

**STUDENT CARE FEE ASSISTANCE (SCFA) SCHEME
APPLICATION FORM**

I am applying for:-

- The SCFA Subsidy (New / Renewal)
- The Start Up Grant ("SUG") (New enrolment / Appeal for another SUG / Re-application due to Transfer)

The SCFA Scheme provides a monthly fee assistance for eligible children. With effect from 1 Jul 2020, to qualify: (i) the monthly gross household income must not exceed \$4,500, or Per Capita Income (PCI) must not exceed \$1,125 (for families with ≥ 5 members); (ii) both parents are working; (iii) the child is a Singapore Citizen (SC), or a PR child with at least 1 SC immediate family member; and (iv) the child enrolls in a student care centre (SCC) registered with MSF. If approved, the amount of fee assistance is based on the household income. The scheme also provides a one-time Start Up Grant (SUG) for enrolment costs. MSF disburses the SCFA subsidy and/or SUG directly to the SCC while parents pay the remaining fee to the SCC.

- For new applications – complete this application form and submit it together with all supporting documents to the SCC.
- For renewal applications – complete this form and submit it together with all supporting documents to the SCC 2 months before the earlier subsidy expires.
- MSF will only process applications with the complete set of documents.

SECTION I: PARTICULARS OF CHILD

| | | |
|--------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Child (as in Birth Certificate) : | | Birth Certificate No. : |
| | | Citizenship of Child: <input type="checkbox"/> Singapore Citizen (SC) <input type="checkbox"/> Permanent Resident of Singapore (PR) ¹ . The following family member of the child is a SC. <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sibling |
| Date of Birth: | Age of Child (as at Date of Application): | Current Level of Education: |
| | | |
| Name of Primary School: | | |

| SECTION II: PARTICULARS OF MAIN APPLICANT | SECTION III: PARTICULARS OF SPOUSE |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Name (as in NRIC / FIN): | Name (as in NRIC / FIN): |
| NRIC / FIN No: | NRIC / FIN No: |
| Citizenship : <input type="checkbox"/> SC <input type="checkbox"/> Singapore PR <input type="checkbox"/> Foreigner | Citizenship : <input type="checkbox"/> SC <input type="checkbox"/> Singapore PR <input type="checkbox"/> Foreigner |
| Relationship to Child: | Relationship to Child: |
| Address (as in NRIC / FIN): | |
| Correspondence Address (if different from NRIC): | |
| Contact No : (H) _____ (O) _____ (HP) _____ | |

¹ A PR child is issued with an Entry Permit (EP) or Re-entry Permit (REP). A child born before 15 January 2005 is considered a PR even if he does not hold an EP or REP, but is allowed to reside in Singapore without being placed on restricted stay. To verify if your child qualifies as a PR, please check with the Permanent Resident Services Centre of the Immigration and Checkpoints Authority (ICA) of Singapore.

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employment Status of Main Applicant: <input type="checkbox"/> Employed (working at least 56 hours per month) <input type="checkbox"/> Looking for work <input type="checkbox"/> Not working (Retiree) <input type="checkbox"/> Not working (Student) <input type="checkbox"/> Not working (Permanently medically unfit for work) <input type="checkbox"/> Not working (Temporarily unfit for work – MC ≤ 3 months) <input type="checkbox"/> Not working (Temporarily unfit for work – MC > 3 months) <input type="checkbox"/> Caregiver for elderly parent(s) <input type="checkbox"/> Undergoing training <input type="checkbox"/> Self-employed <input type="checkbox"/> Serving NS <input type="checkbox"/> Other, please specify: _____ | Employment Status of Spouse: <input type="checkbox"/> Employed (working at least 56 hours per month) <input type="checkbox"/> Looking for work <input type="checkbox"/> Not working (Retiree) <input type="checkbox"/> Not working (Student) <input type="checkbox"/> Not working (Permanently medically unfit for work) <input type="checkbox"/> Not working (Temporarily unfit for work – MC ≤ 3 months) <input type="checkbox"/> Not working (Temporarily unfit for work – MC > 3 months) <input type="checkbox"/> Caregiver for elderly parent(s) <input type="checkbox"/> Undergoing training <input type="checkbox"/> Self-employed <input type="checkbox"/> Serving NS <input type="checkbox"/> Other, please specify: _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | Type of Accommodation <input type="checkbox"/> HDB 1/2/3/4/5-rm <input type="checkbox"/> HDB Exec <input type="checkbox"/> HDB Studio Apartment <input type="checkbox"/> Condominium/Private Apartment <input type="checkbox"/> Landed Property <input type="checkbox"/> Crisis Shelter <input type="checkbox"/> Transitional Shelter <input type="checkbox"/> Institution <input type="checkbox"/> Homeless <input type="checkbox"/> Others: _____ | Accommodation Status: <input type="checkbox"/> Rented <input type="checkbox"/> Purchased <input type="checkbox"/> Living with relatives <input type="checkbox"/> Others: _____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

SECTION IV: PARTICULARS OF IMMEDIATE FAMILY MEMBERS² LIVING WITH THE MAIN APPLICANT
 List immediate family members who are
 (a) not working, or do not have any source of income: e.g., great grandparents, grandparents or children and
 (b) living at the same address as the Main Applicant

| | Name of Immediate Family Members (with <u>no</u> income) | Date of Birth | Relationship to Child | Employment Status (retired/ unemployed/ undergoing training/ looking for work/ serving NS/ schooling) |
|---|----------------------------------------------------------|---------------|-----------------------|----------------------------------------------------------------------------------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

SECTION V: MONTHLY GROSS HOUSEHOLD INCOME OF MAIN APPLICANT AND SPOUSE
 (Note: Gross income refers to income before CPF deduction, inclusive of regular overtime pay, allowances, commissions, incentives)

| | |
|--------------------------------------------|----|
| (A) Monthly Gross Income of Main Applicant | \$ |
| (B) Monthly Gross Income of Spouse | \$ |

SECTION VI : OTHER INCOME (if applicable)

| | |
|------------------------------------------------------|----|
| Income from rent ³ | \$ |
| Income from monthly commission earnings ⁴ | \$ |
| (C) Total Other Income | \$ |

² "Immediate Family member" refers to anyone related to the Applicant by blood, marriage (including step-children and in-laws) or legal adoption.

³ This is income from renting out a room (or rooms) of the family home or other properties.

⁴ Monthly commission earnings are based on the actual amount received per month or on the average earnings per month over 12 months (if the commission earnings are irregular).

SECTION VIIA: CONSENT / DECLARATION BY MAIN APPLICANT (MOTHER/ FATHER/ GUARDIAN)

[Note: Please read the Terms of Consent under Section VIII below before signing this portion]

CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION FOR THE APPLICATION OR RENEWAL OF APPLICATION FOR THE SUBSIDY AND/OR THE START UP GRANT

1. I am the parent/legal guardian of the Child (whose Personal Information is set out in Section I above) who is under 21 years of age.
2. I understand that the Singapore Public Agencies and Participating Organisations require my Personal Information for the following operational and analytical purposes:
 - (a) to verify my, my Child and Family's identity and relationship for the Subsidy and/or the Start Up Grant ("the Subsidies") and other Services or Scheme;
 - (b) to determine my, my Child and Family's eligibility for the Subsidies and other Services or Scheme;
 - (c) to provide me, my Child and Family with both or any of the Subsidies and other Services or Scheme; and
 - (d) for data analysis, evaluation and policy-making, for the Subsidies and other Services or Scheme.
3. I consent and agree that the Singapore Public Agencies and Participating Organisations may collect, use and disclose my Personal Information, to the extent permitted by the Singapore Public Agencies and Participating Organisations, for the purposes stated in Paragraph 2. I also consent and agree to the disclosure of my Personal Information to law enforcement officers. I understand that my personal information will not be shared with non-participating agencies and organisations.
4. My consent remains valid until I withdraw it in writing. I accept that it will take up to 10 working days from the date of receipt before the withdrawal of consent takes place.
5. I have read and understood this consent form fully, including the Terms of Consent set out in Section VIII of this Application Form. I declare that the information that I have provided is accurate as at the time I sign this form.
6. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

DECLARATION

7. I, the undersigned, declare that I have read and understood the content in Section VIIA of this Application Form. I confirm that the information that I have provided in Sections I, II, III, IV, V, VI is true and correct and I furnish the information knowing that I may be liable to criminal prosecution if I have stated any information that I know to be false or not believe to be true.
8. In the event my application is successful and my Child receives any of the Subsidies which I am applying for, I hereby acknowledge that I may also be liable to make full repayment to the Government of the Subsidies which were provided, should I be found to have provided false or inaccurate information in this form.

OTHER TERMS

9. I understand and agree to the following:-
 - i. It shall be my responsibility to stay employed⁵ to continue to enjoy the Subsidies for my Child. If I am unemployed and intend to seek employment, the onus is on me to actively seek employment.
 - ii. (only applicable to applications for the Start Up Grant) The Start Up Grant shall only be given once to my Child, and any subsequent applications shall be assessed and granted only in MSF's sole discretion.
 - iii. In order to continue enjoying the relevant monthly Subsidy, I must ensure that my Child attends at least 30% (June and December) and 50% (Other Calendar months) of the number of days in which the SCC operates per month. If my Child does not meet the minimum attendance rate, the Subsidy paid for the relevant month may be refunded to MSF and I am liable to pay the full SCC monthly fee.
 - iv. I shall provide the SCC with a one-month notice before withdrawing my Child from the SCC.

Name: _____

(Signature of Main Applicant)

Date of Consent: _____ **(DD/MM/YYYY)**

⁵ i.e. to be engaged under a contract of service and receive a salary

SECTION VIIB: CONSENT/DECLARATION BY MAIN APPLICANT'S SPOUSE / OTHERS

[Note: Please read the Terms of Consent under Section VIII below before signing this portion]

CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION FOR THE APPLICATION OR RENEWAL OF APPLICATION FOR THE SUBSIDY AND/OR THE START UP GRANT

1. I am the Spouse/ _____ of the Main Applicant and my Personal Information is set out in Section III above.
2. I understand that the Singapore Public Agencies and Participating Organisations require my Personal Information for the following operational and analytical purposes:
 - (a) to verify my, my Child and Family's identity and relationship for the Subsidy and/or the Start Up Grant ("the Subsidies") and other Services or Scheme;
 - (b) to determine my, my Child and Family's eligibility for the Subsidies and other Services or Scheme;
 - (c) to provide me, my Child and Family with both or any of the Subsidies and other Services or Scheme; and
 - (d) for data analysis, evaluation and policy-making, for the Subsidies and other Services or Scheme.
3. I consent and agree that the Singapore Public Agencies and Participating Organisations may collect, use and disclose my Personal Information, to the extent permitted by the Singapore Public Agencies and Participating Organisations, for the purposes stated in Paragraph 2. I also consent and agree to the disclosure of my Personal Information to law enforcement officers. I understand that my personal information will not be shared with non-participating agencies and organisations
4. My consent remains valid until I withdraw it in writing. I accept that it will take up to 10 working days from the date of receipt before the withdrawal of consent takes place.
5. I have read and understood this consent form fully, including the Terms of Consent set out in Section VIII of this Application Form. I declare that the information that I have provided is accurate as at the time I sign this form.
6. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

DECLARATION

7. I, the undersigned, declare that I have read and understood the content in Section VIIB of this Application Form. I confirm that the information in Sections I, II, III, IV, V, VI is true and correct and I make this declaration knowing that I may be liable to criminal prosecution if I have stated any information that I know to be false or not believe to be true.
8. In the event my application is successful and the Child receives any of the Subsidies which I am applying for, I hereby acknowledge that I may also be liable to make full repayment to the Government of the Subsidies which were provided, should I be found to have provided false or inaccurate information in this form.

OTHER TERMS

9. I understand and agree to the following:-
 - i. It shall be my responsibility to stay employed⁶ to continue to enjoy the Subsidies for the Child. If I am unemployed and intend to seek employment, the onus is on me to actively seek employment.
 - ii. (only applicable to applications for the Start Up Grant) The Start Up Grant shall only be given once to the Child, and any subsequent applications shall be assessed and granted only in MSF's sole discretion.
 - iii. In order to continue enjoying the relevant monthly Subsidy, I must ensure that the Child attends at least 30% (June and December) and 50% (Other Calendar months) of the number of days in which the SCC operates per month. If the Child does not meet the minimum attendance rate, the Subsidy paid for the relevant month may be refunded to MSF and I am liable to pay the full SCC monthly fee.
 - iv. I shall provide the SCC with a one-month notice before withdrawing the Child from the SCC.

Name: _____

Date of Consent: _____(DD/MM/YYYY)

(Signature of Main Applicant's Spouse / _____)

⁶ i.e. to be engaged under a contract of service and receive a salary

SECTION VIII: TERMS OF CONSENT

DEFINITIONS

1. I understand and agree that these terms used in the consent form have the following definitions:
 - a) **“Personal Information”** includes the following but is not limited to:
 - i) Demographic information (e.g. bio-data comprising name, NRIC/FIN number, address, date of birth, gender, nationality, ethnicity, family/household structure and relationships);
 - ii) Financial and social assistance data (e.g. financial and social assistance history, income supplements, assessments for eligibility/suitability and details of services by Participating Public Agencies and Participating Organisations comprising social services, community agencies; and social worker case reports);
 - iii) Medical and Health information (e.g. medical reports, functional assessment reports, healthcare bills and assistance, means-tests results on subsidy rates, medical condition, diagnosis and history);
 - iv) Housing information (e.g. electricity, gas and water utilities, details for home ownership, rental housing, open market HDB rental, details on ownership of private property);
 - v) Employment and training information (e.g. current and past employment details, last drawn salary, training subsidies, business ownership);
 - vi) Education information (e.g. schooling records, pre-school enrolment, bursaries, tuition);
 - vii) Financial data (e.g. source of income, maintenance information, insurance coverage, bank account details such as balance, transactions, number of savings and current accounts);
 - viii) My income information (e.g. last drawn salary);
 - ix) Information relating to and derived from my CPF Account(s) and CPF contributions (e.g. CPF Account(s) balance, CPF contribution details, CPF lumpsum withdrawal details, CPF monthly pay-outs,);
 - x) Information relating to my participation in any scheme administered by the CPF Board (e.g. Dependent Protection Scheme, Silver Support Scheme, CPF Investment Scheme, CPF amount used for housing); and
 - xi) Other relevant information (e.g. immigration records, criminal offences, credit reports, and other information provided by me for the evaluation and administration of social services and public assistance schemes).
 - b) **“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.
 - c) **“Services or Scheme”** refer to services or programmes provided by any Singapore Public Agency or Participating Organisation, to support and render assistance to individuals and/or households, including:
 - i) healthcare, mental health, social development and support, family development and support, early childhood development, aged care, childcare, education, employment, housing, social assistance, pro-active outreach to assess eligibility, case assessment, case coordination and counselling services and scheme; and
 - ii) any form of financial assistance such as subsidies, grants, waivers, exemptions, tax reliefs, vouchers or bursaries.
 - d) **“Singapore Public Agencies”** includes, (a) the Government, including any ministry, department, agency, or organ of State, (b) any tribunal appointed under any written law, (c) any statutory body, but excludes a Town Council established under section 4 of the Town Councils Act (Cap. 329A);
 - e) **“Participating Organisations”** refer to any organisation which has been authorised by a Singapore Public Agency to provide the Student Care Fee Assistance scheme, or other Services or Scheme.
2. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

MORE INFORMATION

3. The list of Singapore Public Agencies and Participating Organisations can be found at www.msf.gov.sg/datamanagement.

SECTION IX: DETAILS OF SCFA SUBSIDY AND START UP GRANT

(Note: To be completed by the SCC)

Date of Child's Admission into the Student Care Centre ("SCC"):
_____ (DD/MM/YY)Monthly Student Care Fee (inclusive GST, if applicable)
\$ _____Application Period for Subsidy:
_____ to _____ (MM/YY)**Applying for Start Up Grant** Yes No**Has the Child received the Start Up Grant before?** Yes No**Breakdown of Start Up Grant** (inclusive GST, if applicable) (Capped at \$400)

1. Registration fee (if applicable)

\$ _____

2. Deposit (equivalent to one month's fees. This amount shall be held by MSF and disbursed to the SCC if the Child withdraws without providing 1 month's notice)

\$ _____

3. Insurance⁷ (one-off annually, for group insurance plans only)

\$ _____

4. Uniform/ physical education attire (to estimate the cost of attire which a Child would need, up to a 3 day period, if applicable)

\$ _____

Total

\$ _____

Total to be paid to SCC (LESS Deposit)

\$ _____

SECTION X: SCC PARTICULARS

(Note: To be completed by SCC)

Name of SCC:

Tel No. of SCC: _____

Fax No. of SCC: _____

Address of SCC:

Contact Person: _____

Email: _____

Bank Details

Payable to: _____

Account No.: _____

Bank Name: _____

⁷ This claim is not applicable for School-based Centre Operators.

SECTION XI : DECLARATION BY THE SCC

- I confirm that the information provided in Sections IX and X of 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 that I know to be false or not believe to be true.
- I confirm that I have verified that the Applicant and Child meet the eligibility criteria for the relevant subsidies and that the required supporting documentation for the application/ renewal has been submitted.
 - I am aware that MSF will require the SCC to refund the relevant subsidies which remain unused or are disbursed in excess (regardless of whether they are granted based on wrongful claims) within one month from the date it receives a written notification from MSF. I am also aware of MSF's refund policy contained in Annex A4 of the SCFA Administrator Application Form.
- I understand that the SCC should not pay any of the relevant subsidies to the Applicant or Child. I also understand that the relevant subsidies should not be used to offset any arrears in SCC fees which have been incurred by the Applicant or Child.

Name of Centre Supervisor

Signature

Date