Abilities Beyond Limitations and Expectations Ltd

An Affiliate of Caritas-Singapore
Company Registration No. 201022774G
7A Toa Payoh Lorong 8 #02-09 Singapore 319264
Tel: 6801 7460 | Email: enquiries@able-sg.org | Website: www.able-sg.org

ABLE Programmes & Caregiver Support Application Form

Application form and relevant documents, may be submitted via

(1) email to: enquiries@able-sg.org ***(2) hand-in at ABLE office*** *(address above)* ***(3) post to ABLE office*** *(address above)*

SECTION 1 SERVICES REQUIRED

☐ Drop-in Programmes ☐ SociABLE *(social day care)* ☐ Caregiver Support / Respite

SECTION 2 APPLICANT DETAILS

Name:

NRIC: **Date of Birth:**

Gender: ☐ Male ☐ Female

Contact Details: (Home) (Mobile)
(Email)

Address:
Postal Code:

Citizenship: ☐ Singaporean ☐ Permanent Resident ☐ Others:

Language: ☐ English ☐ Mandarin ☐ Malay ☐ Others:

Housing: ☐ Private ☐ HDB; _____ Room

Occupation *(if any)*:

Medical Condition:

SECTION 3 DETAILS OF CAREGIVER

Name:

Gender: ☐ Male ☐ Female **Date of Birth:**

Relationship: ☐ Parent ☐ Child ☐ Sibling ☐ Spouse ☐ Friend

Contact No.: (Mobile) (Email)

Language: ☐ English ☐ Mandarin ☐ Malay ☐ Others:

Medical History: Are you currently on any medication (i.e., anti-depressants) or on follow up with counselling services?
☐ No ☐ Yes, Please Specify: _____

SECTION 4 FUNCTIONAL STATUS OF APPLICANT

Cognitive impairment: ☐ No ☐ Yes, Please Specify:
Mental illness: ☐ No ☐ Yes, Please Specify:
Visual impairment: ☐ No ☐ Yes, Please Specify:
Hearing impairment: ☐ No ☐ Yes, Please Specify:
Speech impairment: ☐ No ☐ Yes, Please Specify:

Mobility Status: ☐ Wheelchair ☐ Ambulant/Walking; requires assistance: ☐ Yes ☐ No
Walking Aid: ☐ Nil ☐ Walking Stick ☐ Quadstick ☐ Walking Frame ☐ Others:

Bathing/Showering: ☐ Independent ☐ Needs Assistance
Dressing: ☐ Independent ☐ Needs Assistance
Feeding: ☐ Independent ☐ Needs Assistance
Toileting: ☐ Independent ☐ Needs Assistance
Transfers: ☐ Independent ☐ Needs Assistance
Bowel/Bladder Control: ☐ Continent ☐ Incontinent

SECTION 5 APPLICANT CONSENT

CONSENT AND DECLARATION BY APPLICANT/CAREGIVER

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

I consent that the personal data which I have provided to ABLE, 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.
b) ABLE 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 to contact me for any other purposes related to the services that ABLE is providing or had provided me with and/or on matters which I have an ongoing relationship with ABLE.

Applicant Signature: **Date:**

FOR SERVICE PROVIDER ONLY

SECTION 6 REFERRAL DETAILS

Reasons For Referral *(You may select more than one option)*

☐ Emotional Support ☐ Financial Assistance ☐ Family conflict ☐ Other: _____

Has any household means-testing* been conducted for the family unit?

** Specifically for subsidies for Home and Community-Based Services (Non-Residential Services). Please submit relevant documentation.*

☐ No ☐ Yes ☐ Subsidy Rate: _____% Date of Expiry: _____

Genogram

Brief Family Background and Support Network/Ecosystem *including other supporting agencies, hospitals etc.*

SECTION 7 REFERRAL SOURCE INFORMATION

Name:	Designation:	Date:
Organisation:		Email / Tel. No.: