

HOME CARE SERVICE REGISTRATION FORM

CLIENT / SENIOR'S PERSONAL PARTICULARS

Name (as per NRIC): _____ (Chinese Characters) _____

NRIC No: _____ (Pink / Blue) Date of Birth: _____ Nationality: _____

Gender: Male Female Age: _____ Weight: _____ kg

Race: Chinese Indian Malay Others _____

Religion: _____ Marital Status: Single Married Divorced Widowed

Occupation: _____ Highest Education: _____

Dialect / Language spoken: English Mandarin Malay Tamil
Hokkien Cantonese Teochew Hainanese
Hakka Others: _____

Address _____ Postal Code _____

Home No: _____ Mobile No: _____ Email: _____

Type of Residence:

1 room 2 rooms 3 rooms 4 rooms 5 rooms / Executive HDB Condominium Landed

Others: (pls specify) _____

Lift landing on every floor? Yes No

Home status: Rented Owned

Have you ever applied for MOH-ILTC Means-test Subsidy: Yes No Not Sure

SOCIAL INFORMATION

Total number of family members staying in the same house (including applicant): _____

Any Current Caregiver: Spouse Maid Children None

Is Caregiver trained: Yes No

Caregiver Status: Full-time (Healthy / Frail) Part-time (Working / General)

CONTACT PERSON (CAREGIVER)

Name: _____ Relationship _____

Address _____ Postal Code _____

Home No: _____ Mobile No: _____ Office No: _____

Email: _____

Billing Address (if different from Caregiver Address):

_____ Postal Code _____

CONTACT PERSON (EMERGENCY)

Name: _____ Relationship _____

Address _____ Postal Code _____

Home No: _____ Mobile No: _____ Office No: _____

Email: _____

Name: _____ Relationship _____

Address _____ Postal Code _____

Home No: _____ Mobile No: _____ Office No: _____

Email: _____

HEALTH AND MEDICAL CONDITIONS (compulsory to answer all)

How is the Client/Senior's Mobility?

Independent Wheelchair Bedridden

Level of Assistance?

Min. Assistance (1 person transfer)

Max. Assistance (2 persons transfer)

No Assistance (Senior is able to transfer on his own)

Can the Client/Senior stand? No Yes

Can the Client/Senior walk? No Yes

Can the Client/Senior talk? No Yes

Attached Hospital Discharge Report / Doctor's Memo? No Yes

Is Client/Senior sleeping on hospital bed? No Yes Not sure

Any Commode with wheels at home? No Yes Not sure

Can the Commode fit into toilet? No Yes Not sure

Does the Client/Senior have any infectious disease? No Yes (Pls specify) _____

Does the Client/Senior have any signs of Dementia? No Yes (Pls tick 'Yes' only if Dementia is medically endorsed by doctor)

Other medical conditions or medical history: _____

SERVICE REQUEST (PLEASE TICK)

A. HOME PERSONAL CARE

- | | |
|---|---|
| ▪ Companionship, Conversation, Recreation Activities 沟通交流与陪伴 <input type="checkbox"/> | ▪ Assist in Maintenance Exercises (Prescribed by Registered Therapist) 普通复健运动 (复健计划由专业物理治疗师制订) <input type="checkbox"/> |
| ▪ Errand Service & Grocery Shopping 用品购物 <input type="checkbox"/> | ▪ Personal Hygiene Care 个人护理 <input type="checkbox"/> |
| ▪ Medical Escort 医疗陪诊 <input type="checkbox"/> | ▪ Others 其它 _____ <input type="checkbox"/> |

Preferred Service Period: _____

Frequency/week: _____

Preference for Senior Care Associate (subject to availability): Local Foreign No preference

Preference for Home Personal Care Service Days:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Preference Time-slot (min. 2 hours service; subject to availability):

AM (anytime between 8am and 12pm) PM (anytime between 12 and 6pm)

Otherwise, please specify timing: _____

B. HOME NURSING SERVICE

Change of Wound Dressing <input type="checkbox"/> Last changed: _____	<u>Comments</u>
Wound Care & Education <input type="checkbox"/>	
Nasogastric Tube Change <input type="checkbox"/> Last changed: _____	<u>Comments</u>
Nasogastric Tube Care & Education <input type="checkbox"/>	
Urinary Catheter Change <input type="checkbox"/> Last changed: _____	<u>Comments</u>
Urinary Catheter Care & Education <input type="checkbox"/>	
Intermittent Catheterization <input type="checkbox"/> Frequency: _____	
Stoma Bag Change <input type="checkbox"/> Last Changed: _____	<u>Comments</u>
Colostomy Care & Education <input type="checkbox"/>	

<p>Diabetes Mellitus</p> <p>Diabetes Type 1 <input type="checkbox"/> Diabetes Type 2 <input type="checkbox"/></p> <p>Blood Glucose Monitoring <input type="checkbox"/> Frequency: _____</p> <p>Glucose Range: _____</p> <p>Insulin Injection <input type="checkbox"/> Frequency: _____ Type of Insulin Used: _____</p> <p>Pre-load of Insulin Injections <input type="checkbox"/> Frequency: _____ Type of Insulin Used: _____</p> <p>DM Counseling <input type="checkbox"/></p>	<p><u>Comments</u></p>
<p>Suctioning of Nasal Pharyngeal <input type="checkbox"/> Frequency: _____</p> <p>Tracheostomy Tube Care & Education <input type="checkbox"/></p> <p>Tracheostomy Tube Dressing & Velcro Strap Change <input type="checkbox"/></p>	<p><u>Comments</u></p>

Other Nursing Services: _____

To take Instructions from: _____ Relationship: _____ Contact No: _____
Preferred Service Period: _____ Service Timing: _____ Frequency: _____

C. HOME MEDICAL SERVICE

Remarks _____

To take Instructions from: _____ Relationship: _____ Contact No: _____
Preferred Service Period: _____ Service Timing: _____ Frequency: _____

D. HOME THERAPY SERVICE (PHYSIOTHERAPY / OCCUPATIONAL THERAPY/ SPEECH THERAPY)

To take Instructions from: _____ Relationship: _____ Contact No: _____
Preferred Service Period: _____ Service Timing: _____ Frequency: _____

E. INTERIM CAREGIVER SERVICE (ICS)

To take Instructions from: _____ Relationship: _____ Contact No: _____
Preferred Service Period: _____ Service Period: _____ (weeks)

PAYMENT MODE

Cheque Cash SAM AXS

GIRO (application process can take up to 2 months. Not applicable for respite care and non-recurring regular services)

Payment Options:

1) Cheque Payment – Please make cheque payable to : **NTUC Health Co-operative Ltd**

Kindly include the Client / Elderly's Name, Invoice No. and Contact No. on the back of the cheque.

2) Cash

Please bring along the original invoice and exact cash to our office for payment during office hours.

3) SAM

Please make payment via SAM Kiosk, SAM Web or SAM Mobile by referring to amount indicated on the invoice.

4) AXS

Please make payment via AXS Station, AXS e-station and AXS m-station by referring to amount indicated on the invoice.

5) GIRO

Application process can take up to 2 months. Not applicable for respite care and non-recurring regular services.

OTHER SPECIAL INSTRUCTIONS ON CARE-GIVING (If any)

 **Union Member Offers - Any NTUC Union Members in the Family?**

Name of Union Member: _____

NRIC: _____ Relationship to the Senior: _____

INDEMNITY & DECLARATION

1. I, _____ (Name), NRIC No _____ of _____ (Address) hereby declare that NTUC Health shall not be liable for any loss, damage, injury, cost, expense and/or any other consequences which may occur to *me/my _____ (relationship), arising from the services provided by NTUC Health, unless such loss, damage, injury, cost, expense is caused by the negligence and/or willful misconduct on the part of NTUC Health's employees, representatives and/or agents.
2. I certify that the information given in the application is, to the best of my knowledge, true and complete.

CONSENT FOR PROVIDING PERSONAL DATA

3. You agree that NTUC Health may collect, use and disclose your personal data, which you have provided in this form, for providing marketing material that you have agreed to receive, in accordance with the Personal Data Protection Act 2012 and our data protection policy (available at our website <http://ntuhealth.sg/privacy-policy-2/>). Please tick the relevant boxes below if you agree to receive the following:

- Our organisation's quarterly Newsletter (sent by us via email)
- Receive updates and information sent by NTUC Health about our products and services. This can include educational updates and tips, latest promotions.

I **WISH** to receive updates from NTUC Health through the following channels (please tick at least one):

Email (Pls indicate preferred email address: _____)

Mail (Pls indicate preferred mailing address: _____)

Text Message (Pls indicate preferred mobile number: _____)

Phone call (Pls indicate preferred telephone number: _____)

I **DO NOT wish** to receive any future information from NTUC Health on the organisation's updates, launches, promotions and services.

Please visit our website at <http://ntuhealth.sg/privacy-policy-2/> for further details on our data protection policy, including how you may access and correct your personal data or withdraw consent to the collection, use or disclosure of your personal data.

4. I have read and accept the Terms & Conditions for Care@home services at Annex 1.

Name & Signature

Date

Annex 1 Terms & Conditions

CHANGES, CANCELLATIONS AND TERMINATIONS

CHANGES & CANCELLATIONS

1. Please inform Care@home of any change/cancellation of service **at least 3 working days** in advance, otherwise a \$5 fee will be charged for any appointment change. For cancellation/termination of service, a **\$35 or 100% of the service fees**, whichever lower, will be applicable. For appointment change/cancellation, please contact us at

Tel : 6715 6715 (Mon- Fri; 8.30am to 6.00pm)
Email : care-home@ntuhealth.sg

2. The following termination notice period must be given for ALL regular and/or continuous services, otherwise a service cancellation fee will be chargeable:
 - 3 working days - for Interim Caregiver Services (ICS).
 - 14 working days - for ALL other regular and/or continuous Care@home services.
3. Care@home reserves the right to **terminate any service immediately** without prior notice in view of any medical or safety concerns, including but not limited to:
 - Client's medical / physical / health condition becomes unsuitable for service
 - Client becomes mentally unstable or unsuitable for service
 - Client's home environment presents safety risks to Care@home's staff (e.g. presence of bed bugs)
 - Client or family member engages in any improper conduct to Care@home staff (e.g. aggression, violence, abusive, or any other improper behavior)
4. In the event of any unforeseen circumstances prior to service deployment (e.g. Care@home staff on medical leave), Care@home will undertake the following:
 - Re-deploy another Care@home staff, subjected to manpower availability
 - Postpone and reschedule the service date / time
5. Care@home reserves the right to withdraw any service if client or family member(s) request to change assigned care staff more than once.

PAYMENTS

6. Payment can be made via:
 - **Cheque** – please pay to : **NTUC Health Co-operative Ltd**
& mail to **55 Ubi Ave 1 #08-01 Singapore 408935**
(Please write the Client/Elderly's Name, Invoice No. and Contact No. on the back of the cheque)
 - **Cash**
Please bring along the original invoice and exact cash to our office for payment during office hours.
 - **SAM**
Please make payment via SAM Kiosk, SAM Web or SAM Mobile by referring to amount indicated on the invoice.
 - **AXS**
Please make payment via AXS Station, AXS e-station and AXS m-station by referring to amount indicated on the invoice.
 - **GIRO**
Application process can take up to 2 months. Not applicable for respite care and non-recurring regular services.
7. All invoices will be sent to the client / caregiver in the following month after service.

GENERAL

Physical / Health Conditions

8. Care@home reserves the right to terminate any service immediately if the following information are not provided **at the point of registration**:
 - Request for special assistance and/or arrangements required during and after service
 - Declare any infectious disease and/or conditions

9. Clients & family members should keep Care@home updated of any latest development of the Client's physical or mental condition (improvement / deterioration), as well as other relevant information (e.g. change of address / contact) in a timely manner.
10. In the event that client is hospitalized, clients & family members should:
 - Inform Care@home staff as soon as possible to cancel service. Care@home reserves the right to release assigned care staff if service is stopped for more than 2 weeks
 - Inform Care@home staff the expected discharge date and date to resume service at least **3 working days** in advance
 - Provide a copy of hospital's discharge summary/ medical report upon client's discharge. Care@home reserves the right to not resume service if client's condition is deemed to require a reassessment.

Medications / Medical Appointments

11. Family members must provide Care@home staff with all daily medications required by the client in a properly packed manner, with all necessary instructions. According to government regulations, Senior Care Associates who provide Home Personal Care services (Home Help) are only allowed to remind and monitor the client taking his / her medication (strictly no administering of medication).
12. It is the responsibility of the family to arrange and schedule medical appointments for the client. If required, medical escort services can be arranged with Care@home in advance, chargeable as per standard hourly rates (excluding transportation arrangements and charges).

Valuables

13. Clients and family members are responsible for keeping and securing any important documents, valuables & personal property, including but not limited to jewelry, money, etc., in a safe and secured place. Care@home shall not be held responsible for the loss of any unsecured items at the client's homes.
14. Clients are discouraged from keeping any valuables on themselves during service. Please note that the provision or handing of any presents, money, rewards or gifts to Care@home staff is strictly NOT allowed.

Family Support

15. Family members should be an active partner in caring and supporting the client / senior by:
 - Keeping a 2-way communication channel (feedback/information sharing) with Care@home
 - Providing encouragement and assistance whenever the client / senior requires
 - Providing assistance to the client / senior in the care process if their physical size is beyond the physical capabilities of the Care@home staff

Government Subsidy Schemes

16. Government subsidies will be calculated based on existing ILTC subsidy guidelines and the client's household means testing results. The client will be liable to pay for any adjustments on the service rates upon revision of government subsidy regulations and/or their household means-testing assessment.
17. All Clients will be required to undergo a medical assessment prior to service commencement to confirm their eligibility, as well as the number of subsidized hours that they are entitled to. A re-assessment will be done at least once every 6 months to evaluate their status thereafter,

Personal Data Protection Act

18. Privacy
 - a. By signing this Consent Form, you hereby grant NTUC Health and its officers, employees and agents the right to collect your Personal Data and to make use of all of your personal data, which is held by NTUC Health or will be collected in the future, for the purposes of offering you - healthcare and elderly care services; to conduct market research and analysis; for direct marketing through voice calls, text messages, email, direct mail, facsimile messages and other forms of in-app advertisements all in connection with healthcare and elderly care services; to ascertain if you are eligible for discounts, privileges or benefits promoted by NTUC Health and/or other third parties which NTUC Health is associated all in connection with the provision of NTUC Health services including Care@home services. For further details and information please review our Privacy Policy which can be found at <http://ntuhealth.sg/privacy-policy>
 - b. In addition, you also grant NTUC Health your consent, from time to time, to disclose some or all of your personal data held now or in the future by NTUC Health to NTUC Health's employees, related corporations, agents, volunteers, event organizers, independent contractors and other third parties that NTUC Health is associated with, but only in connection with the purposes mentioned in the paragraph above. We assure you that we are taking all measures necessary for the protection of your Personal Data.

19. Contacting You

- a. To the extent that any of the means of communication which you have provided us (which may include, your telephone number and fax number) is listed or will be listed in the future on the Do Not Call Registry (“DNC”), by ticking the relevant box(es) on page 5 above, you hereby grant NTUC Health your clear and unambiguous consent to contact you using all of the means of communication you have provided to NTUC Health including the means of voice calls, SMS, Whatsapp and MMS messages for the above-mentioned purposes.
- b. You confirm and agree that the consent you have given in this document do not replace any other consents which you already provided to any member of NTUC Health, and is in addition to any rights NTUC Health has by law, in connection with the collection, use and distribution of your personal data.

20. Withdrawal Of Consent

- a. You can withdraw some or all of your above consents at any time. For further information please refer to NTUC Health Privacy Policy as stated above.
- b. You hereby also confirm your agreement with all of the above and that you have read and agreed with all terms and conditions of NTUC Health Privacy Policy.

* “NTUC Health” shall mean NTUC Health Co-operative Limited, their subsidiaries, related corporations, affiliates and agents.

** “Personal Data” shall mean data, whether true or not, about an individual who can be identified — from that data; or from that data and other information which an organisation has or is likely to have access. Such Personal Data shall also refer to that which is already in the possession of NTUC Health or that which shall be collected by NTUC Health in the future.

REGISTRATION

Please submit the following documents together with this completed Care@home Registration Form:

1. Recent Medical Report e.g. Discharge Summary from hospital or Doctor Memo
2. Medications prescription memos from the doctor (if any)
3. Copy of Elderly NRIC (front and back)
4. Completed ILTC Means Test Assessment and supporting documents (if applying government subsidy)

You may Email, Fax or Mail the documents to us at:

NTUC Health Co-operative Ltd (Care@home)
55 Ubi Ave 1 #08-01
Singapore 408935

Email: care-home@ntuhealth.sg