp or email. Please note that your application can only be processed when your application form and supporting documents are in.

Here is what you can expect in the assessment process once you have submitted the required documents:

1. If you meet our eligibility criteria, we will arrange for a phone interview and for you to ask questions.
2. If you meet our requirements, we will arrange **interviews and home visits** to assess your home environment and speak to all your household members. We will also arrange for **medical and other screenings**.
3. Finally, your application will be presented to MSF's Panel members and you will be notified of the outcome of your application.

If you have any questions in the meantime, please feel free to contact MSF Fostering Service at the following:

**Website:** [www.msf.gov.sg/fostering](http://www.msf.gov.sg/fostering)  
**Hotline/WhatsApp:** 6354 8799/9645 8231  
**Address:** 512 Thomson Road, #11-00, MSF Building, Singapore 298136  
**Email:** [fostering@msf.gov.sg](mailto:fostering@msf.gov.sg)

We look forward to receiving your completed application form! Thank you.

Ting Siew Ling (Ms)  
Senior Assistant Director  
MSF Fostering Service



MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT  
FOSTERING SERVICE  
REHABILITATION AND PROTECTION GROUP

MSF FOSTERING SCHEME: APPLICATION FORM FOR FOSTER PARENTS  
Note: Please complete this form together with your spouse.

1 PERSONAL PARTICULARS (MALE APPLICANT)

|                                   |             |  |  |
|-----------------------------------|-------------|--|--|
| <b>Full Name (Block Letters):</b> |             | <b>Contact Number(s):</b><br>Home:<br><br>Office:<br><br>Hp: | <b>Citizenship:</b><br><input type="checkbox"/> Singaporean<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Others, please specify: |
| <b>NRIC/FIN:</b>                  |             |  |  |
| <b>Date of Birth:</b>             | <b>Age:</b> |  |  |

|                      |                       |
|----------------------|-----------------------|
| <b>Home Address:</b> | <b>Email Address:</b> |
|----------------------|-----------------------|

|   |   |  |  |
|---|---|--|--|
| <b>Ethnic Group:</b><br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Malay<br><input type="checkbox"/> Indian<br><input type="checkbox"/> Eurasian<br><input type="checkbox"/> Others, please specify:<br>_____ | <b>Religion:</b><br><input type="checkbox"/> Christianity<br><input type="checkbox"/> Catholicism<br><input type="checkbox"/> Islam<br><input type="checkbox"/> Buddhism<br><input type="checkbox"/> Taoism<br><input type="checkbox"/> Hinduism<br><input type="checkbox"/> Others, please specify:<br>_____ | <b>Monthly Income (\$):</b><br><input type="checkbox"/> <2,000<br><input type="checkbox"/> 2,000 to 4,000<br><input type="checkbox"/> 4,000 to 6,000<br><input type="checkbox"/> 6,000-8,000<br><input type="checkbox"/> >8,000<br><input type="checkbox"/> Not Applicable | <b>Marital Status:</b><br><input type="checkbox"/> Married |
|---|---|--|--|

|  |   |   |
|--|---|---|
| <b>Highest Educational Level:</b><br><input type="checkbox"/> Primary<br><input type="checkbox"/> Secondary<br><input type="checkbox"/> Post-Secondary<br><input type="checkbox"/> Diploma<br><input type="checkbox"/> Degree<br><input type="checkbox"/> Post graduate diploma<br><input type="checkbox"/> Masters<br><input type="checkbox"/> PhD<br><input type="checkbox"/> Others, please specify:<br>_____ | <b>Language:</b><br>Mandarin: Spoken / Written<br><br>Malay: Spoken / Written<br><br>Tamil: Spoken / Written<br><br>English: Spoken / Written<br><br>Others, please specify:<br>_____ | <b>Employment Status:</b><br><input type="checkbox"/> Unemployed<br><input type="checkbox"/> Self employed<br><input type="checkbox"/> Employed<br><input type="checkbox"/> Retired<br><br>Occupation:<br>_____<br><br>Name of organisation:<br>_____ |
|--|---|---|

| 2 PERSONAL PARTICULARS (FEMALE APPLICANT)  |   |  |  |
|--|---|--|--|
| <b>Full name (Block Letters):</b><br>  |   | <b>Contact Number(s):</b><br>Home:<br>   | <b>Citizenship:</b><br><input type="checkbox"/> Singaporean<br><input type="checkbox"/> Permanent Resident<br><input type="checkbox"/> Others, please specify: |
| <b>NRIC/FIN:</b><br>   |   | Office:<br>  |  |
| <b>Date of Birth:</b><br>  | <b>Age:</b><br>   | Hp:<br>  |  |
| <b>Home Address:</b> (As indicated above <input type="checkbox"/> )<br>  |   | <b>Email Address:</b><br>  |  |
| <b>Ethnic Group:</b><br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Malay<br><input type="checkbox"/> Indian<br><input type="checkbox"/> Eurasian<br><input type="checkbox"/> Others, please specify:<br>_____  | <b>Religion:</b><br><input type="checkbox"/> Christianity<br><input type="checkbox"/> Catholicism<br><input type="checkbox"/> Islam<br><input type="checkbox"/> Buddhism<br><input type="checkbox"/> Taoism<br><input type="checkbox"/> Hinduism<br><input type="checkbox"/> Others, please specify:<br>_____ | <b>Monthly Income (\$):</b><br><input type="checkbox"/> <2,000<br><input type="checkbox"/> 2,000 to 4,000<br><input type="checkbox"/> 4,000 to 6,000<br><input type="checkbox"/> 6,000-8,000<br><input type="checkbox"/> >8,000<br><input type="checkbox"/> Not Applicable | <b>Marital Status:</b><br><input type="checkbox"/> Married   |
| <b>Highest Educational Level:</b><br><input type="checkbox"/> Primary<br><input type="checkbox"/> Secondary<br><input type="checkbox"/> Post-Secondary<br><input type="checkbox"/> Diploma<br><input type="checkbox"/> Degree<br><input type="checkbox"/> Post-graduate diploma<br><input type="checkbox"/> Masters<br><input type="checkbox"/> PhD<br><input type="checkbox"/> Others, please specify:<br>_____ |   | <b>Language:</b><br>Mandarin: Spoken / Written<br><br>Malay: Spoken / Written<br><br>Tamil: Spoken / Written<br><br>English: Spoken / Written<br><br>Others, please specify:<br>_____  |  |
|  |   | <b>Employment status:</b><br><input type="checkbox"/> Unemployed<br><input type="checkbox"/> Self employed<br><input type="checkbox"/> Employed<br><input type="checkbox"/> Retired<br><br>Occupation:<br>_____  |  |
|  |   | Name of organisation:<br>_____   |  |

| 3 INFORMATION ON CHILDREN OF APPLICANTS LIVING IN THE SAME HOUSEHOLD   |              |  |                   |  |   |
|--|--------------|--|-------------------|--|---|
| Name<br>(as per NRIC/ Birth Certificate)   | Sex          | ID Number  | Age               | Name of School / Occupation  | Any medical conditions?<br>(Pls specify level of care required) |
|  | F / M        |  |                   |  |   |
|  | F / M        |  |                   |  |   |
|  | F / M        |  |                   |  |   |
| 4 INFORMATION ON OTHER MEMBERS IN THE HOUSEHOLD<br>(Including extended family members, relatives, tenants and domestic helpers)  |              |  |                   |  |   |
| Name<br>(as per NRIC/ Birth Certificate)   | Sex          | ID Number  | Age               | Name of School/ Occupation   | Relationship to applicants                                      |
|  | F / M        |  |                   |  |   |
|  | F / M        |  |                   |  |   |
|  | F / M        |  |                   |  |   |
| 5 PREFERRED FOSTER CHILD (You may tick more than one box)  |              |  |                   |  |   |
| Age  | Under 1 year | 1 year – 3 years   | 4 years – 6 years | 7 years – 12 years   | 13 years and above  |
| Male   |              |  |                   |  |   |
| Female   |              |  |                   |  |   |
| Are you open to caring for a child with special needs? Yes <input type="checkbox"/> No <input type="checkbox"/>  |              |  |                   |  |   |
| Other remarks  |              |  |                   |  |   |
|  |              |  |                   |  |   |
| 6 EXPERIENCE IN CARING FOR CHILDREN  |              |  |                   |  |   |
| Do you have any experience in working with or caring for children? Yes <input type="checkbox"/> No <input type="checkbox"/>  |              |  |                   |  |   |
| Please elaborate:  |              |  |                   |  |   |
|  |              |  |                   |  |   |
| 7 HOUSING  |              |  |                   |  |   |
| <b>Housing type:</b><br><input type="checkbox"/> 1 room HDB<br><input type="checkbox"/> 2 room HDB<br><input type="checkbox"/> 3 room HDB<br><input type="checkbox"/> 4 room HDB<br><input type="checkbox"/> 5 room HDB<br><input type="checkbox"/> Executive/Private Condo<br><input type="checkbox"/> Landed property<br><input type="checkbox"/> Others, please specify:<br>_____<br><br><b>Number of bedrooms:</b> _____ |              | <b>Ownership Status:</b><br><input type="checkbox"/> Rented<br><input type="checkbox"/> Purchased<br><input type="checkbox"/> Others, please specify:<br>_____ |                   | Is your home fixed with window grilles for all windows and balconies?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If No, are you prepared to install window grilles for all your windows and balconies?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>*Kindly note that window grilles are mandatory for foster children below 13 years old. |   |

**8 HOUSEHOLD INCOME**

**Combined nett monthly household income (S\$):**

**9 OTHER MATTERS**

**How did you find out about the Fostering Scheme? (You may tick more than one)**

- Fostering Agencies
  - Epworth Foster Care (Epworth Community Services)
  - Boys' Town Fostering Services (Boys' Town)
  - PPIS Oasis (Persatuan Pemuda Islam Singapura)
  - Gracehaven Fostering (The Salvation Army (Singapore))
  - Projek Sinar Ihsan (Muhammadiyah Association)

- Mass Media
  - News articles      Please specify: \_\_\_\_\_
  - Radio                Please specify: \_\_\_\_\_
  - Television        Please specify: \_\_\_\_\_
  - Website            Please specify: \_\_\_\_\_

Community agencies (e.g. SSAs, NGOs, Government Ministries, Healthcare Agencies, Religious Organisations etc):

Please specify: \_\_\_\_\_

Fostering road show / event

Venue: \_\_\_\_\_

Date: \_\_\_\_\_

Referred by foster parent

Name of foster parent: \_\_\_\_\_

Referred by non – foster parent (Please indicate your relationship with referee)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Other channels

Is there any other information that you would like to share with us?

\_\_\_\_\_

\_\_\_\_\_

**What inspired you to be a foster parent?**

- To have companionship for our children
- We love children and want to help vulnerable children
- As a form of community service
- Others, please specify: \_\_\_\_\_

**Self-Declaration Form**

*Please note that this segment must be filled up and duly signed by the respective applicants.  
Please answer the following questions by ticking "Yes" or "No" as appropriate.*

| <b>Male Applicant</b>                             |  |            |           |
|---|--|------------|-----------|
| <b>HAVE YOU OR ANY OF YOUR HOUSEHOLD MEMBERS:</b> |  | <b>Yes</b> | <b>No</b> |
| 1   | <p><b>Have you been involved in any court proceedings within Singapore or any other court of law outside of Singapore?</b></p> <p>If yes, please specify:<br/>_____</p>                        |            |           |
| 2   | <p><b>Do you have any criminal record in Singapore or overseas?</b></p> <p>If yes, please specify:<br/>_____</p>   |            |           |
| 3   | <p><b>Have you been declared financially embarrassed or a bankrupt within the last 10 years?</b></p> <p>If yes, please specify:<br/>_____</p>  |            |           |
| 4   | <p><b>Are you currently under investigation by the Police or any other law enforcement agency in Singapore or overseas?</b></p> <p>If yes, please specify:<br/>_____</p>                       |            |           |
| 5   | <p><b>Have you had any disciplinary proceedings initiated against you by any organisation or professional bodies?</b></p> <p>If yes, please specify:<br/>_____</p>                             |            |           |
| 6   | <p><b>Do you have any substance dependence issues (i.e. dependence on alcohol, drugs, etc.), excluding prescriptions by medical professional?</b></p> <p>If yes, please specify:<br/>_____</p> |            |           |
| 7   | <p><b>Have you ever suffered, or are suffering from any medical condition, illness, disease, or mental illness?</b></p> <p>If yes, please specify:<br/>_____</p>                               |            |           |

|   |  |  |  |
|---|--|--|--|
| 8 | <p><b>Have you had any interactions or involvement (whether currently or previously) with divisions under MSF (e.g. Social Service Office, Adoption Service, Child Protective Service, Probation and Community Rehabilitation Service), apart from participating in volunteering activities (e.g. have you received any services from MSF or have you been employed with MSF)?</b></p> <p>If yes, please specify:</p> <p>_____</p> |  |  |
|---|--|--|--|

- A. I understand that the above information (“my Personal Information”) will be provided to the Government of the Republic of Singapore, as represented by the Ministry of Social and Family Development (“Government” or “MSF”), for the purpose of assessing my suitability to volunteer with the MSF’s Fostering Service, Rehabilitation and Protection Group.**
- B. I allow the Government to collect, share and use my Personal Information for the purposes in Paragraph A.**
- C. I give authorisation to MSF to conduct regular reference checks into my background as and when MSF requires in order to assess my suitability to take on or continue the appointment as a volunteer with MSF. I understand that such reference checks are a part of the requirement prior to becoming a volunteer with MSF. I also understand that I may not be appointed as a volunteer with MSF or be removed as a volunteer with MSF should this form contain any false or inaccurate or incomplete information and/or MSF assesses that I am unsuitable to take on or continue the appointment as a volunteer with MSF.**
- D. I declare that the information provided in 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 which I know to be false or do not believe to be true.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

| Female Applicant  |   |     |    |
|---|---|-----|----|
| HAVE <u>YOU</u> OR ANY OF YOUR <u>HOUSEHOLD MEMBERS</u> : |   | Yes | No |
| 1   | <p><b>Have you been involved in any court proceedings within Singapore or any other court of law outside of Singapore?</b></p> <p>If yes, please specify:</p> <p>_____</p>                        |     |    |
| 2   | <p><b>Do you have any criminal record in Singapore or overseas?</b></p> <p>If yes, please specify:</p> <p>_____</p>   |     |    |
| 3   | <p><b>Have you been declared financially embarrassed or a bankrupt within the last 10 years?</b></p> <p>If yes, please specify:</p> <p>_____</p>  |     |    |
| 4   | <p><b>Are you currently under investigation by the Police or any other law enforcement agency in Singapore or overseas?</b></p> <p>If yes, please specify:</p> <p>_____</p>                       |     |    |
| 5   | <p><b>Have you had any disciplinary proceedings initiated against you by any organisation or professional bodies?</b></p> <p>If yes, please specify:</p> <p>_____</p>                             |     |    |
| 6   | <p><b>Do you have any substance dependence issues (i.e. dependence on alcohol, drugs, etc.), excluding prescriptions by medical professional?</b></p> <p>If yes, please specify:</p> <p>_____</p> |     |    |
| 7   | <p><b>Have you ever suffered, or are suffering from any medical condition, illness, disease, or mental illness?</b></p> <p>If yes, please specify:</p> <p>_____</p>                               |     |    |



|   |  |  |  |
|---|--|--|--|
| 8 | <p><b>Have you had any interactions or involvement (whether currently or previously) with divisions under MSF (e.g. Social Service Office, Adoption Service, Child Protective Service, Probation and Community Rehabilitation Service), apart from participating in volunteering activities (e.g. have you received any services from MSF or have you been employed with MSF)?</b></p> <p>If yes, please specify:</p> <p>_____</p> |  |  |
|---|--|--|--|

- A. I understand that the above information (“my Personal Information”) will be provided to the Government of the Republic of Singapore, as represented by the Ministry of Social and Family Development (“Government” or “MSF”), for the purpose of assessing my suitability to volunteer with the MSF’s Fostering Service, Rehabilitation and Protection Group.**
- B. I allow the Government to collect, share and use my Personal Information for the purposes in Paragraph A.**
- C. I give authorisation to MSF to conduct regular reference checks into my background as and when MSF requires in order to assess my suitability to take on or continue the appointment as a volunteer with MSF. I understand that such reference checks are a part of the requirement prior to becoming a volunteer with MSF. I also understand that I may not be appointed as a volunteer with MSF or be removed as a volunteer with MSF should this form contain any false or inaccurate or incomplete information and/or MSF assesses that I am unsuitable to take on or continue the appointment as a volunteer with MSF.**
- D. I declare that the information provided in 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 which I know to be false or do not believe to be true.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Character Referees for Application to be Foster Parents**

*Referees should not be members of the family. They should be above 25 years old and have known the Applicant for at least 3 years*

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**Referee 1**

Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact number(s): \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ No. of years having known Applicant: \_\_\_\_\_

**Referee 2**

Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact number(s): \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ No. of years having known Applicant: \_\_\_\_\_

**Name of Applicant** : \_\_\_\_\_

**NRIC No.** : \_\_\_\_\_

**Applicant's signature** : \_\_\_\_\_

**Date** : \_\_\_\_\_