The National Kidney Foundation 全国肾脏基金会

Application Form
申请表格

For Peritoneal Dialysis Subsidy Programme
腹膜透析计划

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Eligibility

NKF was set up to help needy kidney patients through the generous funding of the public. Strict guidelines are in place to ensure that only persons from lower income households will be assisted under the means testing framework. Besides means testing, persons applying for assistance are required to meet all other eligibility to qualify.

- Singaporean/Permanent Resident
- Referred to NKF by Restructured Hospitals (i.e. SGH, NUH, TTSH, AH, KTPH, CGH, NTFGH & SKH)
- Must not own a private property with annual value of more than $13,000 per annum
- Must not be a Civil Service Card (CSC) holder
- Pass means test (financial assessment)

Mandatory Documents for Submission

Applicant & Household Members[1]:

1. Complete family information sheet – Annex 1
2. Clear photocopies of front & back of NRIC[2]/FIN/Special Pass/Foreign Passports for the main applicant and all household members who are 15 years old & above
3. Clear photocopies of birth certificates for all household members below 15 years old
4. Gross[3] monthly income above $6,000; or are foreigners (i.e. non Singapore Citizens or non Permanent Residents)
   - To provide pay slips, employment letter or any income documents of the latest month for the main applicant and/or household members who are 21 years old & above
5. Applicant or household members, who are mentally or physically incapacitated, are required to provide a doctor's memo with the same relevant information (dated within 6 months) as supporting document
6. Household members, who currently require long term care such as suffering from critical chronic diseases
   - A doctor's memo (dated within 6 months) may be attached as supporting document
7. Main applicant only
   - Latest CPF "Transaction History" (indicating Medisave Balance)
   - Latest CPF "My Messages" (indicating Medishield Status)
   - A valid inforce Medisave-Approved Policy Plan e.g., IncomeShield, PruShield, HealthShield Gold etc (if any)

Applicant's children who are not staying together:

1. Complete family information sheet – Annex 2
2. Clear photocopies of front & back of NRIC[2]/FIN/Special Pass/Foreign Passports for members who are 15 years old & above
3. Clear photocopies of birth certificates for members below 15 years old

[1] Household members include all family members (whether related by blood, marriage and/or legal adoption) living in the same address as main applicant, i.e. parents, spouse, children, siblings, grandchildren, and children-in-law etc.

[2] For Full-time National Servicemen (NSFs) or SAF regulars who do not retain their NRICs, 11B can be used as identification document instead.

[3] Gross monthly income refers to your basic income, overtime pay, allowances, cash awards, commissions and bonuses.

病人录取条件

NKF的成立是为了帮助贫苦肾脏病人。由于依赖公众捐款，因此我们采取严谨的审查步骤，确保低收入病人获益。除了支付能力调查，申请者也必须符合其他申请条件。

- 新加坡公民或新加坡永久居民
- 由政府附属医院推荐（中央医院，国大医院，陈笃生医院，亚历山大医院，邱德拔医院，樟宜综合医院，黄廷芳综合医院，盛港综合医院）
- 不能拥有年屋值超过13,000元的私人房地产
- 不能是公务卡持有者
- 通过支付能力调查

所需文件影印列表

申请者以及同住家庭成员[1]：

1. 完整填写家庭成员资料表格 – Annex 1
2. 15岁及以上的申请者及家庭成员 – 身份证[2]/外籍身份证/特别准证/外国护照影印（如适用）
3. 15岁以下的申请者及家庭成员 – 出生证明影印
4. 最新的收入表，例如21岁以上的申请者及家庭成员的工资单或雇主信[3]
   - 每月总收入超过6,000元
   - 外国人，也就是非新加坡公民或永久居民
5. 智障或残疾申请者或家庭成员 – 最近期医生证明（6个月之内）附上为证明文件
6. 慢性疾病家庭成员 – 最近期医生证明（6个月之内）附上为证明文件
7. 只限申请者
   - 公积金最新转账记录（包括健保储蓄余款）
   - 公积金建保双全记录（须显示健保双全的现状）
   - 其他保险证明文件（若有）例如健保双全计划、金级健康保险计划等

申请者非同住家庭成员的孩子:

1. 完整填写家庭成员资料表格 – Annex 2
2. 15岁及以上 – 身份证[2]/外籍身份证/特别准证/外国护照影印（如适用）
3. 15岁以下 – 出生证明文件的影印

[1] 家庭成员指的是和申请者住在同一住址的成员，不论是否有血缘、婚姻以及/或合法领养关系，比如父母、配偶、孩子、兄弟姐妹、孙子或媳妇女婿。

[2] 没有身份证的国民服役人员或新加坡武装部队成员可使用11B作为身份证明。

[3] 月薪指的是基本月薪、超时工资、津贴、现金奖赏、佣金和花红

PERITONEAL DIALYSIS ADMISSIONS WORKFLOW

Financial Assessment

1. Call NKF Admissions hotline at 6506 2187
2. Complete and sign the application form
3. Submit all required supporting documents (Please refer to page 2)

Fail Financial Assessment

1. Applicants who fail financial assessment will be rejected from admission into NKF Peritoneal Subsidy programme.
2. Should applicants wish to appeal, they can submit their appeal to the Patient Appeal Committee (PAC) through Admissions.

Pass Financial Assessment

Prescription Form

1. The prescription form from hospital is mandatory for application of subsidy
2. Applicants will be informed of the subsidy amount through post

腹膜透析计划申请程序

经济评估

1. 请拨NKF录取部热线电话 6506 2187
2. 填妥申请表格，并附上签名
3. 准备所有必要的文件（参考申请表格第2页）

没有通过经济评估

1. 如果病人没有通过经济能力方面的审核，她/他的申请将被拒绝。
2. 如果病人需要上诉，可以将其诉请通过NKF录取部转交病人诉请委员会 (PAC)。

通过经济评估后

药单

1. 必须呈交来自附属医院的药单
2. 病人将接到NKF的书面通知有关洗肾费用

APPLICATION FORM
for Peritoneal Dialysis Subsidy Programme
腹膜透析计划申请表格

Attach a recent passport-sized photograph

附上近照

The National Kidney Foundation 全国肾脏基金会
81 Kim Keat Road, Singapore 328836
Email 电邮 : nkfapplication@nkfs.org
Hotline 热线: 6506 2187
Fax 传真 : 6356 9002

PART (A): PERSONAL INFORMATION 个人信息

Full Name (Mr/Mrs/Mdm/Miss) 姓名（先生/夫人/女士/小姐）: _____

NRIC No. 身份证号码: _____ Sex 性别: M 男 / F 女 Date of Birth 出生日期: _____/_____/_____

Nationality 国籍: _____ Highest Educational Qualification 最高学历: _____

Address 地址: _____

_____ Postal Code 邮区: _____

Tel. No. 电话号码: (Home 住家) _____ (Office 办公室) _____ (Mobile 手机) _____

Marital Status 婚姻状况: ☐ Single 单身 ☐ Married 已婚 ☐ Divorced 离婚 ☐ Separated 分居 ☐ Widowed 鳏寡

Race 种族: ☐ Chinese 华族 ☐ Malay 马来族 ☐ Indian 印度族 ☐ Others 其他 _____

Religion 宗教: ☐ Buddhist 佛教 ☐ Christian 基督教 ☐ Hindu 兴都教 ☐ Muslim 回教 ☐ Others 其他 _____

Language Spoken 惯用语言: ☐ English 英语 ☐ Mandarin 华语 ☐ Malay 马来语 ☐ Tamil 淡米尔语 ☐ Others 其他 _____

Dialect Group 籍贯: _____

Accommodation 住宿: ☐ Own 自己所有 ☐ Rent 租用 ☐ Family 家庭共住 ☐ Others 其它 _____

Type of Accommodation 房屋类型:

☐ HDB Flat 政府组屋 ____Rooms房 ☐ HDB Executive/Maisonette 旧式共管式组屋 / Condominium 公寓

☐ Landed Property 有地房产 ☐ Shophouse 店屋

PART (B): EMPLOYMENT INFORMATION 就业状况

Current Status 目前状态:

☐ Retired 退休 ☐ Employed Full-time 全职工作 ☐ Employed Part-time 兼职工作 ☐ Unemployed无业

Current Occupation 目前职业: _____ Current Gross Salary 目前薪金: $ _____

Name of Company 公司: _____

Address 公司地址: _____

Date Joined 加入日期: _____ Working Hours 工作时间: _____

Previous Occupation 前职: _____ Previous Gross Salary 前薪金: $ _____

I am currently unemployed because of the following reason/s 由于以下原因，我目前无业:

(You may tick more than one 您可以勾选多过一项选择)

☐ Looking after family 照顾家庭 ☐ Deemed medically unfit by doctor 医生认为身体状况不适合就业

☐ Too ill to work 疾病无法工作 ☐ Retrenched 裁员 ☐ Unable to find employment 找不到工作

☐ Others 其它 _____

PART (C): FINANCIAL INFORMATION 经济状况

I am insured under **我受保于**: ☐ MediShield Life **健保双全计划** ☐ **None 没有**

☐ Others **其它** _____ (e.g. AIA HealthShield Gold Plan A)

Rider Insurance: ☐ No **否** ☐ Yes **有** (Please specify **请注明**): _____

I am a Civil Service Card Holder **我是政府公务员**: Holder **持有者** (Percentage **比例** _____ %)

Dependent **家属** (Percentage **比例** _____ %)

I have Company Health Insurance **是否有公司健康保险**:

☐ No **否** ☐ Yes **有** (Please specify **请注明**): _____

I have Medisave **我有保健储蓄**: ☐ No **否** ☐ Yes **是** Current Balance **现有金额**: $ _____

I have Medifund **我有受保健基金资助**: ☐ No **否** ☐ Yes **是** (Percentage **比例** _____ %)

I am receiving financial assistance from other charity organisation **我有接受其它慈善机构的经济援助**:

☐ No **否** ☐ Yes **有** (Please specify **请注明**): Name of Charity Organisation **慈善机构名称**: _____

Amount **金额** $ _____ per month **每月**

PART (D): DIALYSIS TREATMENT INFORMATION 洗肾医疗纪录

I have been referred by Doctor **我经由医生推荐**:_____(Name of Doctor **医生名字**)

Renal Coordinator **肾科协调员** / Medical Social Worker **医院社工**: _____

At ☐ SGH **新加坡中央医院** ☐ NUH **国大医院** ☐ TTSH **陈笃生医院** ☐ AH **亚历山大医院**

☐ KTPH **邱德拔医院** ☐ CGH **樟宜综合医院** ☐ NTFGH **黄廷芳综合医院** ☐ SKH **盛港综合医院**

I started my first dialysis treatment on **我首次洗肾是从** _____ (dd/mm/yyyy **日/月/年**)

Types of Peritoneal Dialysis **腹膜透析方式** ☐ Continuous Ambulatory Peritoneal Dialysis (CAPD) **连续不卧床腹膜透析**

☐ Automated Peritoneal Dialysis (APD) **自动腹膜透析**

☐ Please tick if you would require Peritoneal Dialysis Home Visit Service.
若需要NKF住家探访服务，请打勾。

PART (E): DECLARATION 声明

I declare that **我谨此声明**:

1 All the particulars given in this form are true and correct and that I have not withheld or falsified any information that is required in this application.
以上信息全属实，我并没有在申请表格中故意隐瞒或提供虚假信息。

2 I am aware that my application and documents submitted are only valid for 6 months.
我了解我的申请表格只有6个月的时效。

3 If I am found to have withheld any information or given any untrue or incorrect information, NKF reserves the right to reject my application, withdraw the subsidy given to me or terminate my dialysis at NKF.
如果我被发现隐瞒或提供虚假信息，NKF保留权利拒绝我的申请或者取消我的津贴，以及停止我的洗肾服务。

Patient's Signature/Thumbprint **病人签名/拇指印**

Date **日期**: _____

WITNESSED BY **见证人**:

Name **姓名**: _____

Relationship **与病人亲属关系**: _____

Signature/Thumbprint **签名/拇指印**

Date **日期**: _____

ANNEX 1: PARTICULARS OF APPLICANT AND ALL HOUSEHOLD MEMBERS[1]

申请者和同住家庭成员资料[1]

S/N	Name of Applicant + Household Members to Applicant 申请者 + 家庭成员姓名	NRIC No. 身份证号码	Date of Birth 出生日期	Relationship 与申请者的关系	Marital Status 婚姻状况	Spouse working? 配偶工作吗?	No. of Children 孩子人数	Occupation 职业	Gross Income 总收入	Contact No. 联络号码	Highest Educational Qualification 最高学历
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											

[1] Household members include all family members (whether related by blood, marriage and/or legal adoption) living in the same address as main applicant, i.e. parents, spouse, children, siblings, grandchildren, children-in-law, etc.

同住家庭成员包括所有与申请者拥有同一住址的家人（无论是否有血缘、婚姻和/或合法领养关系）例如父母、配偶、儿女、兄弟姐妹、孙子、女婿、媳妇等。

ANNEX 2: PARTICULARS OF APPLICANT'S CHILDREN (WHO ARE NOT STAYING IN THE SAME HOUSEHOLD)[2]
申请者孩子资料（非同住址）[2]

S/N	Name of Applicant's Children 申请者孩子姓名	NRIC No. 身份证号码	Date of Birth 出生日期	Relationship 与申请者的关系	Marital Status 婚姻状况	Spouse working? 配偶工作吗?	No. of Children 孩子人数	Occupation 职业	Gross Income 总收入	Contact No. 联络号码	Highest Educational Qualification 最高学历
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Pleae provide 2 main contacts 请提供2个主要联络：

1. Name **姓名**：_____ Relationship to applicant **于申请者的关系**：_____

   Contact **联络方式**: (Home **住家**) _____ (Mobile **手机**) _____ (Email **电邮地址**) _____

2. Name **姓名**：_____ Relationship to applicant **于申请者的关系**：_____

   Contact **联络方式**: (Home **住家**) _____ (Mobile **手机**) _____ (Email **电邮地址**) _____

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[2] Children (including those who are legally adopted), whose NRIC have a different residential address to that of the main applicant's.
身份证住址与申请者住址不同的儿女（包括和法领养的孩子）。

Eating Right
With Kidney Disease

Nutrients Need 营养需求	Pre-dialysis Patient 洗肾前	Dialysis Patient 洗肾病人	
		Peritoneal Dialysis (PD) 腹膜透析病人	Haemodialysis (HD) 血液透析病人
Protein **蛋白质**	Moderate **适度**	Increase **增加**	Increase **增加**
Potassium **钾**	Moderate **适度**	No restriction **无限制**	Moderate (depends on blood result) **适度 (视验血报告而定)**
Phosphate **磷**	Restrict **必须限制**	Restrict **必须限制**	Restrict **必须限制**
Sodium **钠**	Less **少**	Less **少**	Less **少**
Fluid **水分**	No restriction **无限制**	Depends on urine output and dialysis filtration **视排尿量和洗肾而定**	Restrict **必须限制**

肾脏病人
正确饮食

For more information 欲知更多详情

1800-KIDNEYS (5436397) contact_us@nkfs.org www.nkfs.org NKF Singapore