

**CONFIDENTIAL**



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

**APPLICATION FORM**

Date of Application 申请日期	Referred By (Name & Agency) 介绍姓名/中心	<b>New / Renewal</b>	Renewal: Date started Since:
Date of Commencement (for office use) 开始日期	Contact Number 联络号码	Email Address 电邮	

**Applicant's Particulars 申请者资料**

Name 英文姓名		Name in Chinese 中文姓名	
NRIC No 出生证号码	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			

\* **Please submit a photocopy of your identification card; 身份证复印件;**

**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:		
<b><u>Organisation 组织</u></b>	<b><u>Type of Assistance 援助类型</u></b>	<b><u>Amount 数额(\$)</u></b>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

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

Table with 3 columns: Name 姓名, Age 年龄, Relationship to Applicant 与申请者的关系. It contains 6 empty rows for data entry.

\*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 neighbor (Unit No. \_\_\_\_\_) 交给邻居 (门牌号码: \_\_\_\_\_).

Thank you for completing the application form. We hope to provide you and your family with the best service.
感谢您填写申请表格。我们希望可以为您和您的家人提供最好的服务。

If this is an agency referral, kindly submit this application form together with the applicant's Social Report.
如果是由代理转介, 请连同申请者的报告提交此申请表。

IMPORTANT NOTE 重要提示

Please be advised that clients are not allowed to call the YWCA as we will not have any direct contact them. In the event that the client is not at home, the bags will be returned back to YWCA and the requesting agency will be expected to make the necessary arrangements to collect the ration bags. Please ensure that an appointment is made prior to collection. In any event, if the beneficiary's rations are not collected by the agency in 3 months, it will be forfeited.

因为我们不能与客户有直接的接触, 请不要让客户直接联络我们。在客户不在家的状况下, 粮食包装将会返回 YWCA。请求机构做适当的安排来取回粮食包袋。来取回粮食包袋之前, 请先与我们预约。三个个内没领取的粮食将会被没收。

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 a 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。

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**DECLARATION AND TERMS OF AGREEMENT 宣告**

I declare that the above information given by me is true and correct.

我宣告我所提供的资料是真实和正确的。

\_\_\_\_\_  
Signature of Applicant

申请者签名

*Please email your:*

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

*(e.g.: Photocopy of Household Members' NRIC or Birth Certificate, Medical Documents)  
to [yilingng@ywca.org.sg](mailto:yilingng@ywca.org.sg)*

**For OFFICE USE ONLY**

Approved                      Assessment: \_\_\_\_\_

Not Approved                      Assessment: \_\_\_\_\_

Date of Commencement: \_\_\_\_\_

Recommended by: \_\_\_\_\_                      Approved by: \_\_\_\_\_

Designation: \_\_\_\_\_                      Designation: \_\_\_\_\_

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

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**SUSTENANCE FOR FAMILIES - APPENDIX A (MILK POWDER AND DIAPERS)**

<b>MILK POWDER</b>			
<b>Tick (preferred option)</b>	<b>Name</b>	<b>Age Range</b>	<b>Quantity</b>
	Anlene Powder	Adult	
	Fern leaf (Family Pack)	Adult	
	Dumex Dulac Step 1	0-6 months	
	Nestle Nan Pro 1	0-6 months	
	Nestle Nan Pro 2	6-12 months	
	Wyeth Promil Gold S-26	6-12 months	
	Friso 2	6-12 months	
	Dumex Dugro 3 (1-3yrs)	1-3 yrs	
	Nestle Nan Gro3	1-3 yrs	
	Dumex Dugro 4 (3-6yrs)	3-6 yrs	
	Abbott Grow School (3-6yrs)	3-6 yrs	
	Friso 4	3-6 yrs	

<b>BABY DIAPERS</b>		
<b>Tick (preferred option)</b>	<b>Size</b>	<b>Quantity</b>
	<b>S</b>	
	<b>M</b>	
	<b>L</b>	
	<b>XL</b>	
	<b>XXL</b>	

<b>ADULT DIAPERS</b>		
<b>Tick (preferred option)</b>	<b>Size</b>	<b>Quantity</b>
	<b>S</b>	
	<b>M</b>	
	<b>L</b>	
	<b>XL</b>	

\*Please take note that all requested Milk powders and Diapers are subjected to the approval of YWCA's Management. Teams & Conditions apply.