

# Means-Test Declaration Form

This form is used for patients/ clients to undergo household means-testing<sup>1</sup> for the purpose of application for various government subsidy schemes (see descriptions below). Besides means-testing, patients/ clients will still need to meet all other eligibility criteria to qualify for any schemes. Patients/clients do not need to complete this form if they have already been means-tested through any of these schemes in the past two years.

**MSF Disability Subsidies:** MSF subsidies are open to Singapore Citizens and Permanent Residents in MSF-funded disability institutions. Applicants will be assessed for their medical and/ or social needs before admission.

**MSF Enabling Transport Subsidy Scheme (ETS):** The ETS supports eligible Singapore Citizens and Permanent Residents with disabilities who need to use dedicated transport provided by the Social Service Agencies (SSAs) to access the Early Intervention Programme for Infants and Children (EIPIC), Special Education (SPED) schools, Day Activity Centres (DACs), Sheltered Workshops (SWs) and Special Student Care Centres (SSCCs).

**MSF Taxi Subsidy Scheme (TSS):** The TSS supports eligible Singapore Citizens and Permanent Residents with permanent disabilities who are medically certified as unable to take public transport and are totally dependent on taxis for travelling to school, work, and/or employment-related training supported by SG Enable.

**MSF Assistive Technology Fund (ATF):** The ATF provides subsidies for eligible Singapore Citizens and Permanent Residents with permanent disabilities to purchase assistive technology devices.

**MSF/ECDA Early Intervention (EI) Programmes Subsidies:** MSF subsidies are open to Singapore Citizens and Permanent Residents children below age 7, in Government-funded EI Programmes.

Applicants may wish to refer to the Enabling Guide (<https://www.enablingguide.sg>) for details on the eligibility criteria and frequently asked questions for the schemes above.

---

<sup>1</sup> Household information shall include information for all family members living at the same residence, as reflected on the NRIC address. Family members shall refer to persons related by blood, marriage and/ or legal adoption (includes parents, spouse, children, siblings, grandchildren, and children-in-law e.g., daughter/ son-in-law, and excludes foster child).

**Note: Household monthly income per person** is the total gross household monthly income divided by total number of family members living together. Gross monthly household income refers to your basic employment income, trade/ self-employed income, overtime pay, allowances, cash awards, commissions, and bonuses.

Income for salaried employees will be the monthly income averaged over 12 months as derived by the Central Provident Fund (CPF) Board with the latest available information or based on the latest available assessment by the Inland Revenue Authority of Singapore (IRAS) within the last 2 calendar years.

Income for self-employed persons will be the monthly income averaged over 12 months based on the latest available assessment by IRAS within the last 2 calendar years, or the income declared to the CPF Board or assumed under the CPF legislation.

Income for non-SC/ PR household members will be the monthly income averaged over 12 months based on the latest available assessment by IRAS within the last 2 calendar years, or the latest income declared to the Ministry of Manpower (MOM).

**Annual Value (AV)** is the estimated gross annual rent of your residence (as reflected on your NRIC) if it is rented out, excluding furniture, furnishings, and maintenance fees. It is determined based on estimated market rentals of similar or comparable properties and not on the actual rental income received.

**To undergo means-testing for any of the above schemes:**

1. Complete this declaration form in full, ensuring that:
  - a. The Main Applicant and all Household Members aged 21 and above have signed or given thumbprint on page 10-11 to verify the details and grant consent for means-testing, unless unable to provide consent under the conditions stated on page 12;
  - b. For a Main Applicant and any Household Member(s) below 21 years old, the Parent or Legal Guardian has signed or given thumbprint as consent/ declaration on behalf of him/ her.
2. Attach clear photocopies (front and back) of the NRIC/ FIN<sup>2</sup> for Main Applicant and all Household Members.
3. For individuals who are Singapore Citizens or Singapore Permanent Residents with overseas employment and/ or trade income (i.e. a salaried employee and/ or self-employed personnel overseas), you may be contacted subsequently to provide additional supporting documents or information for verification purposes.
4. For foreigners and Special Pass holders:
  - a. Please submit supporting document(s) to prove relationship to Main Applicant or Household Member living at the same address (e.g. marriage certificate, birth certificate); and
  - b. You may be contacted subsequently to provide additional supporting documents or information for verification purposes.
5. You may be contacted by the HOMES<sup>3</sup> Ops team subsequently to provide additional supporting documents or information for verification purposes.
6. Submit the completed form and all other supporting documents to HOMES portal.

---

<sup>2</sup> For persons below age 15 or who are Special Pass holders, please include a photocopy of the person's Birth Certificate or Special Pass where relevant.

<sup>3</sup> HOMES or Household Means Eligibility System is a Government System supporting public schemes in their conduct of means-tests to determine the level of assistance for citizens. For more information, please go to: <https://www.homes.gov.sg/eservice>











**Terms of Consent**

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

1.1. **“Personal Information”** includes my:

- (i) personal data (e.g. name, NRIC No, address, age, gender, family/household structure and family/household composition);
- (ii) financial data (e.g. income, insurance coverage)
- (iii) consumption data (e.g. housing, healthcare bills, scheme subscriptions);
- (iv) social assistance data (e.g. social assistance history, assessments for eligibility and suitability for social services and public assistance schemes, social worker case reports);
- (v) medical information (e.g. medical reports); and
- (vi) other information (e.g. savings, payment for utilities) provided by me for the evaluation and administration of social services and public assistance schemes.

It includes information collected and kept by various Government ministries, departments and statutory boards, including the following information collected and kept by the Inland Revenue Authority of Singapore (IRAS) and Central Provident Fund (CPF) Board:

- (i) my income information;
- (ii) information relating to and derived from my CPF Account(s) and CPF contributions (e.g. CPF Account(s) balance, CPF withdrawal details); and
- (iii) information relating to my participation in schemes administered by CPF Board (e.g. medical information, insurance coverage)

Information collected from surveys conducted by IRAS and CPF Board is excluded.

Personal Information may relate to past, present or future matters.

1.2. **“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.

1.3. **“Schemes”** refer to all Participating Schemes.

1.4. **“Participating Schemes”** refer to social services and public assistance schemes provided by the Government and/or Participating Agencies, including:

- (i) healthcare, aged care, childcare, education, employment, housing, social assistance and counselling services and schemes;
- (ii) any form of financial assistance such as subsidies, grants, tax reliefs, vouchers or bursaries; and
- (iii) schemes administered by CPF Board.

1.5. **“Participating Agencies”** refers to statutory boards and organisations approved by the Government to provide the Participating Schemes, including any new statutory boards or organisations which may be included from time to time, and their authorised agent(s) if any.

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

For the list of Participating Agencies and Schemes, and FAQs, please go to: <https://go.gov.sg/homes-schemes>



**Consent**

3. I understand that the Government of Singapore (“Government”) and Participating Agencies require my Personal Information for the following purposes:
  - (i) to determine if I or the Applicant qualify for the Scheme(s) set out in the Scope of Consent and, if I or the Applicant meet all other eligibility criteria for the Scheme(s) set out in the Scope of Consent,
  - (ii) to provide me or the Applicant with the Scheme(s) set out in the Scope of Consent.
4. I hereby consent and agree that the Government and Participating Agencies may collect, share and use my Personal Information, to the extent permitted by law, for any of the purposes in paragraph 3.
5. I understand that the Government and Participating Agencies may, without further reference to me, collect, share and use my Personal Information to determine if I and/or any of my Family members qualify for any or all of the Schemes set out in the Scope of Consent, and where I and/or my Family member so qualify, to provide such Schemes to me and/or my Family member.
6. I understand that the Personal Information collected for the purposes of paragraph 3 and paragraph 5 may also be used by the Government and/or Participating Agencies for analysis and evaluation to improve and/or make changes to the Schemes and/or to create new social services or public assistance schemes.
7. I understand that if there are any discrepancies in the Personal Information collected, such discrepancies may be reflected to the relevant Government ministry(ies), department(s) or agency(ies), so that they may take the necessary steps to rectify any inaccurate records relating to me.
8. My consent shall remain valid until I withdraw it in writing. I accept that it could take up to 10 working days from the date of receipt by the Government before any withdrawal of consent takes effect.
9. In the event that the consent obtained pursuant to my submission of this form is subsequently found to be false, defective or otherwise invalidated through no fault of the Government or Participating Agencies, I agree that the Government or Participating Agencies, as the case may be, shall not be liable for any collection, use, sharing or disclosure of my Personal Information that was necessary for any of the purposes in paragraphs 3, 5 or 6 before such falsity, defect and/or invalidation of consent was known to the Government or Participating Agencies.
10. I have read and understood this consent form fully, including the attached Terms of Consent and agree to its content. I hereby declare that the information that I have provided is accurate.
11. IF I SUBMIT THIS FORM BY EMAIL, I confirm that I am aware of the risks of transmitting my Personal Information to the Government and/or Participating Agencies via email. I agree that I will not hold the Government and/or Participating Agencies responsible or liable for any loss of my Personal Information arising from any unauthorised access of my email or my email account.

**Declaration**

12. I declare that I am the Main Applicant, a Family Member of, and living at the same residential address as, the Main Applicant, or an individual authorised to provide consent on behalf of the Main Applicant/ Family Member living at the same residential address.
13. Where I am providing consent on behalf of the Main Applicant/ Family Member(s) who is under 21 years of age, I further declare that I am his/ her parent/ legal guardian.
14. Where I am providing consent on behalf of the Main Applicant/ Family Member(s) who is mentally incapacitated, I further declare that I am:
  - a) his/ her appointed donee(s) acting under a Lasting Power of Attorney granted by the Main Applicant/ Family Member under the Mental Capacity Act (Cap. 177A) when he/ she was above 21 years old, or
  - b) his/ her deputy(s) appointed by the Court under the Mental Capacity Act (Cap. 177A) to act on behalf of the Main Applicant/ Family Member.
15. I declare that all the information provided by me in this form is true, correct and accurate.
16. I understand and acknowledge that if any of the information provided by me in this form is false or inaccurate, I and/ or my Family Members will be liable to repay in full the value of any assistance granted, inclusive of all administrative expenses, and also may face criminal prosecution.

**Scope of Consent (Compulsory)****Main Applicant**Choose **ONE** option only:

- Option 1: ALL Schemes administered by the Ministry of Social and Family Development (MSF) and the Early Childhood Development Agency (ECDA). Please refer to <https://go.gov.sg/homes-schemes> for the full list of participating schemes under MSF and ECDA.
- Option 2: ALL Participating Schemes.

**Main Applicant's Name:**

Signature/ Thumbprint (Date):

Name of signatory  
(Where consent is provided on  
behalf of the Main Applicant)^:^ Tick one of the following, where  
applicable:

- I am the parent/ legal guardian and have consented on behalf of the Main Applicant who is under 21 years of age<sup>1</sup>.
- I/ We am/ are the donee/ deputy and consented on behalf of the Main Applicant who is mentally incapacitated<sup>2</sup>.

I hereby confirm that I  
understand and agree to all the  
provisions in this form.**Scope of Consent (Compulsory)****Family Member 1**Choose **ONE** option only:

- Option 1: ALL Schemes administered by the Ministry of Social and Family Development (MSF) and the Early Childhood Development Agency (ECDA). Please refer to <https://go.gov.sg/homes-schemes> for the full list of participating schemes under MSF and ECDA.
- Option 2: ALL Participating Schemes.

**Family Member's Name:**

Signature/ Thumbprint (Date):

Name of signatory  
(Where consent is provided on  
behalf of the Family Member)^:^ Tick one of the following, where  
applicable:

- I am the parent/ legal guardian and have consented on behalf of the Family Member who is under 21 years of age<sup>1</sup>.
- I/ We am/ are the donee/ deputy and consented on behalf of the Family Member who is mentally incapacitated<sup>2</sup>.

I hereby confirm that I  
understand and agree to all the  
provisions in this form.**Scope of Consent (Compulsory)****Family Member 2**Choose **ONE** option only:

- Option 1: ALL Schemes administered by the Ministry of Social and Family Development (MSF) and the Early Childhood Development Agency (ECDA). Please refer to <https://go.gov.sg/homes-schemes> for the full list of participating schemes under MSF and ECDA.
- Option 2: ALL Participating Schemes.

**Family Member's Name:**

Signature/ Thumbprint (Date):

Name of signatory  
(Where consent is provided on  
behalf of the Family Member)^:^ Tick one of the following, where  
applicable:

- I am the parent/ legal guardian and have consented on behalf of the Family Member who is under 21 years of age<sup>1</sup>.
- I/ We am/ are the donee/ deputy and consented on behalf of the Family Member who is mentally incapacitated<sup>2</sup>.

I hereby confirm that I  
understand and agree to all the  
provisions in this form.

**Scope of Consent (Compulsory)****Family Member 3**Choose **ONE** option only:

- Option 1:** ALL Schemes administered by the Ministry of Social and Family Development (MSF) and the Early Childhood Development Agency (ECDA). Please refer to <https://go.gov.sg/homes-schemes> for the full list of participating schemes under MSF and ECDA.
- Option 2:** ALL Participating Schemes.

<b>Family Member's Name:</b>	<b>Signature/ Thumbprint (Date):</b>	<b>Name of signatory</b> (Where consent is provided on behalf of the Family Member)^:	<b>^ Tick one of the following, where applicable:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I am the parent/ legal guardian and have consented on behalf of the Family Member who is under 21 years of age <sup>1</sup> . <input type="checkbox"/> I/ We am/ are the donee/ deputy and consented on behalf of the Family Member who is mentally incapacitated <sup>2</sup> .

I hereby confirm that I understand and agree to all the provisions in this form.

**Scope of Consent (Compulsory)****Family Member 4**Choose **ONE** option only:

- Option 1:** ALL Schemes administered by the Ministry of Social and Family Development (MSF) and the Early Childhood Development Agency (ECDA). Please refer to <https://go.gov.sg/homes-schemes> for the full list of participating schemes under MSF and ECDA.
- Option 2:** ALL Participating Schemes.

<b>Family Member's Name:</b>	<b>Signature/ Thumbprint (Date):</b>	<b>Name of signatory</b> (Where consent is provided on behalf of the Family Member)^:	<b>^ Tick one of the following, where applicable:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I am the parent/ legal guardian and have consented on behalf of the Family Member who is under 21 years of age <sup>1</sup> . <input type="checkbox"/> I/ We am/ are the donee/ deputy and consented on behalf of the Family Member who is mentally incapacitated <sup>2</sup> .

I hereby confirm that I understand and agree to all the provisions in this form.

**Instructions to Main Applicant/ Family Member(s):**

<sup>1</sup> Please provide a copy of the signatory's NRIC/ Passport if he/ she is not the Main Applicant/ Family Member listed in this application. Note that the signatory has to be the parent/ legal guardian.

<sup>2</sup> Please check whether the donee/ deputy may act singly or has to act jointly with other donee(s)/ deputy(s). If the donees/ deputies are required to act jointly, all donees/ deputies must provide consent on behalf of the Main Applicant/ Family Member. Please provide a copy of the Lasting Power of Attorney/ Order of Court.

**Note:**

- For Main Applicant/ Family Member(s) who is unable to provide consent, please complete the section "Unable to Provide Consent or Consent On Behalf" in this form.
- If one or more of the above signatories does/ do not read English, the name of the interpreter is \_\_\_\_\_(name).

### Unable to Provide Consent or Consent on Behalf

The following Main Applicant/ Family Member is unable to provide consent:

**Name (as in NRIC):** \_\_\_\_\_

**Reason for Inability to Provide Consent or Consent on Behalf (tick one of the following)<sup>1</sup>:**

- Mentally incapacitated but a donee has not been appointed under a Lasting Power of Attorney or deputy has not been appointed by the Court under the Mental Capacity Act (Cap. 177A)<sup>2</sup> (please fill in doctor's certification below)
- No parent/ legal guardian who can give consent on behalf for the Main Applicant/ Family Member who is under 21 years of age
- In prison
- Overseas
- Others (please specify): \_\_\_\_\_

**Notes:**

1. You may be contacted subsequently to provide additional supporting documents or information for verification purposes.
2. This does not apply to a family member who is mentally incapacitated but has an appointed donee/ deputy - the donee/ deputy can give consent on behalf of the family member.

**Doctor's Certification for Inability to Give Consent due to Mental Incapacity**

I certify that the above-named Main Applicant/ Family Member is:

- Temporarily** mentally incapacitated and is unable to provide consent **for this declaration**
- Permanently** mentally incapacitated and is unable to provide consent **for this declaration**

Name of Doctor		Signature of Doctor	Official stamp of clinic/ hospital:
Date	MCR No.	Contact No.	

**Instructions:**

- Date of doctor's certification must be within 6 months from date of submitting this form unless the Main Applicant/ Family Member is permanently mentally incapacitated.
- If the doctor is not present to certify and sign this form, a separate doctor's memo indicating that the Main Applicant/ Family Member is unable to provide consent due to the relevant medical reason may be attached.

### For use by service providers

This Declaration Form is checked by:

Name of Institution \_\_\_\_\_

Name of Contact Person in the Institution \_\_\_\_\_

Contact Number \_\_\_\_\_

Email \_\_\_\_\_