



MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

APPLICATION FOR START-UP GRANT AND/OR FINANCIAL ASSISTANCE

This form is to be completed by the Child Care Centre. Please complete this form if the Applicant's gross monthly household income is \$3,500 or less.

ENROLMENT DETAILS

Name as in Birth Certificate:

Birth Certificate No.:

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SECTION I APPLICATION FOR START-UP GRANT (SUG) FOR FIRST TIME APPLICANTS

1. Registration fee	\$	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
2. Deposit (equivalent to one month's fee)	\$	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
3. School uniform/physical education attire (capped at 3 days' requirement)	\$	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
4. Insurance (one-off annually)	\$	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
5. Mattress (capped at 1 piece) / Mattress cover (capped at 2 pieces)	\$	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>
Total amount paid will be capped at \$1,000 (excl. GST)	\$	<div><div></div><div></div><div></div><div></div></div> . <div><div></div><div></div></div>

SECTION II APPLICATION FOR FINANCIAL ASSISTANCE

SECTION II(A): IF REFERRED BY AGENCY	Referral by (please tick one): <input type="checkbox"/> FSC/ Specialised Centre <input type="checkbox"/> CDC <input type="checkbox"/> MSF	Name of Agency:									
		Name of social worker:									
		Email Address:									
		Co-Payment:	\$	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table>							per month
		Start-up Grant:	\$	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1"><tr><td></td><td></td></tr></table>							No. of previously received Start-up Grant: <table border="1"><tr><td></td></tr></table>
Start Date:	<table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> (mm/yyyy)										
Period:	<table border="1"><tr><td></td><td></td></tr></table> Month(s)										

SECTION II(B): IF SELF REFERRED (Please tick relevant boxes and attach documents to support case.)	<input type="checkbox"/> Parent(s) seeking employment	<input type="checkbox"/> High cost of caring for sick / disabled dependent
	<input type="checkbox"/> Parent(s) medically unfit for work	<input type="checkbox"/> Caring for relative's child
	<input type="checkbox"/> Parent(s) unable to work due to care giving duties	<input type="checkbox"/> Parent(s) incarcerated
	<input type="checkbox"/> Parent(s) attending full time course	<input type="checkbox"/> Child residing in MSF children's home
	<input type="checkbox"/> Single / divorced / widowed parent	
	<input type="checkbox"/> Others (please specify): _____	

SECTION III DECLARATION BY MAIN APPLICANT AND / OR SPOUSE

1. I/We declare that the information provided in this application by me/us is true and I/we furnish it knowing that I/we may be liable to prosecution if I/we have wilfully stated any information which I/we know to be false or do not believe to be true.
2. I/We also understand that any part of this application improperly completed may lead to the rejection of the application.

Name of Main Applicant as in NRIC/ FIN/ Passport

Signature

□□ / □□ / □□□□
Date (dd/mm/yyyy)

Name of Spouse as in NRIC/ FIN/ Passport
(Where applicable)

Signature

□□ / □□ / □□□□
Date (dd/mm/yyyy)

SECTION IV DECLARATION BY CHILD CARE CENTRE

1. I am aware that our centre need to keep the children's / parents' records strictly confidential.
2. I have verified the foregoing information to be true and understand that our centre may be liable to prosecution for any information furnished by the applicant which I know to be false or do not believe to be true. I understand that any part of this application improperly completed may lead to the rejection of the application.

Name of Infant / Childcare Centre

Centre Code

Contact No.

Name / Designation of CCC Personnel

Signature

□□ / □□ / □□□□
Date (dd/mm/yyyy)

Child Care Centre Personnel:

Please submit a certified true copy of supporting documents **from Section I** within 3 working days to Officer-In-Charge via email at: MSF_Comcare_ChildcareSubsidy@msf.gov.sg or via fax at: (65) 6251 3675.