



CONFIDENTIAL

YOUNG WOMEN'S CHRISTIAN ASSOCIATION (YWCA)  
MEALS-ON-WHEELS FOR PERSONS WITH DISABILITY (MOWD)

新加坡基督教女青年会残疾人士动餐食计划

APPLICATION FORM 申请表格

Date of Application 申请日期	Referred By 介绍中心
Date of Commencement (FOR OFFICE USE) 开始日期	

\* Please Circle where applicable.

APPLICANT'S PARTICULARS (13 to 59 years old) 申请者资料 (13 至 59 岁)

Name (as in NRIC) 姓名	NRIC Number 登记号码	
Date of Birth 出生日期	Gender : * Male / Female 性别 : * 男 / 女	
Race 种族	Religion 宗教	
Citizenship 国籍	Marital Status: * Single / Married / Remarried / Divorced / Widowed 婚姻状况: * 已婚 / 再婚 / 离婚 / 丧偶	
Address 地址	Postal Code 邮政编码	
Contact Numbers (H) 联络电话 (家)	(HP) (手机)	(Others) (其他)
Food Allergies 食物过敏		

HOUSEHOLD INFORMATION 家庭资料

Number of People in the Household:	Total Household Income (Gross):
Other Financial Assistance Family is Receiving (Please indicate Agency, Type of Assistance and Duration): 其他福利协会的援助 (请注明协会 :	
(1) _____	
(2) _____	
(3) _____	



CONFIDENTIAL

YOUNG WOMEN'S CHRISTIAN ASSOCIATION (YWCA)  
MEALS-ON-WHEELS FOR PERSONS WITH DISABILITY (MOWD)

新加坡基督教女青年会残疾人士动餐食计划

APPLICATION FORM 申请表格

PARTICULARS OF OTHER HOUSEHOLD MEMBERS 其他家庭成员资料

Name 姓名	Date of Birth 出生日期	Relationship to Client 关系	Occupation 职业

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 application form together with the following items listed below to your caseworker: 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您的社工。

- Photocopy of applicant's identification card; 申请者的身份镇证复印本;
- Photocopy of Parents' identification cards of Applicants who are minors e.g. below 21 years old; 21岁以下申请者家长的身份镇证复印本;
- Payslip(s) / Letters of Employment of family member(s) who contribute financially to the household; 家庭成员的薪水单或聘请书;
- Photocopy of updated bankbook (1<sup>st</sup> & last page) 银行存折第一页和最后一页的复印本;
- Current bill statements of HDB repayment, SC&CC, SP utilities; telephone / handphone 房租，杂费，水费，电话费账单;
- Social Report (for referrals only).

DECLARATION AND TERMS OF AGREEMENT 宣告

I declare that the above information given by me is true and correct. I also understand that by submitting this application, I agree to be interviewed by the staff in charge. 我宣告我所提供的资料是真实和正确的。我也明白在我递交申请表格的同时，我愿意接受新加坡基督教女青年会的家访。

*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, programs 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.*

Explained & witnessed by 解释与作证人为:

Signature of Applicant / Parent / Guardian

Signature / Designation of Caseworker



CONFIDENTIAL

**YOUNG WOMEN'S CHRISTIAN ASSOCIATION (YWCA)  
MEALS-ON-WHEELS FOR PERSONS WITH DISABILITY (MOWD)**

**新加坡基督教女青年会残疾人士动餐食计划**

**APPLICATION FORM 申请表格**

申请者 / 家长 / 监护人签名

签名 / 指定职衔

**For OFFICE USE ONLY**

Approved     Not Approved

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

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

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

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

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

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

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

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