

## BEFORE YOU FILL IN THIS FORM, PLEASE TAKE NOTE:

- The enhanced Early Intervention Continuum Programme for Infants and Children (EIC)<sup>1</sup> provides developmental and therapy services for infants and young children who require low to high levels of Early Intervention (EI) support. This programme is delivered at EI centres operated by Social Service Agencies.
- The Inclusive Childcare Programme (InSP) is a pilot launched in 2021 that caters to children aged three to six, who require medium levels of early intervention support. The InSP is delivered in selected preschools and integrates both early childhood education and early intervention for the eligible child in a preschool setting. The InSP seeks to provide a more inclusive learning experience for both typically developing children and children with developmental needs.
- To refer a child to EIC, or InSP, please submit the following with supporting documents (if applicable):
  - Referral Form
  - Annex A (Social Report)
  - Annex B (Medical Report)
  - Annex C (Doctor's Assessment)
  - Annex D1 (Omnibus Consent) **OR** Annex D2 (Transactional Consent)
- SG Enable reserves the right to reject any application that is incomplete, not supported by the required documents, or does not meet the eligibility criteria of the programme(s).

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<sup>1</sup> Previously known as the Early Intervention Programme for Infants and Children (EIPIC)

## ELIGIBILITY

- Singapore Citizen or Permanent Resident
- **EIC:** Aged 0 to 6 years and assessed with developmental needs requiring low to high levels of EI support by a paediatrician.
- **InSP:** 3 to 6 years and assessed with developmental needs requiring medium levels of EI support by a paediatrician.

## SUPPORTING DOCUMENTS

- Permanent Resident supporting documents, if applicable
- Legal guardianship documents, if applicable

## IMPORTANT NOTES

- The completed referral form and consent form must be signed by the parent/legal guardian.
- Annex A (Social Report), Annex B (Medical Report) and Annex C (Doctor's Assessment) must be completed and signed by a relevant qualified professional.
- Upon receipt of the completed application form and all supporting documents, SG Enable will acknowledge the receipt of the application via email/phone call.

## SEND APPLICATION TO

Mailing Address: SG Enable  
20 Lengkok Bahru, #01-01, Singapore 159053

Email: [cd.services@sgenable.sg](mailto:cd.services@sgenable.sg)

## CONTACT US

Infoline: 1800 858 5885

Please tick  where applicable

## A. CHILD'S PARTICULARS

Full Name: (as per NRIC/BC)	<input type="text"/>									
Citizenship:	<input type="radio"/> Singaporean	<input type="radio"/> Permanent Resident	<input type="radio"/> Others (please specify): _____							
Identification Number:	<input type="text"/>									
Date of Birth: (DD/MM/YYYY)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	<input type="radio"/> Male	<input type="radio"/> Female								
Address:	<input type="text"/>									
Postal Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit No.:	<input type="text"/>	#	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
#0-0 if there is no unit no.										
Race:	<input type="radio"/> Chinese	<input type="radio"/> Malay	<input type="radio"/> Indian	<input type="radio"/> Eurasian	<input type="radio"/> Other	Age:	<input type="text"/>	<input type="text"/>		
Country of Birth:	<input type="text"/>									
Religion:	<input type="text"/>									
Spoken Languages:	<input type="text"/>									







Please tick  where applicable

## D. PROGRAMME CONSENT

### Important Note to Parents:

Before proceeding with the application for the EIC/ InSP programme, your consent for the collection, use and disclosure of personal information is required. Refer to Annex D1, which will explain to you how the personal information will be used.

#### Omnibus Consent<sup>2</sup>

The omnibus consent allows Singapore Public Agencies and Participating Organisations to collect, use and disclose clients' personal information for the following operational and analytical purposes:

- a) to verify clients and their family's identity and relationship for the Services or Schemes;
- b) to determine clients and their family's eligibility for the Services or Schemes;
- c) to provide clients and their family with the Services or Schemes; and
- d) for data analysis, evaluation and policy-making, for the Services or Schemes.

Please fill in 'Annex D1: Consent Document – Omnibus'.

The completed consent form has to be submitted before the enrolment of the programme(s).

<sup>2</sup> Note: If omnibus consent is not given, the service provider may request for a transactional consent to proceed for the application for the specific programme(s) (Annex D2).

Please tick  where applicable

## A. PRE-SCHOOL AND COMMUNITY INTERVENTION

### Family Information

Number of family members living in the same household as client: \_\_\_\_\_

Additional remarks on family information:

(e.g. family dynamics, caregiving arrangements, social network of family, family history of disability) (optional)

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Family's concerns (if any) on EIC (optional):

- Fees
- Transport
- Long waiting period
- Others: \_\_\_\_\_

### Preschool Information

Is child attending preschool?

- Yes
- No
- Others: \_\_\_\_\_

Centre Code (for ECDA-licensed preschool only) (optional): \_\_\_\_\_

Preschool/Childcare Service (optional): \_\_\_\_\_

Year of Study (optional): \_\_\_\_\_

Postal Code (optional): \_\_\_\_\_

Full or Half Day Preschool Service (optional):

- Full Day
- Half Day

Additional remarks on schooling status (optional):

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Please tick  where applicable

Other Community Interventions
Is child attending other Early Interventions services/therapy? <input type="radio"/> Yes <input type="radio"/> No Name of specific centre providing EI service/therapy (optional): _____ Is family receiving support from community agencies? (e.g. FSC, SSO, CPSC, Kidstart, MSF Fostering, CPS, etc.) <input type="radio"/> Yes <input type="radio"/> No If yes, additional remarks on community intervention received by family/child: _____ _____ _____

## B. SOCIAL ASSESSMENT

Are parents/caregivers accepting of child's condition?
<input type="radio"/> Parents/Caregiver* are/is still in denial of child's condition <input type="radio"/> Parents/Caregiver* are/is coming to terms with child's condition <input type="radio"/> Parents/Caregiver* have/has accepted child's condition well <input type="radio"/> Others (Please specify): _____ Additional remarks (optional): _____ _____
Do parents/caregivers understand child's needs for early intervention?
<input type="radio"/> Parents/Caregiver* have/has some understanding of child's condition <input type="radio"/> Parents/Caregiver* agree with the suspected/confirmed diagnosis <input type="radio"/> Parents/Caregiver* have/has received a lot of information and resource knowledge on child's diagnosis <input type="radio"/> Others (Please specify): _____ Additional remarks (optional): _____ _____

Please tick  where applicable

**Are parents/caregivers motivated and committed to support the child's development?**

- Parents/Caregiver\* are/is keen to help child overcome his/her difficulties
- Parents/Caregiver\* feel(s) helpless due to a lack of skills/knowledge to facilitate child's development
- Parents/Caregiver\* are/is very involved in the care and management of child
- Others (Please specify): \_\_\_\_\_

Additional remarks (optional):

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**Parents/Caregiver's preference for resources to facilitate the child's development**

- Caregiving training
- Information kits and tools
- Community events for children
- Others (Please specify): \_\_\_\_\_

Additional remarks (optional):

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**Report prepared by:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Organisation: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

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

Please tick  where applicable

## A. DIAGNOSIS AND MEDICAL INFORMATION

<b>Principal Diagnosis</b>	<input type="radio"/> <b>Confirmed</b>	<input type="radio"/> <b>Suspected</b>
<input type="radio"/> ADHD	<input type="radio"/> ASD	<input type="radio"/> Cerebral Palsy
<input type="radio"/> GDD	<input type="radio"/> Hearing impairment	<input type="radio"/> Intellectual disability
<input type="radio"/> Physical disability	<input type="radio"/> Speech & Language	<input type="radio"/> Visual impairment
<input type="radio"/> Others (Please specify): _____		
<b>Other Diagnosis (optional)</b>	<input type="radio"/> <b>Confirmed</b>	<input type="radio"/> <b>Suspected</b>
<input type="radio"/> ADHD	<input type="radio"/> ASD	<input type="radio"/> Cerebral Palsy
<input type="radio"/> GDD	<input type="radio"/> Hearing impairment	<input type="radio"/> Intellectual disability
<input type="radio"/> Physical disability	<input type="radio"/> Speech & Language	<input type="radio"/> Visual impairment
<input type="radio"/> Others (Please specify): _____		
<p><b>Level of Early Intervention Support</b></p> <p><i>Please select the level of EI support that the child requires in the next field below.</i></p>		
<input type="radio"/> Low 1 (DS-LS)	<input type="radio"/> Low 2 (DS-Plus)	<input type="radio"/> Medium or High (EIC or InSP)
<b>Developmental Milestones (optional)</b>		
<input type="radio"/> Delayed since infancy (< 24 months)		
<input type="radio"/> Delayed since early childhood		
<input type="radio"/> Normal initially, but delayed since sustaining cerebral injury at _____ (age)		
<input type="radio"/> Developmental regression		
<input type="radio"/> Information not available		
<input type="radio"/> Others (Please specify): _____		
<b>Birth/Postnatal/Medical History (optional)</b>		
<hr/> <hr/> <hr/> <hr/> <hr/>		

Please tick  where applicable

<b>Current Medical Condition (please indicate if applicable)</b>
<p><input type="checkbox"/> Require feeding support (e.g., tube/PEG feeding)</p> <p><input type="checkbox"/> Require respiratory support (e.g., oxygen, tracheostomy, breathing aid)</p> <p><input type="checkbox"/> Non ambulant</p> <p><input type="checkbox"/> Neurological conditions: very frequent uncontrolled multiple seizures, very severe movement disorders, for other epilepsies, school should refer to the seizure action plan</p> <p><input type="checkbox"/> Cardiac conditions: cyanotic children with baseline oxygen saturation less than 70% and children with cyanotic spells</p> <p><input type="checkbox"/> Respiratory conditions: children with severe pulmonary hypertension (that would require High Dependency/ICU care on getting an upper respiratory tract infection)</p> <p><input type="checkbox"/> Children who need to be given medication / intervention (e.g., Continuous Intermittent Catheterisation) during school hours (unless there is a caregiver going into school to perform the task)</p> <p>Others and additional remarks:</p> <hr/> <hr/> <hr/>
<b>Current Medications (optional)</b>
<hr/> <hr/> <hr/>
<b>Allergies (Drugs/Food, if any) (optional)</b>
<hr/> <hr/> <hr/>

Please tick  where applicable

## B. DETAILED ASSESSMENT

<b>Hearing Assessment</b>	<input type="radio"/> Grossly normal	<input type="radio"/> Suspected Hearing Loss
If Suspected Hearing Loss has been selected, Has a hearing assessment been conducted? (optional)		
<input type="radio"/> Yes		
<input type="radio"/> No		
If yes, outcome of hearing assessment:		
<input type="radio"/> Normal		
<input type="radio"/> Abnormal (Please specify): _____		
<input type="radio"/> Hearing Aids required		
Additional remarks:		
_____		
_____		
<b>Visual Assessment</b>	<input type="radio"/> Grossly normal	<input type="radio"/> Suspected Visual Impairment
If Suspected Visual Impairment has been selected, Has a visual assessment been conducted? (optional)		
<input type="radio"/> Yes		
<input type="radio"/> No		
If yes, outcome of visual assessment:		
<input type="radio"/> Normal		
<input type="radio"/> Abnormal (Please specify): _____		
<input type="radio"/> Visual Aids required		
Additional remarks:		
_____		
_____		
<b>Psychological Assessment (optional)</b>		
<input type="radio"/> Done		
Type of psychological assessment done: _____		
<input type="radio"/> Not Done		
<input type="radio"/> Pending		

Please tick  where applicable

Ambulatory Status (please indicate under "For All Children" or "For Infants/Toddlers", whichever is applicable)
<b>FOR ALL CHILDREN</b>
<p><input type="radio"/> Totally non-ambulatory i.e. bedridden or wheelchair bound</p> <p><input type="radio"/> Totally dependent on others for activities of daily living</p> <p><input type="radio"/> Able to move with assistive devices (walker, rollator, wheelchair, etc.)</p> <p><input type="radio"/> Ambulatory independent</p> <p><input type="radio"/> Child is not expected to be walking yet</p> <p><input type="radio"/> Independent gait - normal gait</p> <p><input type="radio"/> Independent gait - abnormal gait (Please specify): _____</p>
<b>FOR INFANTS/TODDLERS</b>
<p><input type="radio"/> Able to roll over</p> <p><input type="radio"/> Able to sit independently</p> <p><input type="radio"/> Able to crawl</p> <p><input type="radio"/> Able to stand with support and/but not cruise</p> <p><input type="radio"/> Others (Please specify): _____</p>
<b>Fine Motor Skills</b>
<p><input type="radio"/> Appropriate for age</p> <p><input type="radio"/> Delayed (Please specify): _____</p> <p><input type="radio"/> Information not available</p>
<b>Motor Tone and Gross Motor Milestones</b>
<p><input type="radio"/> Within normal limits</p> <p><input type="radio"/> Delay</p> <p><input type="radio"/> Abnormal Muscle Tone (Please specify): _____</p>

Please tick  where applicable

**Self Care Concerns (please indicate if applicable)**

*\* For children turning 3 years old and above in the current year of assessment.*

Significant Delay in Feeding

*The child has*

- i. Significant delays in the developmental milestone of feeding, and*
- ii. Significant challenges in feeding, and*
- iii. Requires frequent 1-to-1 assistance in feeding*

Significant Delay in Toileting

*The child has*

- i. Significant delays in the developmental milestone of toileting, and*
- ii. Significant challenges in toileting, and*
- iii. Requires frequent 1-to-1 assistance in toileting.*

Significant Delay in Expressive Language

*For children turning 5 years old and above in current year and have*

- i. Significant delays in the developmental milestone of expressive communication; and*
- ii. Significant challenges communicating needs; and*
- iii. Requires frequent 1-to-1 assistance in communication.*

**Language and Communication (please indicate if applicable)**

Mute

Vocalisation, cooing

Babbling, no intelligible words

Single words mainly (including papa, mama)

2-to 4-word sentences

Talks in complete sentences

Able to request

Quality of speech, if available

Poor communicative intent

Primarily communicates through gestures

Others (Please specify):

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Information not available

Please tick  where applicable

Social Behavioural Skills and Observations (Please indicate if applicable; You may tick more than one box)
<p><input type="checkbox"/> Within normal limits</p> <p><input type="checkbox"/> Poor eye contact/joint attention</p> <p><input type="checkbox"/> Poor social interaction</p> <p><input type="checkbox"/> Hyperactive</p> <p><input type="checkbox"/> Passive</p> <p><input type="checkbox"/> Aggressive/self-injurious behaviour</p> <p><input type="checkbox"/> Other behavioural observations (Please specify): _____</p>
Behavioural Concerns Suggesting Need for 1-to-1 Support (please indicate if applicable)
<p><input type="checkbox"/> Significant Aggression <i>Exhibits aggression against self and/or others and needs 1-to-1 assistance frequently (e.g., bites, kicks and hits children and adults [in preschool]; throws things at children and adults [in preschool]).</i></p> <p><input type="checkbox"/> Significant Temper Tantrums <i>Throws temper tantrums and needs 1-to-1 assistance to calm down frequently (e.g., intensive screaming at least 3 times a week [in preschool]).</i></p> <p><input type="checkbox"/> Significant Defiance <i>Often refuses to comply with instructions and needs 1-to-1 assistance to comply frequently (e.g., defies or refuses to comply with rules and/or requests from adults [in preschool]).</i></p> <p><input type="checkbox"/> Significant Hyperactivity <i>Hyperactivity and impulsivity that interfere with learning of others and self and needs 1-to-1 assistance for much of the day [in preschool] (e.g., leaving seat consistently when remaining seated is expected, often interrupts or intrudes on others).</i></p>
Cognitive Function (optional)
<p><input type="checkbox"/> Fairly appropriate for age</p> <p><input type="checkbox"/> Mild to moderate cognitive delay</p> <p><input type="checkbox"/> Severe cognitive delay – requires assistance from others in activities of daily life</p> <p><input type="checkbox"/> Unable to assess</p> <p><input type="checkbox"/> Others (Please specify): _____</p>

Please tick  where applicable

<b>Assessment tool(s) used (Please elaborate on assessment findings in Annex C for each assessment tool)</b>
<p><input type="radio"/> Ages &amp; Stages questionnaire, Third Edition</p> <p><input type="radio"/> Bayley Scales of Infant and Toddler Development</p> <p><input type="radio"/> Brigance IED III</p> <p><input type="radio"/> Brigance Screen III</p> <p><input type="radio"/> Developmental Profile 3</p> <p><input type="radio"/> Mullen Scales of Early Learning</p> <p><input type="radio"/> Social Responsiveness Scale</p> <p><input type="radio"/> The Capute Scales</p> <p><input type="radio"/> Vineland Adaptive Behavior Scales</p> <p><input type="radio"/> Others (Please specify): _____</p>
<b>Does child meet any of the following? (for assessment of suitability of InSP)</b> <i>1. Child is 2 years old or younger by the end of the current calendar year (Based on child's date of birth)</i> <i>2. Ticked "Hearing impairment" or "Visual Impairment" in Principal or Other Diagnosis</i> <i>3. Ticked within Current Medical Condition, Self Care Concerns, and Behavioural Concerns Suggesting Need for 1-to-1 Support</i>
<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<b>Has child been recommended for P1 Deferment? [if child is 5 and a half years old at point of referral to SGE] (optional)</b>
<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Additional remarks:</p> <p>_____</p> <p>_____</p> <p>_____</p>

Please tick  where applicable

## C. RECOMMENDATION AND REFERRAL

<b>This child is recommended for the following service type:</b>
<input type="radio"/> EIC
<input type="radio"/>
<input type="radio"/> InSP (please note that if the "Yes" option is ticked in the previous page, InSP should not be recommended for the child)
Remarks/Comments (e.g. any specific activities beneficial for the child):
_____
_____
_____
<b>Date of next follow up visit at the hospital/paediatrician (optional):</b>
Additional remarks regarding the child's needs:
_____
_____
_____

### Report prepared by:

Name of Doctor/Staff:	_____	Signature:	_____
MRN:	_____	Hospital/Clinic /Department:	_____
Contact No.:	_____	Email:	_____
Date:	_____		

Please tick  where applicable

**FOR ASSESSMENT TOOL:** \_\_\_\_\_

<b>Date of Assessment</b>
_____ _____ _____
<b>Raw Score</b> <i>(Note: This refers to the original result of the assessment, before score is transformed to a standard score, percentile rank or DQ. Please fill in the overall raw score, if available. Otherwise, please state the domains and scores where the child qualify for EIPIC.)</i>
_____ _____ _____
<b>Chronological Age (CA) (optional)</b>
_____ months
<b>Developmental Age (DA) (if test norms are available) (optional)</b>
_____ months
<b>Developmental Quotient (DQ) Scores (if test norms are available) (optional)</b> <i>(Note: Please fill in the overall DQ if available. Otherwise, please state the domains and DQ where the child qualifies for EIC.)</i>
_____ _____ _____



Please tick  where applicable

## Terms of Consent

*Note: If you are signing this form on behalf of the Applicant, in the following Terms of Consent, "I" and "me" means "the Applicant" and "my" means "the Applicant's".*

- I. I understand and agree that these terms used in the consent form have the following definitions:
- a) **"Personal Information"** includes the following but is not limited to:
    - i) Demographic information (e.g. bio-data comprising name, NRIC/FIN number, address, date of birth, gender, nationality, ethnicity, family/household structure and relationships);
    - ii) Financial and social assistance data (e.g. financial and social assistance history, income supplements, assessments for eligibility/suitability and details of services by Participating Public Agencies and Participating Organisations comprising social services, community agencies; and social worker case reports);
    - iii) Medical and Health information (e.g. medical reports, functional assessment reports, healthcare bills and assistance, means-tests results on subsidy rates, medical condition, diagnosis and history);
    - iv) Housing information (e.g. electricity, gas and water utilities, details for home ownership, rental housing, open market HDB rental, details on ownership of private property);
    - v) Employment and training information (e.g. current and past employment details, last drawn salary, training subsidies, business ownership);
    - vi) Education information (e.g. schooling records, pre-school enrolment, bursaries, tuition)
    - vii) Financial data (e.g. source of income, maintenance information, insurance coverage, bank account details such as balance, transactions, number of savings and current accounts);
    - viii) my income information (e.g. last drawn salary);
    - ix) information relating to and derived from my CPF Account(s) and CPF contributions (e.g. CPF Account(s) balance, CPF contribution details, CPF lumpsum withdrawal details, CPF monthly pay-outs.);
    - x) information relating to my participation in any scheme administered by the CPF Board (e.g. Dependent Protection Scheme, Silver Support Scheme, CPF Investment Scheme, CPF amount used for housing); and
    - xi) Other information (e.g. immigration records, criminal offences, credit reports, and other information provided by me for the evaluation and administration of social services and public assistance schemes).
  - b) **"Family"** refers to anyone related to me by blood, marriage (including step-children and in-laws) or legal adoption, whether or not they live together with me.
  - c) **"Services or Scheme"** refer to services or programmes provided by any Singapore Public Agency or Participating Agency, to support and render assistance to individuals and/or households, including:
    - i) healthcare, mental health, social development and support, family development and support, early childhood development, aged care, childcare, education, employment, housing, social assistance, pro-active outreach to assess eligibility, case assessment, case coordination and counselling services and scheme; and
    - ii) any form of financial assistance such as subsidies, grants, waivers, exemptions, tax reliefs, vouchers or bursaries.
  - d) **"Singapore Public Agencies"** includes, (a) the Government, including any ministry, department, agency, or organ of State, (b) any tribunal appointed under any written law, (c) any statutory body, but excludes a Town Council established under section 4 of the Town Councils Act (Cap. 329A);
  - e) **"Participating Organisation"** refer to any organisation which has been authorised by a Singapore Public Agency to provide the Services or Scheme.
- II. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

## More Information

For more information, please contact [your Touch Point or Service Provider](#) (once SG Enable has submitted your referral to your preferred EI centre).

The list of Singapore Public Agencies and Participating Organisations can be found at [www.msf.gov.sg/datamanagement](http://www.msf.gov.sg/datamanagement)



Please tick  where applicable

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    - v) Employment and training information (e.g. current and past employment details, last drawn salary, training subsidies, business ownership);
    - vi) Education information (e.g. schooling records, pre-school enrolment, bursaries, tuition)
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    - iii) healthcare, mental health, social development and support, family development and support, early childhood development, aged care, childcare, education, employment, housing, social assistance, pro-active outreach to assess eligibility, case assessment, case coordination and counselling services and scheme; and
    - iv) any form of financial assistance such as subsidies, grants, waivers, exemptions, tax reliefs, vouchers or bursaries.
  - d) **"Singapore Public Agencies"** includes, (a) the Government, including any ministry, department, agency, or organ of State, (b) any tribunal appointed under any written law, (c) any statutory body, but excludes a Town Council established under section 4 of the Town Councils Act (Cap. 329A);
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