

# Registration of interest for respite services

\*Please fill in all fields



Pre-enrolment application will only be processed when all fields are filled and the Intermediate and Long Term Care Household Means Testing (HHMT) is completed.

## SECTION A: CAREGIVER'S PARTICULARS (You should be aged 21 years and above)

Name \_\_\_\_\_ Relationship to main applicant: \_\_\_\_\_  
Contact: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION B: MAIN APPLICANT'S PARTICULARS (Registration is only applicable to applicants aged 55 years old and above.)

Name (as in NRIC): \_\_\_\_\_ Gender:  Male  Female  
NRIC/FIN: \_\_\_\_\_ Citizenship  Singaporean  Singapore PR  Foreigner  
Residential Add: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact no: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

Main contact person's name & relationship: \_\_\_\_\_

Main contact person's contact no & email: \_\_\_\_\_

**Applicant's living arrangement:**  Alone  With family  With foreign domestic worker

**Applicant's mobility status:**  Bedbound  Wheelchair  Walking with walking aid  Walking without walking aid

**Applicant requires assistance for feeding:**  Oral  Tube feeding  No assistance required

### **Applicant requires assistance for transfer/toileting:**

Requires 2 persons to assist  Requires 1 person to assist  No assistance required

**Diagnosed with dementia by medical doctor:**  Yes  Not Applicable

Requires respite service within 1 month from the date of this application:  Yes  No

## SECTION C: SERVICE(S) REQUIRED (You may select your choice of preferred providers from page 3)

Centre Based Respite Service (offers a few hours of respite at selected day care centres)

Day Care  Dementia Day Care (Main applicant must have been diagnosed with dementia by a medical practitioner)

Stay-in Respite Service (offers between 7 days to 4 weeks stay-in at selected nursing homes)

Nursing Home

## SECTION D: DECLARATION

1. I/We agree to the terms listed in this form, and will accept AIC's decision regarding this application.

\_\_\_\_\_  
Name and NRIC no. of Main applicant/Caregiver

\_\_\_\_\_  
Signature/Right Thumb Impression of applicant/Caregiver and Date for consent (dd/mm/yyyy)

2. I/We confirm that all the information given in this application is true and accurate to the best of my/our knowledge. I/We have not purposely left out any important fact. I/We have read through and understand all the requirements in this form and agree to be bound by them.
3. I/We understand that if I/we have been found to have provided any false or inaccurate information in this application, or if I/we no longer meet the eligibility criteria of the service(s) chosen, my/our application will be rejected.
4. I/We give consent to provide my/our personal information to:
  - a. AIC, for the purposes of processing this application, including checking for main applicant's HHMT (if any);
  - b. Third party service providers, for the purpose of registering interest and application for respite services;
  - c. AIC and other government agencies, to carry out research, policy formulation, evaluation, data analysis, planning and statistical analysis;
  - d. AIC and other government agencies, to be kept informed of any activities, campaigns, initiatives, programmes, events, courses, special offers and promotions that is deemed to be useful to me/us.
 For AIC's Data Protection Policy, please refer to our website <https://www.aic.sg/data-protection-policy>
5. I/We will fully indemnify AIC against any loss, damage, injury and all other cost and expenses, including any legal cost, which may be incurred as a result of any false or inaccurate information given by me/us or my/our failure to comply with my/our obligations.
6. I/We acknowledge that this registration does not guarantee me/us a place in the centre or nursing home of my/our choice.

#### SUBMISSION OF FORM

To register for the pre-enrolment for respite services, please submit the form to AIC by one of the following methods:

- (a) **Email:** [gorespite@aic.sg](mailto:gorespite@aic.sg)
- (b) **By post:** Agency for Integrated Care  
(Home and Community Care Division, Caregiver Programme Development)  
7 Maxwell Road, #04-01 MND Complex Annex B Singapore 069111
- (c) **Walk-in:** AICare Link@ Maxwell: 7 Maxwell Road, #04-01, MND Complex Annex B, Singapore 069111  
Closed on weekends and public holidays  
For other available AICare Link locations, please refer to [www.silverpages.sg/AICareLink](http://www.silverpages.sg/AICareLink) or the attached Annexe

#### OFFICIAL USE ONLY (FOR AIC)

Has HHMT been conducted for main applicant?

Yes                       Not done                       Not eligible / willing to pay unsubsidised rate

Subsidy level for non-residential: \_\_\_\_\_

Subsidy level for residential: \_\_\_\_\_

Date of expiry: \_\_\_\_\_

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

LIST OF SERVICE PROVIDERS - Please **pick 1** preferred provider for the service(s) that you are eligible for

**Centre Based Respite Services** – Please note that this service can be used for up a maximum of 30 days in a calendar year. (Suitable for applicant who requires with 1 person assistance with transferring/toileting or no assistance required)

**St Luke's Eldercare Ltd**

- Ayer Rajah Tel: 6262 1501
- Bukit Batok Tel: 6266 6615
- Clementi Tel: 6872 2210
- Keat Hong Tel: 6891 0370

**NTUC Silver Circle**

- Boon Lay Tel: 6715 6767
- Jurong West Tel: 6715 6767

**Jamiyah Senior Care Centre**

- West Coast Tel: 6776 8575

**Vanguard Senior Care Centre**

- Woodlands Tel: 6540 9200

**Yong-En Care Centre**

*(For Dementia Clients only)*

- Chinatown Tel: 6225 1002

**Active Global Active Ageing Hub**

- Ghim Moh Tel: 6536 0086
- Telok Blangah Tel: 6536 0086

**Nursing Home Respite Service** - Please note that there is a minimum use of 7 days, and up to a maximum of 30 days in a calendar year. (Suitable for applicant requires with 1 person assistance with transferring/toileting or no assistance required)

**Econ Nursing Home**

- Braddell Tel: 6226 1188
- Buangkok Tel: 6226 1188
- Choa Chu Kang Tel: 6226 1188
- Chai Chee Tel: 6226 1188
- Recreation Road Tel: 6226 1188
- Upper East Coast Tel: 6226 1188
- Yio Chu Kang Tel: 6226 1188

**NTUC Health Nursing Home**

- Jurong West Tel: 6708 8400

**Orange Valley Nursing Home**

- Balestier Tel: 6250 6636
- Clementi Tel: 6873 9988
- Changi Tel: 6545 5977
- Marsiling Tel: 6362 7333
- Simei Tel: 6260 0020

**Jamiyah Nursing Home**

- West Coast Tel: 6776 8575

**United Medicare Centre**

- Elizabeth Drive Tel: 6760 1555
- Queensway Tel: 6479 5888
- Toa Payoh Tel: 6258 4848

**Vanguard Care Home**

- Woodlands Tel: 6540 9200