

Application Form 申请表格

For Peritoneal Dialysis Programme
腹膜透析计划



Eligibility

NKF was set up to help needy kidney patients through the generous funding of the public. Strict guidelines are in place to ensure that only persons from lower income households will be assisted under the means testing framework. Besides means testing, persons applying for assistance are required to meet all other eligibility to qualify.

- Singaporean/Permanent Resident
- Referred to NKF by Restructured Hospitals (i.e. SGH, NUH, TTSH, AH, KTPH, CGH, NTFGH, SKH & others)
- Must not own a private property with annual value of more than \$21,000 per annum
- Must not be a Civil Service Card (CSC) holder
- Pass means test (financial assessment)

Mandatory Documents for Submission

Applicant & Household Members¹:

1. Complete family information sheet – Annex 1
2. Clear photocopies of front & back of NRIC²/FIN/Special Pass/Foreign Passports for the main applicant and all household members who are 15 years old & above
3. Clear photocopies of birth certificates for all household members below 15 years old
4. Gross³ monthly income above \$6,000; or are foreigners (i.e. non Singapore Citizens or non Permanent Residents)
 - To provide pay slips, employment letter or any income documents of the latest month for the main applicant and/or household members who are 21 years old & above
5. Applicant or household members, who are mentally or physically incapacitated, are required to provide a doctor's memo with the same relevant information (dated within 6 months) as supporting document
6. Household members, who currently require long term care such as suffering from critical chronic diseases
 - A doctor's memo (dated within 6 months) may be attached as supporting document
7. Main applicant only
 - CPF Transaction History for the past 15 months (indicating Medisave Balance)
 - Latest CPF Healthcare Dashboard (indicating Medishield Status)
 - A valid inforce Medisave-Approved Policy Plan e.g., IncomeShield, PruShield, HealthShield Gold etc (if any)
 - Rider Policy (if applicable)
 - Outpatient Renal Dialysis Claims Voucher/Summary (Private insurance only) indicating proration and capping

Applicant's children who are not staying together:

1. Complete family information sheet – Annex 2
2. Clear photocopies of front & back of NRIC²/FIN/Special Pass/Foreign Passports for members who are 15 years old & above
3. Clear photocopies of birth certificates for members below 15 years old

病人录取条件

NKF的成立是为了帮助贫苦肾脏病人。由于依赖公众捐款，因此我们采取严谨的审查步骤，确保低收入病人获益。除了支付能力调查，申请者也必须符合其他申请条件。

- 新加坡公民或新加坡永久居民
- 由政府附属医院推荐（中央医院，国大医院，陈笃生医院，亚历山大医院，邱德拔医院，樟宜综合医院，黄廷芳综合医院，盛港综合医院以及其它重组医院）
- 不能拥有年屋值超过21,000元的私人房地产
- 不能是公务卡持有者
- 通过支付能力调查

所需文件影印列表

申请者以及同住家庭成员¹:

1. 完整填写家庭成员资料表格 – Annex 1
2. 15岁及以上的申请者及家庭成员 – 身份证²/外籍身份证/特别准证/外国护照影印（如适用）
3. 15岁以下的申请者及家庭成员 – 出生证明影印
4. 最新的收入表，例如21岁以上的申请者及家庭成员的工资单或雇主信³
 - 每月总收入超过6,000元
 - 外国人，也就是非新加坡公民或永久居民
5. 智障或残疾申请者或家庭成员 – 最近期医生证明（6个月之内）附上为证明文件
6. 慢性疾病家庭成员 – 最近期医生证明（6个月之内）附上为证明文件
7. 只限申请者
 - 最新15个月的公积金缴交和交易记录结单（包括健保储蓄余款）
 - 公积金局网站上最新的医疗保健面板（须显示健保双全的现状）
 - 其他保险证明文件（若有）例如健保双全计划、金级健康保险计划等
 - 附加保险保单（若适用）
 - 门诊洗肾治疗的理赔金支付凭证/汇总表（只限私人医疗保险），须注明赔偿比例和限额

申请者非同住家庭成员的孩子:

1. 完整填写家庭成员资料表格 – Annex 2
2. 15岁及以上 – 身份证²/外籍身份证/特别准证/外国护照影印（如适用）
3. 15岁以下 – 出生证明文件的影印

¹ Household members include all family members (whether related by blood, marriage and/or legal adoption) living in the same address as main applicant, i.e. parents, spouse, children, siblings, grandchildren, and children-in-law etc.

² For Full-time National Servicemen (NSFs) or SAF regulars who do not retain their NRICs, 11B can be used as identification document instead.

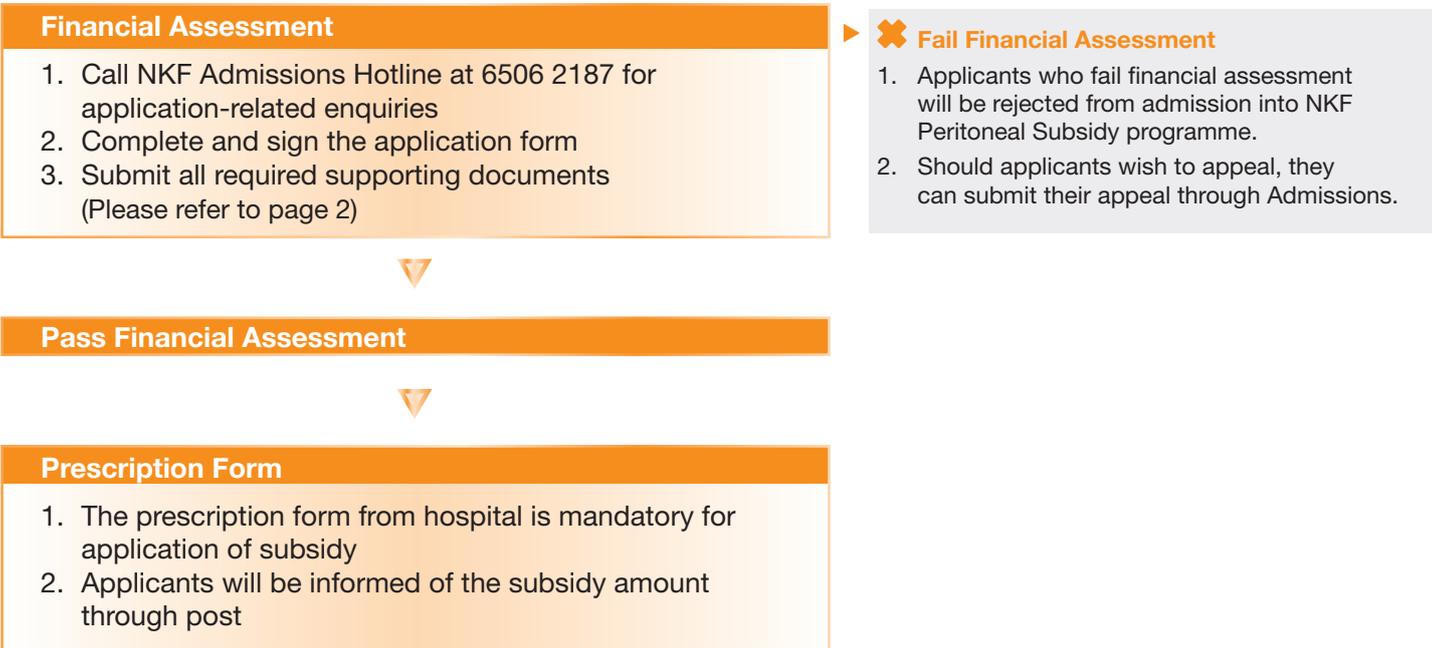
³ Gross monthly income refers to your basic income, overtime pay, allowances, cash awards, commissions and bonuses.

¹ 家庭成员指的是和申请者住在同一住址的成员，不论是否有血缘、婚姻以及/或合法领养关系，比如父母、配偶、孩子、兄弟姐妹、孙子或媳妇女婿。

² 没有身份证的国民服役人员或新加坡武装部队成员可使用11B作为身份证明。

³ 月薪指的是基本月薪、超时工资、津贴、现金奖赏、佣金和花红

PERITONEAL DIALYSIS ADMISSIONS WORKFLOW



腹膜透析计划申请程序



APPLICATION FORM for Peritoneal Dialysis Programme

腹膜透析计划申请表格

The National Kidney Foundation 全国肾脏基金会

81 Kim Keat Road, Singapore 328836

Email 电邮 : nkfapplication@nkfs.org

Hotline 热线: 6506 2187

Fax 传真 : 6356 9002

Attach a recent
passport-sized
photograph

附上近照

PART (A): PERSONAL INFORMATION 个人信息

Full Name (Mr/Mrs/Mdm/Miss) 姓名 (先生/夫人/女士/小姐) : _____

NRIC No. 身份证号码: _____ Sex 性别: M 男 / F 女 Date of Birth 出生日期: ____/____/____

Nationality 国籍: _____ Highest Educational Qualification 最高学历: _____

Address 地址: _____

Postal Code 邮区: _____

Tel. No. 电话号码: (Home 住家) _____ (Office 办公室) _____ (Mobile 手机) _____

Marital Status 婚姻状况: Single 单身 Married 已婚 Divorced 离婚 Separated 分居 Widowed 鳏寡

Race 种族: Chinese 华族 Malay 马来族 Indian 印度族 Others 其他 _____

Religion 宗教: Buddhist 佛教 Christian 基督教 Hindu 兴都教 Muslim 回教 Others 其他 _____

Language Spoken 惯用语言: English 英语 Mandarin 华语 Malay 马来语 Tamil 淡米尔语 Others 其他 _____

Dialect Group 籍贯: _____

Accommodation 住宿: Own 自己所有 Rent 租用 Family 家庭共住 Others 其它 _____

Type of Accommodation 房屋类型:

HDB Flat 政府组屋 ____ Rooms 房 HDB Executive/Maisonette 旧式共管式组屋 / Condominium 公寓

Landed Property 有地房产 Shophouse 店屋

PART (B): EMPLOYMENT INFORMATION 就业状况

Current Status 目前状态:

Retired 退休 Employed Full-time 全职工作 Employed Part-time 兼职工作 Unemployed 无业

Current Occupation 目前职业: _____ Current Gross Salary 目前薪金: \$ _____

Name of Company 公司: _____

Address 公司地址: _____

Date Joined 加入日期: _____ Working Hours 工作时间: _____

Previous Occupation 前职: _____ Previous Gross Salary 前薪金: \$ _____

I am currently unemployed because of the following reason/s 由于以下原因, 我目前无业:

(You may tick more than one 您可以勾选多过一项选择)

Looking after family 照顾家庭 Deemed medically unfit by doctor 医生认为身体状况不适合就业

Too ill to work 疾病无法工作 Retrenched 裁员 Unable to find employment 找不到工作

Others 其它 _____

PART (C): FINANCIAL INFORMATION 经济状况

I am insured under 我受保于: MediShield Life 健保双全计划 None 没有

Others 其它 _____ (e.g. AIA HealthShield Gold Plan A)

Rider Insurance: No 否 Yes 有 (Please specify 请注明): _____

I am a Civil Service Card Holder 我是政府公务员: Holder 持有者 (Percentage 比例 _____ %)

Dependent 家属 (Percentage 比例 _____ %)

I have Company Health Insurance 是否有公司健康保险:

No 否 Yes 有 (Please specify 请注明): _____

I have Medisave 我有保健储蓄: No 否 Yes 是 Current Balance 现有金额: \$ _____

I have Medifund 我有受保健基金资助: No 否 Yes 是 (Percentage 比例 _____ %)

I am receiving financial assistance from other charity organisation 我有接受其它慈善机构的经济援助:

No 否 Yes 有 (Please specify 请注明): Name of Charity Organisation 慈善机构名称: _____

Amount 金额 \$ _____ per month 每月

PART (D): DIALYSIS TREATMENT INFORMATION 洗肾医疗纪录

I have been referred by Doctor 我经由医生推荐: _____ (Name of Doctor 医生名字)

Renal Coordinator 肾科协调员 / Medical Social Worker 医院社工: _____

At SGH 新加坡中央医院 NUH 国大医院 TTSH 陈笃生医院 AH 亚历山大医院

KTPH 邱德拔医院 CGH 樟宜综合医院 NTFGH 黄廷芳综合医院 Others 其他?

I started my first dialysis treatment on 我首次洗肾是从 _____ (dd/mm/yyyy 日/月/年)

Types of Peritoneal Dialysis 腹膜透析方式 Continuous Ambulatory Peritoneal Dialysis (CAPD) 连续不卧床腹膜透析

Automated Peritoneal Dialysis (APD) 自动腹膜透析

Please tick if you would require Peritoneal Dialysis Home Visit Service.

若需要NKF住家探访服务, 请打勾。

ANNEX 1: PARTICULARS OF APPLICANT AND ALL HOUSEHOLD MEMBERS¹

申请者同住家庭成员资料¹

S/N	Name of Applicant + Household Members to Applicant 申请者 + 家庭成员姓名	NRIC No. 身份证号码	Date of Birth 出生日期	Relationship 与申请者的关系	Marital Status 婚姻状况	Spouse working? 配偶工作吗?	No. of Children 孩子人数	Occupation 职业	Gross Income 总收入	Contact No. 联络号码	Highest Educational Qualification 最高学历
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											

¹ Household members include all family members (whether related by blood, marriage and/or legal adoption) living in the same address as main applicant, i.e. parents, spouse, children, siblings, grandchildren, children-in-law, etc.
同住家庭成员包括所有与申请者拥有同一住址的家人（无论是否有血缘、婚姻和 / 或合法领养关系）例如父母、配偶、子女、兄弟姐妹、孙子、女婿、媳妇等。

ANNEX 2: PARTICULARS OF APPLICANT'S CHILDREN (WHO ARE NOT STAYING IN THE SAME HOUSEHOLD)²
申请者孩子资料 (非同住址) ²

S/N	Name of Applicant's Children 申请者孩子姓名	NRIC No. 身份证号码	Date of Birth 出生日期	Relationship 与申请者的关系	Marital Status 婚姻状况	Spouse working? 配偶工作吗?	No. of Children 孩子人数	Occupation 职业	Gross Income 总收入	Contact No. 联络号码	Highest Educational Qualification 最高学历
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Please provide 2 main contacts 请提供2个主要联络:

- Name 姓名: _____ Relationship to applicant 于申请者的关系: _____
 Contact 联络方式: (Home 居家) _____ (Mobile 手机) _____ (Email 电邮地址) _____
- Name 姓名: _____ Relationship to applicant 于申请者的关系: _____
 Contact 联络方式: (Home 居家) _____ (Mobile 手机) _____ (Email 电邮地址) _____

² Children (including those who are legally adopted), whose NRIC have a different residential address to that of the main applicant's. 身份证住址与申请者住址不同的儿女 (包括和法领养的孩子)。

DECLARATION 声明

I understand that in the course of administering, evaluating and upon acceptance of my application into the Peritoneal Dialysis Subsidy Programme, NKF may need to both release information to and request information from external parties. These parties include (but is not limited to) hospitals, Ministry of Health, Peritoneal Dialysis service providers, Patient Appeal Committee (PAC), CPF Board, other healthcare providers, community care providers, counselling agencies, family services centres and financial aid agencies. For the purpose of verifying the information provided, I understand that my family members and/or caregivers may also be contacted.

Upon acceptance into the Peritoneal Dialysis Subsidy Programme, I understand that NKF may use the information provided for:

- The provision of Peritoneal Dialysis financial support;
- The application for financial subsidy for myself and my family; and
- The provision of social services for myself and my family.

我明白在管理和评估我所申请腹膜透析计划补助的过程中, 全国肾脏基金会可能需要向相关外部各方公开和寻求资料。这些外部各方包括但不限于医院、卫生部和腹膜透析服务提供商、病人申诉委员会、公积金局、其他医疗保健提供者、社区关怀提供者、辅导机构、家庭服务中心和经济援助机构。我理解我的家人和/或看护者有可能会被联系以确保我所提供的资料的真实性。

一旦接受腹膜透析补助计划后, 我明白全国肾脏基金会可能会把所提供的资料使用于:

- 提供腹膜透析经济援助
- 为我本人和家庭成员申请经济援助; 和
- 为我本人和家庭成员提供社会服务

Patient's Signature/Thumbprint 病人签名/拇指印

Date 日期: _____

WITNESSED BY 见证人:

Name 姓名: _____

Relationship 与病人亲属关系: _____

Signature/Thumbprint 签名/拇指印

Date 日期: _____

For more information 欲知更多详情