



CONFIDENTIAL

YOUNG WOMEN'S CHRISTIAN ASSOCIATION (YWCA) WEEKDAY
SUSTENANCE FOR FAMILIES

APPLICATION FORM

| | | | |
|-------------------------------------|--|----------------------------|--|
| Referred Social Worker 社工 | | | |
| Contact Number 联络号码 | | Email Address 电邮 | |
| Agency Name 介绍中心 | | | |

| | |
|--|---------------------|
| Date of Application 申请日期 | |
| New / Renewal (Please <u>circle</u>) | Date Started Since: |

Applicant's Particulars 申请者资料

| | | | |
|--|------------------------------------|-------------------------|--|
| Name 英文姓名 | | Name in Chinese 中文姓名 | |
| NRIC No. 身份证号码 | Gender: Male / Female 性别: 男 / 女 | Date of Birth 出生日期 | |
| Citizenship 国籍 | Race 种族 | Religion 宗教 | |
| Marital Status: Single / Married / Divorced / Separated / Widowed 婚姻状况: 单身 / 已婚 / 再婚 / 离婚 / 分居 / 丧偶 | | | |
| Address 地址 | | | |
| Contact Numbers 联络号码 | | | |



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Employment Particulars 就业资料

| | |
|--|------------------|
| Employment Status: Employed / Unemployed / Retired 就业情况: 雇用 / 失业 / 退休 | Occupation 职业 |
| Gross Monthly Income (if employed) 每月薪金 | |
| Other Sources of Income: Source / Amount (\$) (1) _____ (2) _____ (3) _____ | |

Financial Assistance 财政援助

| | | |
|--|--------------------------------|-----------------------|
| Is the household receiving other types of assistance? Yes / No 家庭有接收其他类型的援助吗? 是 / 否 | | |
| If Yes, please list them below: | | |
| <u>Organisation 组织</u> | <u>Type of Assistance 援助类型</u> | <u>Amount 数额 (\$)</u> |
| (1) _____ | _____ | _____ |
| (2) _____ | _____ | _____ |
| (3) _____ | _____ | _____ |

Particulars of Other Household Members 其他家庭成员资料

| Name 姓名 | Age 年龄 | Relationship to Applicant 与申请者的关系 |
|---------|--------|-----------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

*In the event that you are not at home when the volunteer driver delivers your rations, we will:

如果您当天不在家, 我们应该把食品:

Pass to neighbour (Unit No. _____) 交给邻居 (门牌号码: _____).



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APPLICATION FORM SUSTENANCE FOR FAMILIES (MILK POWDER AND DIAPERS)

| MILK POWDER 奶粉 | | | |
|----------------|-----------|-----------------|--------------------------------|
| Tick | Age Range | Brand | Quantity |
| | | Anlene/Fernleaf | Adult |
| | | | *Please circle preferred brand |
| | | Dumex Dulac 1 | 0 – 6 months |
| | | Dumex Dulac 2 | 6 – 12 months |
| | | Dumex Dugro 3 | 1 – 3 years |
| | | Dumex Dugro 4 | 3 – 6 years |

YWCA reserves the right to change the brand of the milk powder without prior notice, depending on availability of supplies. Please refer to the ingredients list to check for any possible allergens. YWCA will not be held responsible for any adverse reaction, as a result of consumption of any milk / food products.

| BABY DRYPERS (LIMITED SUPPLY) 婴儿纸尿裤 (限量供应) | | |
|--|------|----------|
| Tick (Preferred Option) | Size | Quantity |
| | NB | |
| | M | |
| | L | |

| ADULT DIAPERS 成人纸尿裤 | | |
|----------------------------|------|----------|
| Tick (Preferred Option) | Size | Quantity |
| | S | |
| | M | |
| | L | |
| | XL | |



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APPLICATION FORM

Thank you for completing the application form. We hope to provide you and your family with the best service. In order to do so, please ensure that you submit this form together with the following items listed below to your Social Worker.

谢谢你填写表格。我们希望为你和你的家人提供最好的服务。所以，请您把表格和以下的文件提交给我们。

- ☐ Photocopy of NRIC/ Birth Certificate of all family members of the household ; 所有家庭成员的身份证/出生证明复印件;
- ☐ Payslip(s) / Letters of Employment (last 3 months) of family member(s) who are contributing financially to the household; 家庭成员的薪水单或聘请书;
- ☐ Photocopy of updated bankbooks/e-statements (Account Holder & last transaction page) 银行存折第一页和最后一页的复印本;
- ☐ Social Report 社会报告 (To be submitted separately by your Social Worker) 社工提交

IMPORTANT NOTE 重要提示

In the event that the client is not at home, the sustenance rations will be returned to Young Women's Christian Association of Singapore (YWCA) and the requesting agency will have to make alternative arrangements to collect the ration bags. Please ensure that an appointment is made prior to collection. Any beneficiary's rations not collected within 3 months will be forfeited. 在受益者不在家的状况下，粮食包装将会返回新加坡基督教女青年会 YWCA。请求机构得做适当的安排来取回粮食包袋。取回粮食包袋之前，请先与我们联系。三个月内没领取的粮食将会被没收。

By signing on this application form, you hereby indemnify that you shall not hold Young Women's Christian Association of Singapore (YWCA) liable for any adverse reaction, injury, illness or death that may result from the consumption of any food products contained in our sustenance ration bags.

签署该表格为代表，如果因食用新加坡基督教女青年会 YWCA 粮食而产生任何食品过敏或可能导致的任何不良反应、伤害、疾病或死亡，您特此保证，您不要求 YWCA 承担责任。

By signing this form, I consent to allow Young Women's Christian Association of Singapore (YWCA) to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with YWCA as a member, volunteer, programme participant, beneficiary and/or donor ("Purpose"), including communications on YWCA's activities, programmes and services and donation requests; carrying out research, analysis and development activities for YWCA's purposes; and making disclosures required by law or competent authority. YWCA may disclose my personal data to its third-party service providers and/or agents, which may be sited outside of Singapore, for the above Purpose.

签署该表格，我同意，允许新加坡基督教女青年会收集、使用、披露和处理，以我的个人资料，以工艺、管理方便、维护和管理我与基督教女青年会的关系身为会员、志愿者、项目的参与者、受益者或捐助（“目的”），包括基督教女青年会的活动、方案和服务，并捐赠请求的通信；开展了基督教女青年会的目的研究、分析和开发活动；并制定法律或主管机关要求披露。基督教女青年会或需会透露我的个人资料给予第三方服务提供商或代理人，这可能是新加坡以外选址，为上述目的。

Explained & witnessed by 解释与作证人为：

Signature of Applicant
申请者签名

Signature / Social Worker
签名 / 社工



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Eligibility Criteria

- Applicant must be Singapore Citizen or Permanent Resident
- Per capita income of \$800 or below (Total household income/number of family members in the household)

Referral Agency, please email:

- 1. Completed Application Form,*
- 2. Valid Social Report and*
- 3. Valid Supporting Documents*

(e.g.: Photocopy of Household Members' NRIC, doctor's memo etc. to csp@ywca.org.sg)

FOR OFFICE USE ONLY

☐ Approved Assessment: _____

☐ Not Approved Assessment: _____

Date of Commencement: _____

Recommended by: _____ Approved by: _____

Designation: _____ Designation: _____

Date: _____ Date: _____