

**NATIONAL COUNCIL OF SOCIAL SERVICE****'LTA CARES' FUND  
APPLICATION FORM FOR STUDENTS****I) PARTICULARS OF APPLICANT**

Name (in full) : \_\_\_\_\_

NRIC/BC No. : \_\_\_\_\_ Sex : \_\_\_\_\_

Race : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Contact No. : \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP)

Email Address : \_\_\_\_\_

Residential Address : \_\_\_\_\_  
\_\_\_\_\_

Housing Type : HDB ( \_\_\_\_ - Room ) / Private / Others: \_\_\_\_\_

Home Ownership : Rental / Purchased / Not Applicable

Occupation : \_\_\_\_\_

Type of Disability : \_\_\_\_\_

Type of Mobility : \_\_\_\_\_  
Aid Used \_\_\_\_\_

Current Mode of Transport Used to School : \_\_\_\_\_

Bank Name and : \_\_\_\_\_  
Account No. \_\_\_\_\_

Are you a member of any Voluntary Welfare Organisation (VWO)? Yes/No

If yes, please state name of the VWO(s): \_\_\_\_\_  
\_\_\_\_\_Name of : \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_Relationship to : \_\_\_\_\_  
Applicant \_\_\_\_\_

NRIC No : \_\_\_\_\_

Contact No: \_\_\_\_\_ (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP)

Contact Address (if different from applicant): \_\_\_\_\_  
\_\_\_\_\_

## II) PARTICULARS OF SCHOOL

Name of School : \_\_\_\_\_

Address : \_\_\_\_\_

Name of Principal : \_\_\_\_\_

Contact No: : \_\_\_\_\_

## III) FAMILY & FINANCIAL INFORMATION

Name	Sex	Age	Relationship	Occupation	Monthly Nett Income
			Applicant		
<b>Total Monthly Nett Household Income:</b>					
<b>Other Income (Please specify - rental, support from relatives/friends, welfare organisation, others):</b>					
<b>Total Monthly Nett Household Income (Including Other Income):</b>					

<sup>1</sup> Household Members refer to family members living in the **same** household as the person with disability.

<sup>2</sup> Nett Monthly Income is defined as income after deduction for CPF contribution. **Information given under this section must be supported by relevant documents (e.g. salary slips, CPF statements etc).**

**Estimated Household Expenditure per month**

- 1. House Rental / Instalment - HDB \_\_\_\_\_
- 2. Utilities \_\_\_\_\_
- 3. Conservancy Charges \_\_\_\_\_
- 4. Loans / Cash Instalments \_\_\_\_\_
- 5. Housekeeping, Food etc. \_\_\_\_\_
- 6. School Expenses \_\_\_\_\_
- 7. Working Expenses \_\_\_\_\_
- 8. Medical Expenses \_\_\_\_\_
- 9. Transport \_\_\_\_\_
- 10. Others (if applicable) \_\_\_\_\_
  
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Total \_\_\_\_\_

**IV) SUPPORT FROM REFERRING AGENCY**

*(To be filled in by a social worker or relevant staff assigned by the referring Voluntary Welfare Organisation (VWO)).*

Application Supported by: \_\_\_\_\_ Signature: \_\_\_\_\_  
Name/Designation

Name of VWO.: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Email Address.: \_\_\_\_\_ Date: \_\_\_\_\_

**V) DECLARATION BY APPLICANT OR PARENT/GUARDIAN OF APPLICANT**

1. I declare that I am the \*applicant / Parent of the Applicant / Guardian of the Applicant.
2. I declare that the information and statements provided above are true and to the best of my knowledge.
3. I declare that \*I am / my child / ward is not using any other form of transportation services provided by the National Council of Social Service (NCSS) and its affiliates.
4. I agree and understand that:
  - a. This application signifies my consent to the administrator of the scheme to obtain medical information from any doctor whom \*I have / my child / ward has consulted and I authorise the doctor to release such information to the administrator.
  - b. I am aware that National Council of Social Service has the right to revoke the taxi subsidy privileges that was given to me / my child / my ward, if I have provided inaccurate information, refused to abide by the rules and regulations set by NCSS for the subsidy, or found to be abusing the subsidy.

\_\_\_\_\_  
Name of \*Applicant / Parent / Guardian      NRIC No      Signature \*Applicant / Parent / Guardian      Date

(\*Please delete as appropriate)

**For Official Use Only (To be filled in by NCSS)**

Combined Nett Monthly Household Income (subtotal):	S\$
Other Income (if any):	S\$
Total Nett Monthly Household Income:	S\$
Total No. of Household Members:	
Per capita Household income <sup>3</sup> :	S\$

**Eligible Subsidy Rate:** \_\_\_\_\_

Recorded by: \_\_\_\_\_

Designation/ Dept: \_\_\_\_\_

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

<sup>3</sup> Per capita household income refers to total monthly household income divided by number of family members living in the same household as the person with disability.

**APPLICATION FOR 'LTA CARES' FUND**  
**STUDENT STATUS VERIFICATION FORM**

To : The Officer-in-Charge  
'LTA Cares' Fund  
Schemes and Provisions  
National Council of Social Service  
NCSS Centre  
170 Ghim Moh Road #01-02  
Singapore 279621

This is to certify that \_\_\_\_\_

NRIC/BC No. \_\_\_\_\_ is a student of my school with effect

from \_\_\_\_\_.

\_\_\_\_\_  
Name and Signature of Principal

\_\_\_\_\_  
School's Stamp

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

**APPLICATION FOR 'LTA CARES' FUND  
MEDICAL REPORT**

To: The Officer-In-Charge  
'LTA Cares' Fund  
Schemes and Provisions  
National Council of Social Service  
NCSS Centre  
170 Ghim Moh Road #01-02  
Singapore 279621

1. I have examined Mr/Ms/Mdm \_\_\_\_\_ of  
NRIC/BC No. \_\_\_\_\_.

2. The nature of his/her disability is \_\_\_\_\_

3. I certify that the applicant (please tick as appropriate)

Is capable of travelling by bus or MRT.

Is totally dependent on taxis for transportation.  
If yes, is he/she solely dependent on wheelchair accessible taxis, such as  
MaxiCab or London Cab? Yes / No \*

Is using the following technical aid for mobility :

- Wheelchair
- Rollators
- Crutches
- Calipers
- Walking Frame
- Others (please specify : \_\_\_\_\_)

\_\_\_\_\_  
Name of Consultant Physician /  
Occupational Therapist / Physiotherapist

\_\_\_\_\_  
(Stamp)  
Hospital / Clinic / Organisation

\_\_\_\_\_  
Signature of Consultant Physician /  
Occupational Therapist / Physiotherapist

\_\_\_\_\_  
Date

\* Please delete as appropriate.

The Finance Officer-in-Charge  
National Council of Social Service  
Finance Department  
170 Ghim Moh Road #01-02  
Singapore 279621

**INTER-BANK GIRO – DIRECT CREDIT AUTHORISATION FORM**

1. Please credit all monies due to us to our bank account, the particulars of which are given in Part A below. In the event of a change of bank account, we will inform you in writing 2 weeks in advance before the change.
2. We have forwarded the completed form to our bank for verification. The Bank’s confirmation is given in Part B below.

<b>PART A</b>								
1.	Name of Organisation/Applicant :	<input style="width: 95%; height: 20px;" type="text"/>						
2.	Our Bank & Branch Name :	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>						
3.	Bank Account Name :	<input style="width: 95%; height: 20px;" type="text"/>						
4.	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 25%;">Bank Code</th> <th style="width: 25%;">Branch Code</th> <th style="width: 50%;">A/C No. to be Credited</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">       </td> <td style="text-align: left;">       </td> <td style="text-align: left;">                               </td> </tr> </tbody> </table>	Bank Code	Branch Code	A/C No. to be Credited				
Bank Code	Branch Code	A/C No. to be Credited						
<hr style="width: 80%; margin-left: 0;"/> Organisation’s Stamp & Authorised Signature/ Applicant’s Thumbprint/ Signature		<hr style="width: 80%; margin-left: 0;"/> Telephone No.						
		<hr style="width: 80%; margin-left: 0;"/> Date						

<b>PART B TO BE COMPLETED BY THE BANK</b>		
We confirm that the particulars in Part A above are correct. Item 3 of Part A is in accordance with the account number format for the Interbank GIRO participating bank.		
<hr style="width: 80%; margin-left: 0;"/> Bank’s Stamp & Authorised Signatures	<hr style="width: 80%; margin-left: 0;"/> Authorised Signatory’s Name & Contact Number	<hr style="width: 80%; margin-left: 0;"/> Date

<b>PART C FOR OFFICIAL USE ONLY</b>		
Effective Date : <hr style="width: 80%; margin-left: 0;"/>	Date of Acknowledgement : <hr style="width: 80%; margin-left: 0;"/>	Acknowledged by : <hr style="width: 80%; margin-left: 0;"/>

## **NATIONAL COUNCIL OF SOCIAL SERVICE**

### **'LTA CARES' FUND**

#### **ELIGIBILITY GUIDELINES**

The 'LTA Cares' Fund is available for working adults and students with physical disabilities. The eligibility criteria are as follows : -

To be eligible for 'LTA Cares' Fund, working adults with disabilities must :

1. be totally dependent on taxis for transportation to work (to be certified by qualified medical professionals);
2. be already employed or have been accepted for employment;
3. have a monthly nett per capita household income<sup>1</sup> of less than \$1,300;
4. not own any vehicle; and
5. not be using any other form of transportation services provided by the National Council of Social Service (NCSS) and its affiliates.

To be eligible for 'LTA Cares' Fund, students with disabilities must :

1. be totally dependent on taxis for transportation to school (to be certified by qualified medical professionals);
2. be already attending school or have gained admission to a school;
3. have a monthly nett per capita household income less than \$1,300<sup>1</sup>; and
4. not be using any other form of transportation services provided by the National Council of Social Service (NCSS) and its affiliates.

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<sup>1</sup> Nett per capita household income is the total household income after deducting CPF contribution, divided by the number of family members in the household.

# NATIONAL COUNCIL OF SOCIAL SERVICE

## 'LTA CARES' FUND

### RULES AND REGULATIONS

1. 'LTA Cares' Fund is only provided for disabled persons who are unable to take public buses and the MRT, and who are totally dependent on taxis as the only mode of transportation to and from work or school.
2. Reimbursements are payable for journeys made from and to home for employment purposes (working adults with disabilities) or for journeys made from and to home for schooling purposes (for students with disabilities) **only**. **Payments for taxi booking charges are strictly excluded.**
3. All beneficiaries must submit their fare cards **not later than 3 months** after period of claim, eg, the card for the month of December 2006 should reach NCSS latest by March 2007.
4. Taxi receipts for all journeys to be claimed must be submitted with the fare cards.
5. The fare incurred for each journey must be verified with the respective taxi driver's signature. Otherwise, the fare incurred will not be considered for reimbursement.
6. NCSS reserves the right to verify working adults' employment status with their employers, and in the case of students, their student status with their schools as and when necessary.
7. All recipients of taxi subsidies must inform NCSS if they cease or change employment/school, or if there is any change of employment in the family.
8. Persons refusing to abide by NCSS rules and regulations, or who are found to be abusing the scheme, or giving false information will have their taxi subsidy privileges revoked.
9. NCSS has the right to set and/or change the rate of subsidies provided without giving prior notice to recipients and applicants.
10. NCSS has the right to terminate the scheme without giving prior notice to its recipients or applicants.

# NATIONAL COUNCIL OF SOCIAL SERVICE

## APPLICATION FOR 'LTA CARES' FUND

### INSTRUCTIONS

1. All applications are to be submitted to:

The Executive-in-Charge  
'LTA Cares' Fund  
Schemes and Provisions  
National Council of Social Service  
NCSS Centre  
170 Ghim Moh Road #01-02  
Singapore 279621

#### **Working Adults with Disabilities**

2. Applicant's employment particulars must be verified by his/her employer (using Form B).
3. Applicant must be certified by a qualified medical professional that he/she is totally dependent on taxis as a form of transportation to work and home (using Form C).
4. Application Form A must be submitted together with the following documents:
  - a. Employer's Verification Form (Form B)
  - b. Copy of applicant and family members' latest payslip
  - c. Medical Report (Form C)
  - d. The Inter-bank Giro – Direct Credit Authorisation Form. Part A and Part B of this form must be filled up before submission. The Inter-bank Giro – Direct Credit Authorisation Form **must** be verified by the Bank.

**Incomplete forms will not be considered for subsidy.**

#### **Students with Disabilities**

5. Form A must be completed and signed by the social worker.
6. Applicant's student status must be verified by his/her school (using Form B).
7. Applicant must be certified by a qualified medical professional that he/she is totally dependent on taxis as a form of transportation to school and home (using Form C).
8. Application Form A must be submitted together with the following documents:
  - a. Student Status Verification Form (Form B)
  - b. Copy of applicant and family members' latest payslip
  - c. Medical Report (Form C)
  - d. The Inter-bank Giro – Direct Credit Authorisation Form. Part A and Part B of this form must be filled up before submission. The Inter-bank Giro – Direct Credit Authorisation Form **must** be verified by the Bank.

**Incomplete forms will not be considered for subsidy.**