

STEP-BY-STEP ON SUPPORTGOWHERE PORTAL (SCFA)

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Student Care Fee Assistance (SCFA)

Provides fee assistance for children from lower-income working families enrolled in Student Care Centres (SCCs) registered with MSF.

[Expand all sections](#)

SCHEME HIGHLIGHTS

- ✓ Subsidy of up to \$290
- ✓ One-time Start-Up Grant (SUG) of up to \$400 per child
- ✓ Child must attend a Student Care Centre registered with MSF

[Apply now / View application](#) →

About this support

- Subsidy of up to \$290, depending on your monthly household income
- One-time Start-Up Grant (SUG) of up to \$400 per child

SCFA Subsidies:

For households with 4 or fewer family members*	For households with 5 or more family members*	Subsidy for SCCs with fees < \$295	Subsidy for SCCs with fees ≥ \$295
Gross Household Income (\$)	Gross Per Capita Income (\$)	Subsidy (%)	Maximum subsidy (\$)
≤ 1,500	≤ 375	98	290
1,501 - 2,000	376 - 500	95	280
2,001 - 2,200	501 - 550	90	266
2,201 - 2,400	551 - 600	85	251
2,401 - 2,600	601 - 650	80	236
2,601 - 2,800	651 - 700	70	207
2,801 - 3,000	701 - 750	60	177
3,001 - 3,200	751 - 800	50	148
3,201 - 3,400	801 - 850	40	118
3,401 - 3,500	851 - 875	40	118
3,501 - 4,000	876 - 1,000	30	89
4,001 - 4,500	1,001 - 1,125	20	59

*Family members refer to the child's grandparents, or any other siblings below 21 years old who meet the following criteria: (1) Live at the same address as the applicant, (2) Not working, or have any source of income (3) Singaporean or PR.

[Who is this for?](#) +

[How to apply?](#) +

[Where can I find help?](#) +

To apply for Student Care Fee Assistance (SCFA), please go to <http://go.gov.sg/scfa>

In this page, you can find information regarding

- Details of SCFA (subsidy table and Start-Up Grant info)
- Eligibility criteria
- Supporting documents required when applying for SCFA
- Where to seek help

Once you have read the scheme details and are eligible to apply for SCFA, please click on “Apply now/View application”. It will direct you to login to your Singpass to apply for SCFA.

Click on “Apply now” and you will be directed to your Singpass login page.



Who is this for?

- Child is a Singapore Citizen or a Permanent Resident (at least one immediate family member in the same household must be a Singapore Citizen)
- Both you and your spouse are each working at least 56 hours a month
- Child must attend a Student Care Centre registered with MSF
- Monthly household income of less than or equal to \$4,500, or monthly household income per capita of less than or equal to \$1,125



Where can I find help?

MSF Consolidated Hotline: [1800 111 2222](tel:18001112222)



Airtime charges apply for mobile calls to 1800 service lines. Calls are free of charge only if made from regular land lines in Singapore.



MSF_Comcare_SCFA@msf.gov.sg



How to apply?

Apply online via [SupportGoWhere](#)

If applicable, you will need to provide supporting documents (e.g., proof of job search, medical letter, or medical certificate) if you are unemployed or looking for work.

To make an appeal for your SCFA support, approach your SCC. Please note that the appeal is subject to approval.

[< Scheme details](#)

Student Care Fee Assistance (SCFA)

Supported by Ministry of Social and Family Development

New application

Child must attend a [Student Care Centre](#) registered with MSF to qualify for the assistance.

The application may take 15 mins to complete.

You may apply for a **renewal** of your SCFA support up to 6 months from now if you meet the eligibility criteria.

Apply Now →

Click on “Apply now” to continue

TIMELINE

Apply

Provide details of yourself and your beneficiary.

Processing

Processing takes 4 to 8 weeks after we receive all required documents. You may be contacted by MSF and/or HOMES (a Government System supporting public schemes to conduct means-tests to determine the level of assistance for citizens), for more details or supporting documents.

Check your email if additional documents are needed and submit them by the deadline stated to keep your application open.

Check outcome

Check your application details.

After clicking on “Apply Now”, it will bring you to this page.

This page explains the expected time taken to complete the application and informs you that the application window period is 6 months from the intended SCFA start month.

The table below outlines the timeline for the application and what happens from the application to the outcome stage.

To click on “Apply Now” to continue.

Application overview

Complete the sections below in any order of your preference.

Retrieve Myinfo
with singpass

Clear Myinfo



Profile



Income



Beneficiary



Marital status

8 field(s) left



Family



Terms & Conditions



! Complete all mandatory fields.

Review and submit



As you have login using Singpass, you can click on “Retrieve Myinfo” for your profile and child(ren)’s information to be auto-populated in the application form. This saves your time from manually keying in their personal particulars.

There are altogether six fields that you need to provide information on.

You will not be able to proceed to submit your application if there are missing fields denoted in red font.

At the end of the application page, you can review your application before you submit.

If your spouse is a foreigner and does not have a valid pass, please click on 'Clear MyInfo' and enter all required information manually.

In the marital status section (slides 21 to 24), select 'Single'. At the end of your application, upload:

Your spouse's identification document (e.g. passport)

The completed omnibus consent form (from slides 35)

1.Profile

Profile

Tell us about yourself

✓ Personal details

Name (as in NRIC/FIN)

Mr SG From Bedok

NRIC/FIN

Sxxxx369J

Date of birth

06/10/1983

Sex

☐ Female

☒ Male

Residential status

Singapore Citizen

Race

Chinese

Country of birth

Singapore

Nationality

Singapore Citizen

Residential address

Country

Singapore

Postal code

458634

Block/house number

634

Street

BEDOK STREET

Level (optional)

12

Unit (optional)

22

Building name (optional)

Mailing address

☒ Same as residential address

Contact details

Provide your mobile number
and email address

Mobile number

+65 88158701

Home number (optional)

+65

Email

gt.govandi@gmail.com

Once you have clicked on MyInfo, your profile such as NRIC number, Date of Birth, Address etc, will be auto-populated into the mandatory fields.

You will need to confirm your mailing address and provide accurate contact details for MSF to contact you.

It is crucial to check and update your contact details as MSF will inform you on the SCFA application outcome via SMS and the email address that you have provided.



MINISTRY OF
SOCIAL AND FAMILY
DEVELOPMENT

2.Income and Employment

Income

Tell us your income details

Income from rent

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

S\$

Employment status

☐ Working

☐ Looking for work

☐ Not working

[Back to overview](#)

[Next: Beneficiary](#)

Income

Tell us your income details

Income from rent

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

S\$

Employment status

☒ Working

☐ Looking for work

☐ Not working

Are you employed with CPF contribution/taxable income?

☐ Yes

☒ No

Employment type

You may select more than one option.

☐ Employed with no CPF contribution or have not made any tax declarations to IRAS

☐ Self-employed with no taxable income/Freelance employment/Odd-Job worker

☐ Platform workers (e.g. delivery and ride-hailing drivers)

☐ Commission-based jobs (e.g. Property/Insurance agent)

Additional documents to upload

 Employment documents

+

Under Income section, you will be required to declare your income from rent.

There are three choices to select under employment status. You will be required to provide supporting documents.

If your are working, please indicate if you are 'employed with CPF contribution/taxable income' and select employment type.

Please upload a copy of your employment document.

Income

Tell us your income details

Income from rent

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

S\$

Employment status

☐ Working

☐ Looking for work

☐ Not working

[Back to overview](#)

[Next: Beneficiary](#)

Income

Tell us your income details

Income from rent

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

S\$

Employment status

☒ Working

☐ Looking for work

☐ Not working

Are you employed with CPF contribution/taxable income?

☒ Yes

☐ No

Additional employment type (optional)

You may select more than one option.

☐ Employed with no CPF contribution or have not made any tax declarations to IRAS

☐ Self-employed with no taxable income/Freelance employment/Odd-Job worker

☐ Platform workers (e.g. delivery and ride-hailing drivers)

☐ Commission-based jobs (e.g. Property/Insurance agent)

Under Income section, you will be required to declare your income from rent.

There are three choices to select under employment status. You will be required to provide supporting documents.

If your are working, please indicate if you are 'employed with CPF contribution/taxable income' and select employment type.

There is no need to upload any documents.

Income

Tell us your income details

Income from rent

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

S\$


Employment status

☐ Working

☒ Looking for work

☐ Not working

Additional documents to upload

 Proof of job search

1. [Annex 4: Proof of Job Search](#)

Select file

Annex 4

PROOF OF JOB SEARCH BY NON-WORKING PARENT /LEGAL GUARDIAN

Application for Student Care Fee Assistance (SCFA)

The parent / legal guardian may take approximately 5 minutes to complete this form.

(I) DETAILS OF PARENT / LEGAL GUARDIAN		
Name:	NRIC No.:	
Address:		
Child's Name:		
BC No.:		
(II) DECLARATION BY PARENT / LEGAL GUARDIAN (PLEASE TICK THE APPROPRIATE BOX)		
<input type="checkbox"/> I am already registered as a job seeker at the Social Service Office (SSO), or the Career Centre under Workforce Singapore (WSG) or Employment and Employability Institute (e2i): _____(Name of SSO/WSG/e2i)		
<input type="checkbox"/> I am registered as a job seeker at the following private employment agency: _____(Name of private employment agency)		
VERIFICATION BY PRIVATE EMPLOYMENT AGENCY		
We confirm that _____ (Name of parent/ Legal Guardian), _____ (NRIC No./ FIN) is registered with us for job placement assistance since _____ (Date). We are helping her/ him* to secure a job.		
Name of Staff	Signature	Date
Name of Private Employment Agency	Email Address	Tel No.
<input type="checkbox"/> I am actively looking for jobs on my own. (Please fill in the details of the resumes or job interviews in Table 1 and submit records of resumes sent or job interviews attended.)		
Name of Parent / Legal Guardian	Signature	Date

Under Income section, you will be required to declare your income from rent.

If you are looking for work, please download Annex 4: Proof of Job Search.

You will need to fill in your details under (I) and under (II), please select whichever applies. Please sign and date the Annex 4 and upload in the application form.

Income

Tell us your income details

Income from rent

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

S\$

Employment status

☐ Working

☐ Looking for work

☒ Not working

Tell us more about the situation

Select

Select

Homemaker/Caregiver

Retiree

Student

Undergoing training

Incarcerated/In prison

Medically unfit - Permanent

Medically unfit - Permanent

Medically unfit - Temporary for more than 3 months

Medically unfit - Temporary for less than 3 months

Under Income section, you will be required to declare your income from rent.

If you are not working, please select from the drop-down list whichever that applies to your situation. There are a total of nine selections.

You will be required to provide supporting documents in this section.

Income

Tell us your income details

Income from rent

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

Employment status

☐ Working

☐ Looking for work

☒ Not working

Tell us more about the situation

Homemaker/Caregiver

Person you are caring for

Select

! This is a required field.

Person you are caring for

Select

Select

Caring full time for a younger child aged 24 months and below

Caring for sick family member

Caring for special needs family member

Additional documents to upload

Medical letter

Under Income section, you will be required to declare your income from rent.

If you are not working because you are a Caregiver, please select whether:

- Caring full time for a child aged 24 months and below
- Caring for a sick family member
- Caring for special needs family member

You will be required to upload supporting documents such as a caregiver memo if you are caring for sick family member or special needs family member.

Income

Tell us your income details

Income from rent

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

Employment status

☐ Working☐ Looking for work☒ Not working

Tell us more about the situation

Income

Tell us your income details

Income from rent

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

Employment status

☐ Working☐ Looking for work☒ Not working

Tell us more about the situation

Under Income section, you will be required to declare your income from rent.

If you are not working because you are a full-time student or you have reached the statutory retirement age. Please indicate your employment situation accordingly.

No document is required at this stage.

Income

Tell us your income details

Income from rent

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

S\$

Employment status

☐ Working

☐ Looking for work

☒ Not working

Tell us more about the situation

Undergoing training

Additional documents to upload



Proof of training



Under Income section, you will be required to declare your income from rent.

If you are not working because you are undergoing full-time training, please upload supporting documents such as training schedule.

3. Beneficiary

Beneficiary

Tell us about the child you are applying for

Number of beneficiaries you are applying for

3

Select

1

2

3

4

5

6

Select up to 6 beneficiaries

Beneficiary details

Child 1

Child 2

Child 3

Relationship to beneficiary

Select

To click on '+' to view child's details and to profile more info

Relationship to beneficiary

Select

Select

Parent

Step-Father

Step-Mother

Adoptive Father

Adoptive Mother

Guardian

Beneficiary

Tell us about the child you are applying for

Number of beneficiaries you are applying for

3

Beneficiary details

Child 1

Select child record from Myinfo

Jo Lee Pei Ni

Select

Jo Lee Pei Ni

Karol Lee

Kara Lee

Fill in manually

Sex

☒ Female

☐ Male

Residential status

Select

Under Beneficiary section, you can select up to six beneficiaries if you are applying SCFA for more than one child.

To click on '+' to select child record from MyInfo.

If you are applying for three children, please click on '+' and select your three children's name in each beneficiary detail.

To select relationship to beneficiary. There are a total of six selections.

1) Residential status

Select

Singapore Citizen

Permanent Resident (PR)

2) School name

Student care centre (SCC) type

School-based SCC: only accepts students from primary schools they are located in.

Community-based SCC: located in community, outside school compounds.

3)

☐ School-based SCC☐ Community-based SCC

☒ School-based SCC

☐ Community-based SCC

School-based SCC

☐ School-based SCC

☒ Community-based SCC

Community-based SCC

Request for subsidy start month

You may apply for a renewal of your SCFA support up to 6 months from now if you meet the eligibility criteria.

4)

Once you have clicked on '+' and selected your child's name, you will be required to fill up the following fields:

- 1) Residential status - to select your child's citizenship:
 - Singapore Citizen
 - Permanent Resident
- 2) School name – to select the name of the school your child is attending from the drop-down list.
- 3) Student Care Centre (SCC) – to indicate if the SCC that your child is attending is a school-based or a community-based SCC. The name of the SCC will be available for selection.
- 4) Request for subsidy start month – to indicate the SCFA month and year that you are applying for.

Consent / declaration for minors

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 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 attached [Terms of Consent](#). I declare that the information that I have provided is accurate at the time I submit this form.
6. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

Declaration

1. I, the undersigned, declare that I have read and understood the content in this Application Form. I confirm that the information that I have provided 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.
2. 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

1. I understand and agree to the following:
 - a. It shall be my responsibility to stay employed (i.e. to be engaged under a contract or service and receive a salary) 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.
 - b. (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.
 - c. 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. My Child must be present at the centre for at least 3 hours in order to be considered present for the day. 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.
 - d. I shall provide the SCC with a one-month notice before withdrawing my Child from the SCC.

[Show less](#)

☐ I acknowledge and consent to the terms, on behalf of this minor

Consent / declaration for minors

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 who is under 21 years of age.
2. I understand that the Singapore Public Agencies and Participating...

[Show more](#)

☐ I acknowledge and consent to the terms, on behalf of this minor

After filling up your child(ren)'s information, you will need to provide consent on behalf of your child(ren) and provide your declaration.

Please read before acknowledging to the terms, on behalf of your child(ren).

Note: Only a child's biological parent or legal guardian can provide consent. If you are the child's step-parent, please ask your spouse to submit an application for the child.

For guardians applying for SCFA on behalf of missing parents, guardians have to provide consent on behalf of the child.

4.Marital Status

Marital status

Tell us about your marital status

Marital status

Married



Spouse's consent is required for the application.

More details on how your spouse can provide consent will be given after the application is submitted.

Additional documents to upload

If you **do not have children from a previous marriage**, you **do not need** to upload the documents below.



Marital documents (optional)



Spouse details

Name (as in NRIC/FIN)

Mrs Mother from Bedok

NRIC/FIN

S2329788D

Date of birth

06/08/1984

Sex

☒ Female

☐ Male

Residential status

Singapore Citizen

Relationship to beneficiary

Select

Spouse's contact

Mobile number

+65 88888888

Home number (optional)

+65

Email (optional)

Spouse's employment

Employment status

☐ Working

☐ Looking for work

☐ Not working

Under Marital Status, there is no need to upload documents.

If you are married, you will need to provide your spouse's personal particulars and employment status. Your spouse's information is not auto-populated.

Please refer to slides 9-16 on how to fill up your spouse's employment information.

Family

Tell us about your family members

Do you have any immediate family members living with you?

Immediate family members refer to the beneficiary's **great grandparents, grandparents, or any other children** who meets the following criteria: (1) Lives at the same address as you, (2) Not working, or do not have any source of income, (3) Singaporean or PR.

☒ Yes

☐ No

Pls only indicate immediate family members refer to the beneficiary's grandparents, or any other children below 21 years old who meet the following criteria: (1) Live at the same address as you, (2) Not working, or have any source of income (3) Singaporean or PR.

Family members' consent is required for the application.

More details on how your family members can provide consent will be given after the application is submitted.

How many of them are living with you?

Select



Select up to 12 family members

If you have immediate family members residing in the same household as you, please select 'Yes' and select the numbers of immediate family members and provide their personal information and employment status.

Immediate family members refer to the beneficiary's grandparents, or any other children below 21 years old who meet the following criteria: (1) Live at the same address as you, (2) Not working, or have any source of income (3) Singaporean or PR.

Family member 1

Select family member record from Myinfo

Select

Name (as in NRIC/FIN)

NRIC/FIN

Date of birth

DD/MM/YYYY

Sex

☐ Female☐ Male

Residential status

Select

Employment status

☐ Looking for work☐ Not working

Relationship to beneficiary

Select

Is your family member a minor (below 21 years old)?

☐ Yes☐ No

Is your family member a minor (below 21 years old)?

☒ Yes☐ No

Consent / declaration for minors

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 who is under 21 years of age.
2. I understand that the Singapore Public Agencies and Participating...
[Show more](#)

☐ I acknowledge and consent to the terms, on behalf of this minor

To provide the personal particulars of immediate family members and their employment status.

If your family member is below 21 years old. You are required to provide consent on behalf.

Note: Only a child's biological parent or legal guardian can provide consent. If you are the child's step-parent, please ask your spouse to submit an application for the child.

5.Terms and Conditions

Terms & Conditions

Please read and acknowledge the terms and conditions

Consent / declaration

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 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 attached [Terms of Consent](#). I declare that the information that I have provided is accurate at the time I submit this form.
6. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

Declaration

1. I, the undersigned, declare that I have read and understood the content in this Application Form. I confirm that the information that I have provided 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.
2. 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

1. I understand and agree to the following:
 - a. It shall be my responsibility to stay employed (i.e. to be engaged under a contract or service and receive a salary) 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.
 - b. (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.
 - c. 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. My Child must be present at the centre for at least 3 hours in order to be considered present for the day. 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.
 - d. I shall provide the SCC with a one-month notice before withdrawing my Child from the SCC.

☐ I acknowledge and consent to the terms above.

At the end of the form, please the terms and conditions which include:

- Consent for collection, use and disclosure of personal information for the SCFA application or renewal and/or Start-Up Grant.
- Declaration of information provided
- Other terms relating to SCFA application.

Comments or more documents

Share comments or more documents, if relevant, for your application.

Comments (optional)

Let us know if you had difficulties providing any document or feedback to help improve the form experience.

0/300



Other supporting documents (optional)



Next: Overview

If there are other information relating to your SCFA application which you like to inform MSF, please indicate in the comments box and provide supporting documents.

For example, if you are separated from your spouse, you may indicate in the comment box and upload supporting documents such as legal document for separation.

Once done, click 'Next: Overview'.

At the overview section, you will be able to see that all sections have been completed.

There will be an indicator if one of more sections are incomplete. Please ensure that all sections are complete before submitting the application.

Application overview

Complete the sections below in any order of your preference.

Retrieve Myinfo
with singpass

[Clear Myinfo](#)



Profile



Income



Beneficiary



Marital status



Family



Terms & Conditions



Review and submit



Review your application

[Expand all sections](#)

Profile	+
Income	+
Beneficiary	+
Marital status	+
Family	+
Terms & Conditions	+

[Back to overview](#)

[Submit application](#)

Review your application

[Collapse all sections](#)

Profile

Personal details

Name (as in NRIC/FIN)

Mr SG From Bedok

NRIC/FIN

S4303194E

Date of birth

06 Oct 1983

Sex

Male

Residential status

Singapore Citizen

Race

Chinese

Country of birth

Singapore

Nationality

Singapore Citizen

Residential address

634 BEDOK STREET #12-22

Singapore 458634

Mailing address

☒ Same as residential address

Contact details

You may review your application by expanding all sections to ensure that the information provided is accurate before submitting your application.



Submitted!

An acknowledgement email will be sent shortly to g*****i@gmail.com.

Student Care Fee Assistance (SCFA)

Processing takes 4 to 8 weeks after we receive all required documents. You may be contacted by MSF and/or HOMES (a Government System supporting public schemes to conduct means-tests to determine the level of assistance for citizens), for more details or supporting documents.

Check your email if additional documents are needed and submit them by the deadline stated to keep your application open.

Reference no.: SCFA-1Q87LFZVCW

[Download or print a copy of your submitted application](#)

[View applications](#)

My Applications

Track and follow up on your submitted applications.

All applications

To-do

Filter by

Latest applications

Filter by

Student Care Fee Assistance (SCFA)

SUBMITTED

Student Care Fee Assistance (SCFA)

Reference no.

SCFA-1Q87LFZVCW

Applied on

18 Aug 2025

Last updated 18 Aug 2025

[View details](#)

Latest applications

SCHEME(S)

Student Care Fee Assistance (SCFA)

Once the application is submitted, an acknowledge email will be sent to your email address provided in the application form.

Processing takes 4 to 8 weeks after all documents are complete. You may be contacted by MSF and/or HOMES for more details or supporting documents.

To view your application, please click on 'View applications'. You can sort either by 'latest applications' or by Schemes.

Request for Additional Documents

All applications

To-do

To click on 'To-do' on the follow up actions required to complete your application (if any).

PENDING DOCUMENTS

Upload by 29 Aug 2025

Student Care Fee Assistance (SCFA)

Reference no.	Applied on
SCFA-1Q6NH17LDU	4 Aug 2025

>

Click on this arrow button to find out what is the additional supporting document required.

Your selected application

PENDING DOCUMENTS

Upload by 29 Aug 2025

Upload documents requested by your officer.

Upload documents

→

Reference no.

SCFA-1Q6NH17LDU

Documents

Upload relevant documents to help us better assess your situation

Draft will not be saved

Please submit the form to avoid losing any details.

Proof of job search

—

1. [Annex 4: Proof of Job Search](#)

Select file

Medical Certificate / Medical letter

+

Family members' consent is required for the application.

Consent is not required for family members who:

- Require consent to be provided on behalf by a Donee/Deputy.
- Have already provided consent in an earlier application, or
- Are minors as you have consented for on their behalf in this application.

For family members with Singpass:

Self-consent

- Log in via [SupportGoWhere's website](#).
- On My Applications page, select 'To-do' tab and find the request for consent.

Can all of your family members provide consent with Singpass?

☐ Yes

☐ No


Comments (optional)

Let us know if you had difficulties providing any document or feedback to help improve the form experience.

0/300

If there are additional supporting documents required, please navigate to 'To-do' tab, click on the application with status 'pending document' and click on 'upload documents'. It will re-direct you to another page to inform you the additional document(s) required. Please click on the hyperlink to download the additional form required, or click on '+' to upload other supporting documents.

Please refer to the next slide on the steps to provide consent for your family member(s).



MINISTRY OF

SOCIAL AND FAMILY

DEVELOPMENT

Your selected application

SUBMITTED

Consent

Your application may require additional consent from others.

Get consent



Reference no.

SCFA-1Q87LFZVCW

Timeline

Last updated 18 Aug 2024



Apply

Provide details of yourself and your beneficiary.



Processing

Processing takes 4 to 8 weeks after we receive all required documents. You may be contacted by MSF and/or HOMES (a Government System supporting public schemes to conduct means-tests to determine the level of assistance for citizens), for more details or supporting documents.

Check your email if additional documents are needed and submit them by the deadline stated to keep your application open.



Check outcome

Check your application details.

Documents

Upload relevant documents to help us better assess your situation

Draft will not be saved

Please submit the form to avoid losing any details.

Family members' consent is required for the application.

Consent is not required for family members who:

- (1) Require consent to be provided on behalf by a Donee/Deputy.
- (2) Have already provided consent in an earlier application, or
- (3) Are minors as you have consented for on their behalf in this application.

For family members with Singpass:

Self-consent

- (1) Log in via [SupportGoWhere's website](#).
- (2) On My Applications page, select 'To-do' tab and find the request for consent.

Can all of your family members provide consent with Singpass?

☐ Yes

☐ No

Back to dashboard

Submit

If you received an email requesting for consent, please login to the SGW portal, you will prompted to provide consent on this page.

Once you click on 'Get consent', you will be guided on the consent requirements.

Consent is not required for family members who:

1. Require consent to be provided on behalf by a Donee/Deputy
2. Have already provided consent in an earlier application
3. Are minors (below 21 yo) as you have consented on their behalf before you submitted the application.

Documents

Upload relevant documents to help us better assess your situation

Draft will not be saved
Please submit the form to avoid losing any details.

Family members' consent is required for the application.

Consent is not required for family members who:

- (1) Require consent to be provided on behalf by a Donee/Deputy.
- (2) Have already provided consent in an earlier application, or
- (3) Are minors as you have consented for on their behalf in this application.

For family members with Singpass:

Self-consent

- (1) Log in via [SupportGoWhere's website](#).
- (2) On My Applications page, select 'To-do' tab and find the request for consent.

Can all of your family members provide consent with Singpass?

☐ Yes

☐ No

Can all of your family members provide consent with Singpass?

☒ Yes

☐ No

Based on your response no further details are required. Please share the above instructions for **Self-consent** with your family members.

Can all of your family members provide consent with Singpass?

☐ Yes

☒ No

Other consent methods

Number of family members using other consent methods

Select

Consent can be provided in three ways:

1. Singpass (recommended)
2. E-signature via applicant's device (21 years old and above without Singpass)
3. Hardcopy consent form

If your family member has Singpass, please request them to login via SupportGoWhere's website, on My Applications page, select 'To-do' Tab (refer to slide 30) and find the request for consent.

If your family members cannot provide consent via Singpass, please select 'No' and select the number of family members who are not able to provide their consent via Singpass. You may select up to 10.

Select

1

2

3

4

5

6

Consent details

Family member 1

Select family member

If they have already consented, or are minors who you have consented for on their behalf, they are not required to consent again.

Select



If their details are inaccurate, please use the PDF form method below and fill in the correct details.

Way to provide consent



E-signature (recommended): Family member signs the form on your device



PDF form: Download PDF form and upload a signed copy

For family members with no Singpass, they will have to either provide their consent via E-signature or sign on the PDF copy of the consent form and upload a copy of the signed copy.

The next slide guides you/your family member on the steps to provide e-signature.

Select family member

If they have already consented, or are minors who you have consented for on their behalf, they are not required to consent again.

MRS MOTHER FROM BEDOK

NRIC/FIN

Sxxxx788D

If their details are inaccurate, please use the PDF form method below and fill in the correct details.

Way to provide consent

☒ E-signature (recommended): Family member signs the form on your device

☐ PDF form: Download PDF form and upload a signed copy

For family member: E-signature family consent

Consent for collection, use and disclosure of personal information

1. 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 and my Family's identity and relationship for the Service...

[Show more](#)

I acknowledge and consent to the terms above.

[Add signature](#)

Add signature

Sign here

Family member to sign in the box.

[Clear](#)

[Cancel](#)

[Save](#)

I acknowledge and consent to the terms above.

signature.png (2 KB)



[Add signature](#)

☒ I, main applicant, will act as a witness for my family members' consent.

☐ I, main applicant, will act as a witness for my family members' consent.

The name(s) of your family member(s) can be found in the drop-down list as this information is pulled from your application form.


If family member A is providing consent via e-signature, please select "E-signature", and read the consent clauses before signing adding his/her signature and save.

The main applicant will then have to acknowledge that the family member has provided consent by checking the box.

Way to provide consent

☐ E-signature (recommended): Family member signs the form on your device

☒ PDF form: Download PDF form and upload a signed copy

 For family member: Omnibus consent form


Please upload a copy of:

1. [Consent form](#): Omnibus consent form

a. Please ensure that the signature and other details are shown clearly.

Select file

OMNIBUS CONSENT FORM

 **CONSENT FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

I – Applicant's Details (as in NRIC/other identification document)

Applicant's Name: _____ ID no.: _____

☐ NRIC ☐ Special Pass
☐ Birth Certificate ☐ Foreign Passport Number
☐ FIN * Select corresponding ID type

☐ Main Applicant under the Scheme ☐ Family Member of the Main Applicant (please tick one)

All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.

Please complete this section if you are applying on behalf of the Applicant:

II – My Details (as in NRIC/other identification document)

My Name(s): _____ My NRIC/Passport Number(s): _____

I am signing this form on behalf of the Applicant as (please tick):

☐ I am the parent/legal guardian of the Applicant, who is under 21 years of age.

- Please provide a copy of your NRIC / passport and the Applicant's birth certificate / NRIC.
- Please note that the consent will expire once the Applicant reaches 21 years of age.

☐ I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant; or the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.

- Please provide a copy of your NRIC / passport(s).
- Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.
- Please check whether you may act singly or jointly with other donee(s)/deputy(s).

Note: In the following form, "me" and "my" refer to the Applicant.

1. I understand that the Singapore Public Agencies and Participating Organisations require my Personal Information for the following operational and analytical purposes:

- to verify my and my Family's identity and relationship for the Services or Scheme;
- to determine my and my Family's eligibility for the Services or Scheme;
- to provide me and my Family with the Services or Scheme; and
- for data analysis, evaluation and policy-making, for the Services or Scheme.

2. I consent and agree that the Singapore Public Agencies and Participating Organisations may collect, use and disclose my Personal Information for the purposes stated in Paragraph 1 and any other purpose permitted by law. I also consent and agree to the disclosure of my Personal Information to law enforcement officers. I understand that if there are any discrepancies in the Personal Information collected, such discrepancies may be reflected to the relevant Singapore Public Agencies, so that they may take the necessary steps to rectify any inaccurate records relating to me.

3. 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.

4. I have read and understood this consent form fully, including the attached Terms of Consent. I declare that the information that I have provided is accurate as at the time I sign this form.

For family members who are not able to provide consent via Singpass or e-signature, they will need to download the PDF form and upload it.

Please refer to slides 36-43 on the step-by step guide on filling up the Omnibus consent form and slides 44 to 48 on the common errors when filling the form.

OMNIBUS CONSENT FORM

Note: Please read the attached Terms of Consent before signing this form.

My Signature / Thumbprint	Date	Signature of Witness	Date
Interpreter (if applicable) Name NRIC No.		Name NRIC No. / Official Stamp	

Terms of Consent

Note: If you are signing this form on behalf of the Applicant, in the following Terms of Consent, "I" and "me" means "the Applicant" and "my" means "the Applicant's".

I understand and agree that these terms used in the consent form have the following definitions:

- "Personal Information" includes the following but is not limited to:
 - Demographic information (e.g. bio-data comprising name, NRIC/FIN number, address, date of birth, gender, nationality, ethnicity, family/household structure and relationships),
 - Financial and social assistance data (e.g. financial and social assistance history, income supplements, assessments for eligibility/suitability and details of services by the Singapore Public Agencies and Participating Organisations comprising social services, community agencies, and social worker case reports),
 - 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),
 - 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),
 - Employment and training information (e.g. current and past employment details, last drawn salary, training subsidies, business ownership),
 - Education information (e.g. schooling records, pre-school enrolment, bursaries, tuition),
 - Financial data (e.g. source of income, maintenance information, insurance coverage, bank account details such as balance, transactions, number of savings and current accounts),
 - my income information (e.g. last drawn salary),
 - 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),
 - 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
 - Other 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).

How to fill up the Omnibus Consent Form?

A) CONSENT GIVEN BY PERSON AGED 21 YEARS OLD AND ABOVE

1. Fill up client's particulars (page 1 section I)

- Name
- NRIC / Birth Cert / FIN / Special Pass / Foreign Passport Number
(Delete accordingly)
- Check on the appropriate box

*Note: SCFA Applicant refers to the parent who submitted the SCFA application.

i. Provide name of the person who is signing the consent.

iii. Check appropriate box

- Tick 'Main applicant under the scheme' if the consent applicant is the SCFA applicant
- Otherwise, tick the other box.

Page 1 Section I

MSF **CONSENT FOR COLLECTION, USE AND SHARING OF DATA**

I - Applicant's Details (as in NRIC/other identification document)

Applicant's Name: _____ ID No.: _____

☐ NRIC ☐ Birth Certificate ☐ Special Pass ☐ Foreign Passport Number ☐ FIN *Select corresponding ID type

☐ Main Applicant under the Scheme ☐ Family Member of the Main Applicant (please tick one)

All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.

II - My Details (as in NRIC/other identification document)

My Name(s): _____ My NRIC/Passport Number(s): _____

I am signing this form on behalf of the Applicant as (please tick):

☐ I am the parent/legal guardian of the Applicant, who is under 21 years of age.

☐ I am the Donor(s) acting under a Lasting Power of Attorney granted by the Applicant, or the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.

Page 2

MSF **CONSENT FOR COLLECTION, USE AND SHARING OF DATA**

I - Applicant's Details (as in NRIC/other identification document)

Applicant's Name: _____ ID no.: _____

☐ NRIC ☐ Birth Certificate ☐ Special Pass ☐ Foreign Passport Number ☐ FIN *Select corresponding ID type

☐ Main Applicant under the Scheme ☐ Family Member of the Main Applicant (please tick one)

All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.

A) CONSENT GIVEN BY PERSON AGED 21 YEARS OLD AND ABOVE

2. Client's signature / thumbprint
3. Date of client's signature / thumbprint
4. Name and NRIC of interpreter (if applicable)**
5. Witness' signature
6. Date of witness' signature (aged 21 years & above)
7. Name and full NRIC of witness / Official Stamp

Page 1



Consent Form Page 1:

I - Applicant's Details (as in NRIC/other identification document)

Applicant's Name: _____ ID No.: _____

☐ NRIC ☐ Special Pass ☐ Foreign Passport Number: _____

☐ Main Applicant under the Scheme ☐ Family Member of the Main Applicant (please refer to the family member of the Main Applicant as the Main Applicant)

II - My Details (as in NRIC/other identification document)

My Name(s): _____ My NRIC/Passport Number(s): _____

I am signing this form on behalf of the Applicant as (please tick):

☐ I am the parent/legal guardian of the Applicant, who is under 21 years of age.

☐ I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant.

☐ I am the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 201A) of the Applicant.

Notes: Please read the attached Terms of Consent before signing this form.

1. I understand that the Government of Singapore ("Government") and Participating Agencies will collect, share and use my Personal Information for the following purposes:

(a) to determine my and my Family's eligibility for the Services and Schemes; and

(b) to provide me and my Family with the Services and Schemes; and

(c) for data analysis, evaluation and policy-making.

2. I allow the Government and Participating Agencies to collect, share and use my Personal Information for the purposes in Paragraph 1. I understand that my Personal Information will not be shared with non-participating agencies or organisations.

3. My consent remains valid until I withdraw it in writing. I accept that a withdrawal of consent will take 7 working days to effect from the date it is received by the Government.

4. I have read and understood the content of this form, including the attached Terms of Consent, declare that the information that I have provided is accurate.

My Signature / Thumbprint: _____ Date: _____

Signature of Witness: _____ Date: _____

Interpreter (if applicable):

Name: _____ NRIC No.: _____

Name: _____ NRIC No. / Official Stamp: _____

Page 2

Terms of Consent
 Note: If you are signing this form on behalf of the Applicant, in the following Terms of Consent, "I" and "me" means "the Applicant" and "my" means "the Applicant's".

1. I understand and agree that these phrases used in the consent form have the following definitions:
 - a) "Personal Information" includes my:
 - i) personal data (e.g. name, NRIC No., address, age, gender, family/household structure);

My Signature / Thumbprint 2	Date 3	Signature of Witness 5	Date 6
Interpreter (if applicable) 4		Name: NRIC No. / Official Stamp: 7	

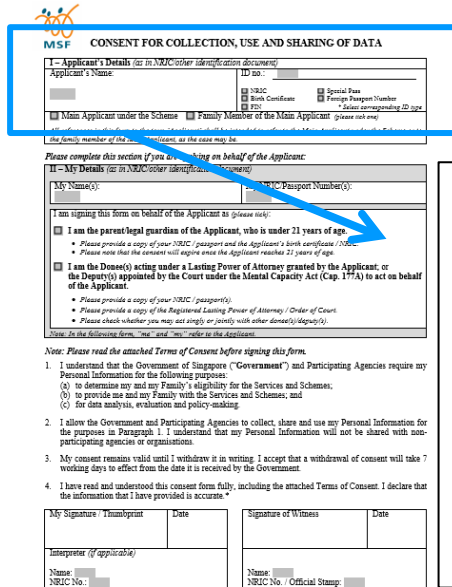
**** Item 4 should not be mistaken as the applicant's Name and NRIC. Do not fill up unless an interpreter is required.**

B) CONSENT GIVEN BY APPLICANT / PARENT / LEGAL GUARDIAN

(ON BEHALF OF FAMILY MEMBERS UNDER 21 YEARS OF AGE)

1. Fill up client's particulars (page 1 section I)
 - i. Name
 - ii. NRIC / Birth Cert / FIN / Special Pass / Foreign Passport Number
(Delete accordingly)
 - iii. Check on the appropriate box

Page 1 Section I



MSF CONSENT FOR COLLECTION, USE AND SHARING OF DATA

I – Applicant's Details (as in NRIC/other identification document)

Applicant's Name: _____

ID no.: _____

☐ NRIC ☐ Birth Certificate ☐ Special Pass ☐ Foreign Passport Number

☐ FIN ☐ Select corresponding ID type

☐ Main Applicant under the Scheme ☐ Family Member of the Main Applicant (please tick one)

All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.

II – My Details (as in NRIC/other identification document)

My Name(s): _____

My NRIC/Passport Number(s): _____

I am signing this form on behalf of the Applicant as follows:

☐ I am the parent/legal guardian of the Applicant, who is under 21 years of age.

☐ I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant, or the Donee(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.

Please provide a copy of your NRIC / passport(s).

Please provide a copy of the Instrument/Lasting Power of Attorney / Order of Court.

Please check whether you may act singly or jointly with other donee(s)/deputy(s).

Note: In the following form, 'me' and 'my' refer to the Applicant.

Note: Please read the attached Terms of Consent before signing this form.

1. I understand that the Government of Singapore ("Government") and Participating Agencies require my Personal Information for the following purposes:

(a) to determine my and my Family's eligibility for the Services and Schemes;

(b) to provide me and my Family with the Services and Schemes; and

(c) for data analysis, evaluation and policy-making.

2. I allow the Government and Participating Agencies to collect, store and use my Personal Information for the purposes in Paragraph 1. I understand that my Personal Information will not be shared with non-participating agencies or organisations.

3. My consent remains valid until I withdraw it in writing. I accept that a withdrawal of consent will take 7 working days to effect from the date it is received by the Government.

4. I have read and understood this consent form fully, including the attached Terms of Consent. I declare that the information that I have provided is accurate.

My Signature / Thumbprint: _____ Date: _____

Signature of Witness: _____ Date: _____

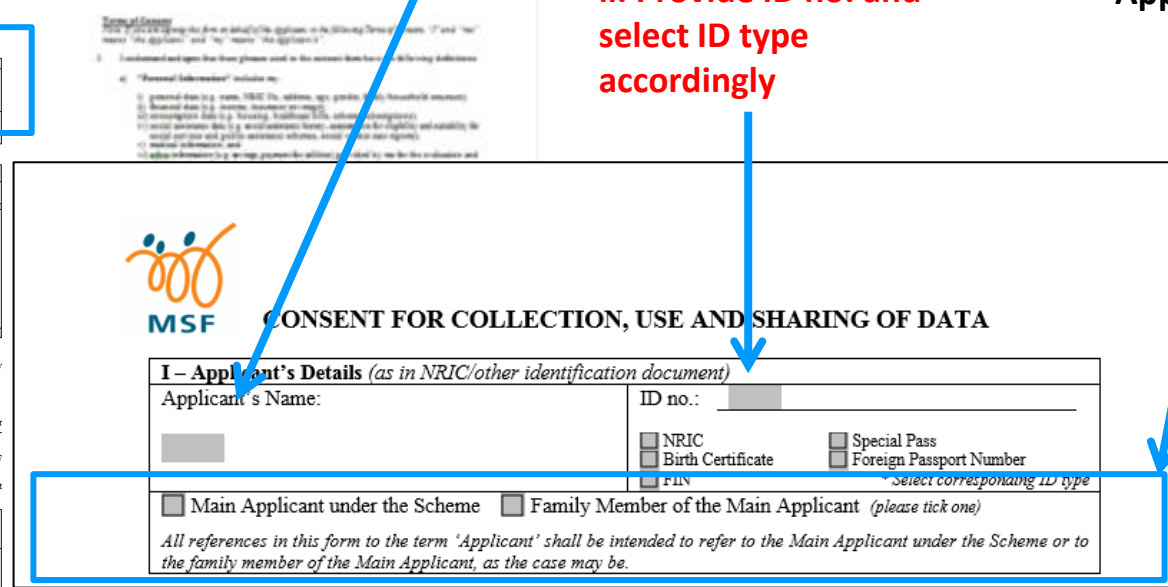
Interpreter (if applicable)

Name: _____ NRIC No.: _____

Name: _____ NRIC No.: _____ Official Stamp: _____

*If in doubt, please approach [link to update business contact email address of FSC/MSF](#) for more information.

Page 2



MSF CONSENT FOR COLLECTION, USE AND SHARING OF DATA

I – Applicant's Details (as in NRIC/other identification document)

Applicant's Name: _____

ID no.: _____

☐ NRIC ☐ Birth Certificate ☐ Special Pass ☐ Foreign Passport Number

☐ FIN ☐ Select corresponding ID type

☐ Main Applicant under the Scheme ☐ Family Member of the Main Applicant (please tick one)

All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.

i. Enter name of minor

ii. Provide ID no. and select ID type accordingly

iii. Check appropriate box

- Tick 'Family Member of the Main Applicant' for minors.




For (i) and (ii), this should be the name and Birth Certificate/NRIC of the minor, and **not** the parents.

**B) CONSENT GIVEN BY APPLICANT / PARENT / LEGAL GUARDIAN
(ON BEHALF OF FAMILY MEMBERS UNDER 21 YEARS OF AGE)**

2. Fill up Parent (Biological) / Legal Guardian's name(s).
3. Fill up Parent / Legal Guardian's NRIC / Passport Number(s)
4. Tick the box "I am the parent/legal guardian of the Applicant, who is under 21 years of age"

Page 1 Section II



MSF

CONSENT FOR COLLECTION, USE AND SHARING OF DATA

I – Applicant's Details (on NNUC/other identification document)

Applicant's Name	ID No.
	<input type="checkbox"/> NNUC <input type="checkbox"/> Special Pass <input type="checkbox"/> Basic Card <input type="checkbox"/> Foreign Passport/Visa <input type="checkbox"/> EPIC <input type="checkbox"/> Other _____ * Attach corresponding ID copy

All references in this form to the term "Applicant" shall be intended to refer to the Adult Applicant under the Scheme or to the family member of the Adult Applicant, as the case may be.

Please complete this section if you are applying on behalf of the Applicant:

II – My Details (on NNUC/other identification document)

My Name(s):	My NNUC/Pasport Number(s):

☐ I am signing this form on behalf of the Applicant as follows only:

- ☐ I am the parent/legal guardian of the Applicant, who is under 21 years of age.
 - * Please provide a copy of your NNUC / passport and the Applicant's birth certificate / NNUC
 - * Please provide the consent that you agree with the Applicant to remain 21 years of age.
- ☐ I am the Duesco's acting under a Lasting Power of Attorney granted by the Applicant, or the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.
 - * Please provide a copy of your NNUC / passport(s)
 - * Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.
 - * Please declare under oath you may the large of privacy with your address in the form.

Once the information, form, and consent is in the possession of the Applicant.

Notes: Please read the attached Terms of Consent before signing this form.

- I understand that the Government of Singapore ("Government") and Participating Agencies require my Personal Information for the following purposes:
 - a) to determine my and my Family's eligibility for the Services and Schemes;
 - b) to provide me and my Family with the Services and Schemes;
 - c) and data analysis, evaluation and policy-making
- I allow the Government and Participating Agencies to collect, share and use my Personal Information for the purposes in Paragraph 1. I understand that my Personal Information will not be shared with non-participating agencies or organisations.
- My consent remains valid until I withdraw it in writing. I accept that a withdrawal of consent will take no effect prior to the day from the date it is received by the Government.
- I have read and understood this consent form and, by attaching the attached Terms of Consent, I declare that the information that I have provided is accurate. *

My Signature / Thumbprint	Date	Signature of Witness	Date

Interpretor (if applicable)

Name	Name

NNUC No. / Official Stamp

*If in doubt, please approach child or update below consent address of NNUC-SSO for more information

Page 2

Terms of Consent
Note: If you are signing this form on behalf of the Applicant, in the following Terms of Consent, "I" and "me" means "the Applicant" and "my" means "the Applicant".

I. I understand and agree that these phrases used in the consent form have the following definitions:

a) "Personal Information" includes my:

- (i) per
- (ii) fin
- (iii) con
- (iv) soc
- (v) sec
- (vi) edu
- (vii) hlt
- (viii) oth

It includes (IRAS)

- (i) my
- (ii) info
- (iii) Act
- (iv) info

The above are this child's Schemes

Informa

Person

b) "Legal"

c) "Service"

d) "Partic"

provis

or one

from th

II. This consent

More Information
 For more informa

The list of Ministries

www.maf.gov.sg

Consent Form

Please complete this section if you are applying on behalf of the Applicant:

II – My Details (as in NRIC/other identification document)

My Name(s):	My NRIC/Passport Number(s):
-------------	-----------------------------

I am ~~signing~~ **signing** this form on behalf of the Applicant as (please tick):

☒ I am the parent/legal guardian of the Applicant, who is under 21 years of age.

- Please provide a copy of your NRIC / passport and the Applicant's birth certificate / NRIC.
- Please note that the consent will expire once the Applicant reaches 21 years of age.

☐ I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant, or the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.

- Please provide a copy of your NRIC / passport(s).
- Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.
- Please check whether you may act singly or jointly with other donee(s)/deputy(s).

Note: In the following form, "me" and "my" refer to the Applicant.

4. The first box should be checked for consent on behalf of minors

B) CONSENT GIVEN BY APPLICANT / PARENT / LEGAL GUARDIAN (ON BEHALF OF FAMILY MEMBERS UNDER 21 YEARS OF AGE)

5. Parent / Legal Guardian's signature / thumbprint
6. Date of Parent / Legal Guardian's signature / thumbprint
7. Name and NRIC of interpreter (if applicable)**
8. Witness' signature
9. Date of witness' signature (aged 21 years & above)
10. Name and full NRIC of witness / Official Stamp

Page 1

Page 2

**** Item 7 should not be mistaken as the parent/legal guardian Name and NRIC. Do not fill up unless an interpreter is required.**

C) CONSENT GIVEN BY DONEE(S) / DEPUTY(S) (FOR MENTALLY INCAPACITATED)

2. Fill up Donee(s) / Deputy(s) Name
3. Fill up Donee(s) / Deputy(s) NRIC / Passport Number(s)
4. Tick the box "I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant; or the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant"

Page 1 Section II

MSF CONSENT FOR COLLECTION, USE AND SHARING OF DATA

1 - Applicant's Details (as in NRIC/other identification document)

Applicant's Name: _____

☐ NRIC ☐ Special Pass ☐ Birth Certificate ☐ Foreign Passport Number ☐ PD ☐ Other (specify): _____

All references in this form to the term "Applicant" shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.

Please complete this section if you are applying on behalf of the Applicant:

II - My Details (as in NRIC/other identification document)

My Name(s): _____

My NRIC/Passport Number(s): _____

I am signing this form on behalf of the Applicant as (please tick):

☐ I am the parent/legal guardian of the Applicant, who is under 21 years of age.

☐ I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant, or the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.

Note: Please read the attached Terms of Consent before signing this form.

1. I understand that the Government of Singapore ("Government") and Participating Agencies require my Personal Information for the following purposes:
 - (a) to determine my and my Family's eligibility for the Services and Schemes;
 - (b) to provide me and my Family with the Services and Schemes; and
 - (c) for data analysis, evaluation and policy-making.
2. I allow the Government and Participating Agencies to collect, share and use my Personal Information for the purposes in Paragraph 1. I understand that my Personal Information will not be shared with non-participating agencies or organisations.
3. My consent remains valid until I withdraw it in writing. I accept that a withdrawal of consent will take 7 working days to effect from the date it is received by the Government.
4. I have read and understood this consent form fully, including the attached Terms of Consent. I declare that the information that I have provided is accurate.*

My Signature / Thumbprint _____ Date _____

Signature of Witness _____ Date _____

Interpreter (if applicable)

Name _____ NRIC No. _____

*If in doubt, please approach <https://www.msf.gov.sg> for more information.

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Terms of Consent

Note: If you are signing this form on behalf of the Applicant, in the following Terms of Consent, "I" and "me" means "the Applicant" and "my" means "the Applicant's".

1. I understand and agree that these phrases used in the consent form have the following definitions:
 - a) "Personal Information" includes my:
 - i) name
 - ii) NRIC
 - iii) contact details
 - iv) other information
 - b) "Family" includes:
 - i) spouse
 - ii) child
 - iii) parent
 - iv) other family member
 - c) "Service" includes:
 - i) health services
 - ii) social services
 - iii) other services
 - d) "Participating Agencies" includes:
 - i) the Government
 - ii) the Participating Agencies
2. This consent is for the purpose of:
 - Please provide a copy of your NRIC / passport and the Applicant's birth certificate / NRIC.
 - Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.
 - Please check whether you may act singly or jointly with other donee(s)/deputy(s).

Please complete this section if you are applying on behalf of the Applicant:

II - My Details (as in NRIC/other identification document)

My Name(s): _____

My NRIC/Passport Number(s): _____

I am signing this form on behalf of the Applicant as (please tick):

☐ I am the parent/legal guardian of the Applicant, who is under 21 years of age.

☒ I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant; or the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.

Note: In the following form, "me" and "my" refer to the Applicant.

4. The second box should be checked for consent on behalf of a mentally incapacitated client.

C) CONSENT GIVEN BY DONEE(S) / DEPUTY(S) (FOR MENTALLY INCAPACITATED)

- | | |
|--|--|
| 5. Donee(s)' / Deputy(s)' signature / thumbprint | 8. Witness' signature |
| 6. Date of Donee(s)' / Deputy(s)' signature / thumbprint | 9. Date of witness' signature |
| 7. Name and NRIC of interpreter (if applicable)** | 10. Name and full NRIC of witness / Official Stamp |

Page 1

Page 2

MSF **CONSENT FOR COLLECTION, USE AND SHARING OF DATA**

I - Applicant's Details (as in NRIC/other identification document)

Applicant's Name: _____ ID No.: _____

☐ NRIC ☐ Birth Certificate ☐ Special Pass ☐ Foreign Passport Number _____

☐ Main Applicant under the Scheme ☐ Family Member of the Main Applicant (please specify): _____

Please complete this section if you are applying on behalf of the Applicant:

II - My Details (as in NRIC/other identification document)

My Name(s): _____ My NRIC/Passport Number(s): _____

I am signing this form on behalf of the Applicant as (please tick):

☐ I am the parent/legal guardian of the Applicant, who is under 21 years of age.

• Please provide a copy of your NRIC / passport and the Applicant's birth certificate / NRIC.

• Please note that the consent will expire once the Applicant reaches 21 years of age.

☐ I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant.

• Please provide a copy of your NRIC / passport(s).

• Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.

• Please check whether you may act jointly or jointly with other donee(s) / deputy(s).

III - In the following form, "me" and "my" refer to the Applicant.

Note: Please read the attached Terms of Consent before signing this form.

1. I understand that the Government of Singapore ("Government") and Participating Agencies will collect, use and share my Personal Information for the following purposes:

(a) to determine my and my Family's eligibility for the Services and Schemes;

(b) to provide me and my Family with the Services and Schemes; and

(c) for data analysis, evaluation and performance monitoring.

2. I allow the Government and Participating Agencies to collect, share and use my Personal Information for the purposes in Paragraph 1. I understand that my Personal Information will not be shared with non-participating agencies or organisations.

3. My consent remains valid until I withdraw it in writing. I accept that a withdrawal of consent will take 7 working days to effect from the date it is received by the Government.

IV - I have read and understood the Terms of Consent and I agree to provide my consent to the collection, use and sharing of my Personal Information for the purposes stated above.

My Signature / Thumbprint	Date	Signature of Witness	Date
Interpreter (if applicable)		Name: _____	
Name: _____		NRIC No. / Official Stamp: _____	

*If in doubt, please approach [click to update business contact email address of FSC/SSO](#) for more information.

Terms of Consent
Note: If you are signing this form on behalf of the Applicant, in the following Terms of Consent, "I" and "me" means "the Applicant" and "my" means "the Applicant's".

1. I understand and agree that these phrases used in the consent form have the following definitions:

- a) "Personal Information" includes my:
- i) personal data (e.g. name, NRIC No., address, age, gender, family/household structure);

My Signature / Thumbprint	Date	Signature of Witness	Date
5	6	8	9
Interpreter (if applicable)		Name: _____	
7		10	
Name: _____		NRIC No. / Official Stamp: _____	

i) education, aged care, childcare, education, employment, housing, social assistance and counselling services and schemes;

ii) any form of financial assistance such as subsidies, grants, tax relief, vouchers or bursaries; and

iii) schemes administered by CPF Board (e.g. MediShield Scheme).

d) "Participating Agencies" refer to statutory boards and organisations which are involved in the provision of the Services and Schemes and have been approved by the Government to collect, share or use Personal Information under a valid consent form. New Participating Agencies may be included from time to time.

II. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

More Information

For more information, please contact [click to update business contact email address of FSC/SSO](#)

The list of Ministries, Government departments, Organs of State and Participating Agencies can be found at [www.msfc.gov.sg/datamanagement](#)



**** Item 7 should not be mistaken as the donee/ deputy's Name and NRIC. Do not fill up unless an interpreter is required.**


Common Errors when filling Omnibus Consent Form

COMMON ERRORS WHEN FILLING OMNIBUS CONSENT FORM

1) Did not select the ID type

For example,

MUST select one ID type.




MSF **CONSENT FOR COLLECTION, USE AND SHARING OF DATA**

I – Applicant's Details <i>(as in NRIC/other identification document)</i>	
Applicant's Name: 	ID no.:
	<input type="checkbox"/> NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> FIN <input type="checkbox"/> Special Pass <input type="checkbox"/> Foreign Passport Number <i>* Select corresponding ID type</i>
<input type="checkbox"/> Main Applicant under the Scheme <input type="checkbox"/> Family Member of the Main Applicant <i>(please tick one)</i>	
<i>All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.</i>	



COMMON ERRORS WHEN FILLING OMNIBUS CONSENT FORM

2) Did not check the box at all

For example,

 **One of the box MUST be ticked, depend on which is applicable.**

CONSENT FOR COLLECTION, USE AND SHARING OF DATA


I – Applicant's Details <i>(as in NRIC/other identification document)</i>							
Applicant's Name: 	ID no.:  <table border="0"><tr><td><input type="checkbox"/> NRIC</td><td><input type="checkbox"/> Special Pass</td></tr><tr><td><input type="checkbox"/> Birth Certificate</td><td><input type="checkbox"/> Foreign Passport Number</td></tr><tr><td><input type="checkbox"/> FIN</td><td><i>* Select corresponding ID type</i></td></tr></table>	<input type="checkbox"/> NRIC	<input type="checkbox"/> Special Pass	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Foreign Passport Number	<input type="checkbox"/> FIN	<i>* Select corresponding ID type</i>
<input type="checkbox"/> NRIC	<input type="checkbox"/> Special Pass						
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Foreign Passport Number						
<input type="checkbox"/> FIN	<i>* Select corresponding ID type</i>						
<input checked="" type="checkbox"/> Main Applicant under the Scheme <input type="checkbox"/> Family Member of the Main Applicant <i>(please tick one)</i>							
<i>All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.</i>							

COMMON ERRORS WHEN FILLING OMNIBUS CONSENT FORM



3) Tick the wrong box

For example, SCFA applicant is providing consent for minor.

Don't tick the box of 'Main applicant under the Scheme'. Should tick 'Family Member of the Main Applicant'.

 Tick the 'Family Member of the Main Applicant' box when provide consent for minors. Applicant's name and ID no. should be minor's details.

CONSENT FOR COLLECTION, USE AND SHARING OF DATA

I – Applicant's Details (as in NRIC/other identification document)	
Applicant's Name: 	ID no.:  <input type="checkbox"/> NRIC <input type="checkbox"/> Special Pass <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Foreign Passport Number <input type="checkbox"/> FIN * Select corresponding ID type
<input checked="" type="checkbox"/> Main Applicant under the Scheme <input type="checkbox"/> Family Member of the Main Applicant (please tick one)	
All references in this form to the term 'Applicant' shall be intended to refer to the Main Applicant under the Scheme or to the family member of the Main Applicant, as the case may be.	

COMMON ERRORS WHEN FILLING OMNIBUS CONSENT FORM

4) Filling up section II when it is NOT APPLICABLE

In the case of **Normal Consent (By Self)**, section II shall be left **BLANK**, as shown below

Please complete this section if you are applying on behalf of the Applicant:

II – My Details (as in NRIC/other identification document)

My Name(s):

My NRIC/Passport Number(s):

I am signing this form on behalf of the Applicant as (please tick):

- ☐ **I am the parent/legal guardian of the Applicant, who is under 21 years of age.**
- Please provide a copy of your NRIC / passport and the Applicant's birth certificate / NRIC.
 - Please note that the consent will expire once the Applicant reaches 21 years of age.
- ☐ **I am the Donee(s) acting under a Lasting Power of Attorney granted by the Applicant; or the Deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Applicant.**
- Please provide a copy of your NRIC / passport(s).
 - Please provide a copy of the Registered Lasting Power of Attorney / Order of Court.
 - Please check whether you may act singly or jointly with other donee(s)/deputy(s).

Note: In the following form, "me" and "my" refer to the Applicant.

COMMON ERRORS WHEN FILLING OMNIBUS CONSENT FORM

5) Filling up 'Interpreter' section when it is NOT APPLICABLE

In the case of interpreter is not required, interpreter section to be left BLANK. This section is Not related to the signature of the applicant/ parent/legal guardian/donee/deputy.

Note: Please read the attached Terms of Consent before signing this form.

My Signature / Thumbprint	Date	Signature of Witness	Date
Interpreter (if applicable) Name: NRIC No.:		Name: NRIC No. / Official Stamp:	

Terms of Consent

Note: If you are signing this form on behalf of the Applicant, in the following Terms of Consent, "I" and "me" means "the Applicant" and "my" means "the Applicant's".

- I. 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);



Submitted!

An acknowledgement email will be sent shortly to g*****i@gmail.com.

Student Care Fee Assistance (SCFA)

No further details

Reference no.: SCFA-1Q87LFZVCW

[View applications](#)

Once you have provided the relevant information and documents relating to your application, you will receive another acknowledge email.

Processing takes 4 to 8 weeks after all documents are complete. You may be contacted by MSF and/or HOMES for more details or supporting documents.

To view your application, please click on 'View applications'. You can sort either by 'latest applications' or by Schemes.

Thank You

If you require further clarification, you may email to MSF_Comcare_SCFA@msf.gov.sg