



Abilities Beyond Limitations and Expectations

## ABLE RESPITE CENTRE REGISTRATION FORM

### FAMILY CAREGIVER (FC) - PRIMARY

Name		NRIC No.	
Relationship to Care Recipient		Date of Birth	
Contact No.	<input type="checkbox"/> Home : <input type="checkbox"/> Mobile : <input type="checkbox"/> Email :	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Singapore ( )		

### FAMILY CAREGIVER (FC) - SUPPORTING

Name		NRIC No.	
Relationship to Care Recipient		Date of Birth	
Contact No.	<input type="checkbox"/> Home : <input type="checkbox"/> Mobile : <input type="checkbox"/> Email :	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	Singapore ( )		

### CARE RECIPIENT (CR)

Name		NRIC No.	
Condition		Date of Birth	
Assistive Device (If Any)			
Contact No.	<input type="checkbox"/> Home : <input type="checkbox"/> Mobile : <input type="checkbox"/> Email :	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (If different from above)	Singapore ( )		

### CARE RECIPIENT (CR) *if applicable*

Name		NRIC No.	
Condition		Date of Birth	
Assistive Device (If Any)			
Contact No.	<input type="checkbox"/> Home : <input type="checkbox"/> Mobile : <input type="checkbox"/> Email :	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (If different from above)	Singapore ( )		



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**PROGRAMMES AND SERVICES**

Care Recipient Interest		Family Caregiver Interest	
Centre Based Respite		Centre Based Respite	Home Based Respite
Regular Programmes (10:30am – 12.30pm)	Events & Outings	Talks, Events & Outings	Home Help Services
<input type="checkbox"/> Mondays (P2P)  <input type="checkbox"/> Tuesdays (P2P)  <input type="checkbox"/> Wednesdays (Art Therapy)  <input type="checkbox"/> Thursdays (Music Therapy)  <input type="checkbox"/> Fridays (Fun Art!)	<input type="checkbox"/> Local Attractions <input type="checkbox"/> Parties <input type="checkbox"/> Camps <input type="checkbox"/> Others  <u>Preference</u> <input type="checkbox"/> Weekdays <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	<input type="checkbox"/> Legal Talks <input type="checkbox"/> Medical Talks <input type="checkbox"/> Financial Talks <input type="checkbox"/> Local Attractions <input type="checkbox"/> Parties <input type="checkbox"/> Retreats <input type="checkbox"/> Others  <u>Preference</u> <input type="checkbox"/> Weekdays <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	<input type="checkbox"/> Regular Home Help Services (Min. 2 hours twice a week)  <input type="checkbox"/> Emergency Home Help Services (Hospitalisation, etc.)

**CONSENT AND DECLARATION BY BENEFICIARY**

I fully understand and agree that the personal data which I have provided to Abilities Beyond Limitations and Expectations Limited (ABLE LTD) is true, accurate and not misleading as at the time of disclosure.

ABLE LTD may also collect personal data about a third party (e.g. my spouse, parents, relatives or children), and when I provide ABLE LTD with such personal data, I confirm that I have obtained the consent of such third party for the disclosure of their personal data to ABLE LTD, and the subsequent processing by ABLE LTD of their personal data.

I consent that the personal data which I have provided to ABLE LTD, including third party personal data, may be disclosed to other agencies or individuals for the purposes as stated below.

- a) For the application, and evaluation as beneficiary, for aid and support from ABLE LTD.
- b) ABLE LTD verifying or sharing such personal data with and/or seeking aid, donation or support of any kind from, any other individuals, agencies, organisations or institutions (including public or private, social services, voluntary agencies or organisations or churches) on behalf of and for the benefit of myself or the third party.

I agree for ABLE LTD to contact me for any other purposes related to the services that ABLE LTD is providing or had provided me with and/or on matters which I have an ongoing relationship with ABLE LTD.

Name of Family Caregiver / Care Recipient*	Name of Staff
Signature of Family Caregiver / Care Recipient*	Signature of Staff
Date	Date

\* Delete accordingly



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**OFFICIAL USE**

The form and necessary documents were enclosed were verified by:	
Name of Staff	<b>RES CODE #</b>  <b>Action Plan</b>
Signature of Staff/Date	
<b>Genogram</b>	
<b>Notes/Comments</b>	