

NATIONAL COUNCIL OF SOCIAL SERVICE

**'LTA CARES' FUND
APPLICATION FORM FOR WORKING ADULTS**

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 Work : _____

Bank Account No. : _____

Are you a member of any Voluntary Welfare Organisation (VWO)? Yes/No
If yes, please state name of the VWO(s): _____

II) PARTICULARS OF WORKPLACE

Name of Employer : _____

Name of Company : _____

Workplace Address : _____

Name of Supervisor : _____

Designation : _____ Contact No. : _____

III) FINANCIAL INFORMATION

a. Source of Income	\$
1. Combined monthly Nett Household Income	_____
2. Other sources per month (eg. from rental, support from relatives & friends, welfare organisation etc.)	_____
Total	_____
b. 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) FAMILY INFORMATION

Name	Sex	Age	Relationship	Occupation	Monthly Nett Income
			Applicant		
Total monthly nett income:					

Complied by : _____ Designation : _____

Contact No. : _____ Date : _____

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

² 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).**

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 ³ :	S\$

Eligible Subsidy Rate: _____

Recorded by: _____

Designation/ Dept: _____

Date: _____

³ 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
EMPLOYER'S 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 _____ of NRIC No.
_____ is an employee of my company with effect from
_____. He/She is currently working _____ days
(date of commencement of employment)
per week and is drawing \$ _____ per month.
(nett salary)

Name and Signature of Employer

Company'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.

PART A							
1.	Name of Organisation/Applicant :						
2.	Our Bank & Branch Name :						
3.	Bank Account Name :						
4.	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 33%;">Bank Code</th> <th style="width: 33%;">Branch Code</th> <th style="width: 33%;">A/C No. to be Credited</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </tbody> </table>	Bank Code	Branch Code	A/C No. to be Credited			
Bank Code	Branch Code	A/C No. to be Credited					
_____ Organisation's Stamp & Authorised Signature/ Applicant's Thumbprint/ Signature		_____ Telephone No.					
		_____ Date					

PART B TO BE COMPLETED BY THE BANK		
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.		
_____ Bank's Stamp & Authorised Signatures	_____ Authorised Signatory's Name & Contact Number	_____ Date

PART C FOR OFFICIAL USE ONLY		
Effective Date :	Date of Acknowledgement :	Acknowledged by :
_____	_____	_____

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 income¹ of less than \$1,000;
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 \$1,000¹; and
4. not be using any other form of transportation services provided by the National Council of Social Service (NCSS) and its affiliates.

¹ 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)
 - b. 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.