

Please tick ☑ where applicable

Client is interested in the following schemes/ services:

- ☐ Employment Assistance (*please complete **Section C** as well*)
- ☐ Enabling Services Hub
- ☐ Training Courses
- ☐ PWD Concession Card
- ☐ Taxi Subsidy Scheme
- ☐ Adult Disability Service
- ☐ Assistive Device
- ☐ Assistive Technology Fund
- ☐ Car Park Label Scheme
- ☐ Others (e.g. caregivers respite, volunteering opportunity, child disability services):

-
- ☐ *Non-disability services (e.g. financial assistance, housing issues, counselling, etc.)

(Please specify where Client was signposted to for the relevant non-disability services.)

**For SG Enable's internal information only (i.e. no follow-ups required unless otherwise requested by Client)*

Note: For Sections A and B -

All fields are compulsory. With effect from 8 September 2025, all clients must use the Disability Verification Form (DVF)* completed by a relevant registered Healthcare Professional (HCP) as the required proof of permanent disability. For individuals with existing medical documentation of disability, they can bring their supporting medical documents together with the DVF to be completed by a relevant HCP. Individuals without a diagnosis or medical document may get a referral from polyclinic or GP to the relevant HCP for professional assessment and completion of the DVF.

*Note: A DVF is not required for individuals whose disability status is already verified. Before proceeding, all applicants are encouraged to check their disability status by logging into [SupportGoWhere](#) with their Singpass. For individuals without Singpass, you may email <msfdisability@bizlink.org.sg> for assistance.

To find out more about the new Disability Verification process, you may visit <enablingguide.sg/disability-verification>.

Indicate "N.A." if the Client is unable to provide the information OR the field is not relevant to the Client.

Please tick ☒ where applicable

Section A: Particulars of Client (as per NRIC)					
Name of Client					
Full NRIC No.					
Date of Birth (DD/MM/YYYY)		Age		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race	<input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others: _____			Citizenship	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR
Contact Number					
Email Address					
Home Address	<div style="text-align: right;">Postal Code:</div>				
Primary Disability Type	<div> <input type="checkbox"/> Physical Disability <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Deafness/Hard-of-hearing </div> <div> <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Autism </div> <input type="checkbox"/> *Others, please specify: _____ _____ *Please elaborate on the condition: _____				
Secondary Disability Type (if applicable)	<div> <input type="checkbox"/> Physical Disability <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Deafness/Hard-of-hearing </div> <div> <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Autism </div> <input type="checkbox"/> *Others, please specify: _____ _____ *Please elaborate on the condition: _____				
Medical History/ Diagnosis (if any)					

Please tick ☒ where applicable

Preferred Communication Language	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others: <hr/>	Preferred Mode of Communication	<input type="checkbox"/> Verbal <input type="checkbox"/> Lip reading <input type="checkbox"/> Sign Language <input type="checkbox"/> Written <input type="checkbox"/> SMS or WhatsApp <input type="checkbox"/> Email <input type="checkbox"/> Others: (e.g. SL interpreter) <hr/>
Ability to Travel Independently	<input type="checkbox"/> Yes, pls specify mode: <input type="checkbox"/> MRT <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Taxi <input type="checkbox"/> Others: <hr/> <input type="checkbox"/> No, pls specify reason: <hr/>		

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Please tick ☑ where applicable

Usage of Mobility/ Hearing/ Visual Aids	<input type="checkbox"/> Mobility Aid	<input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Motorised Wheelchair <input type="checkbox"/> Walking frame <input type="checkbox"/> Prosthesis <input type="checkbox"/> Walking Stick <input type="checkbox"/> Quad Stick <input type="checkbox"/> Others (please indicate): _____		
	<input type="checkbox"/> Hearing Aid	(please indicate)		
	<input type="checkbox"/> Visual Aid	(please indicate)		
	<input type="checkbox"/> None of the above			
Section B: Particulars of Primary Caregiver/ Contact Person (as per NRIC)				
Name of Primary Caregiver/ Contact Person				
Full NRIC No.		Date of Birth (DD/MM/YYYY)		
Citizenship				
Occupation				
Relationship with Client				
Contact Number				
Email Address				
(Optional) Particulars of Secondary Caregiver/ Contact Person (as per NRIC)				
Name of Secondary Caregiver/ Contact Person				
Full NRIC No.		Date of Birth (DD/MM/YYYY)		
Citizenship				
Occupation				
Relationship with Client				
Contact Number				
Email Address				

Please tick ☑ where applicable

Note: For Section C, it is required if the Client is seeking employment assistance.

Section C: Additional fields for Employment Assistance

To Be Eligible for Employment & Training Assistance:

- Applicant must be Singapore Citizen or Singapore Permanent Resident aged 16 and above with a verified permanent disability.
- Applicants will be required to complete vocational/psychological assessment(s) and training programmes recommended by SG Enable and its partner agencies.
- Applicant must be independent in his/her Activities of Daily Living (i.e., mobility, feeding, toileting, personal grooming and hygiene).
- Applicant does not have severe behavioural challenges that require moderate supervision.

Please attach a copy of the following documents during submission of this application.

Please tick the appropriate boxes accordingly.

- ☐ NRIC (front and back)
- ☐ Disability Verification Form (if any)
- ☐ Resume (if any) ☐ Educational Certificates (if any)

How did you know about SG Enable? *Please tick the appropriate boxes accordingly.*

- ☐ Media (News, Radio, Newspaper) ☐ Social Media (Please specify: _____)
- ☐ School ☐ EBH Outreach Events/Programmes
- ☐ Word of mouth (Friend, Relative) ☐ Family Service Centres/ Social Service Offices
- ☐ Social Service Agencies (AWWA / SADeaf / SAVH / Others: _____)
- ☐ Others (Please specify: _____)

Have you been convicted in court before?

☐ Yes ☐ No

Have you been declared bankrupt/undischarged bankrupt?

☐ Yes ☐ No

Have you engaged the services of any job placement and support agency within the past 2 years?

☐ No ☐ Yes, please specify: ☐ ARC ☐ SPD
☐ MINDS ☐ APSN ☐ EBH ☐ Others: _____

Are you currently receiving any Adult Disability Services (i.e. Day Activity Centre, Sheltered Workshop, Adult Disability Home/Hostel, Enabling Services Hub)?

☐ No ☐ Yes, please elaborate:

Employment Status

☐ Employed
☐ Unemployed (If unemployed, provide last date of service: _____)



ONE REFERRAL FORM

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Education Information					
Qualification obtained	Period of Study		Name of School		
	From (year)	To (year)			

Employment History					
Organisation name	Period of Work		Position Held	Last Drawn Salary	Reason for Leaving
	From (MM/YY)	To (MM/YY)			

Section D: Consent and Declaration
(For Client's completion)

1. I acknowledge the submission of the documents pertaining to Section C (if applicable).
2. The information provided in this form/application is true and correct to the best of my knowledge.
3. I have read and understood all of the provisions herein and I hereby give my consent for SG Enable and/or Ministry of Social and Family Development (MSF) to use my or my ward's personal data including but not limited to my name, NRIC No., contact number, mailing and email address as well as other information for such purposes of the present programme run by SG Enable as well as any applicable supplementary programmes at SG Enable's discretion. SG Enable's Privacy Policy can be found on its website at <https://www.sgenable.sg/our-policies/privacy-policy> and MSF's Privacy Statement can be found on its website at <http://www.msf.gov.sg>.
4. I understand that SG Enable and/or MSF will take all reasonable measures to protect my or my ward's information from unauthorised access or against loss, misuse or alteration by third parties.
5. I have been advised that I may withdraw my consent to SG Enable and/or MSF in respect of the use of my or my ward's personal data by providing such reasonable notice to SG Enable and/or MSF as well as to direct any queries I may have, including any request to delete data that have been obtained from me or my ward or from third parties or to opt out of any messages, emails, newsletters or other marketing or promotional materials to me or my ward, to the designated person, email or contact persons as indicated in SG Enable's Privacy Policy or MSF's Privacy Statement.

☐ Being the person disclosing the information and completing the form/application for the purposes as set out above, I agree to the above.

Further, I do declare that (*if applicable*):

- ☐ I have made the above statements or representations including any consents or approvals to the above on behalf of the Client, who is under 18 years of age.
- ☐ I have made the above statements or representations including any consents or approvals to the above on behalf of the Client, who is mentally incapacitated.

NAME OF CLIENT / CLIENT'S CAREGIVER

SIGNATURE OF CLIENT / CLIENT'S CAREGIVER

For Official Use Only
(All fields are compulsory)

To be completed by Referring Agency

Section E: Referring Agency/ SGE Business Unit			
Date of Referral			
Name of Agency	(e.g. ESH)		
Name of Staff		Designation	
Contact No.		Email Address	
Remarks on client	(e.g. if the client is known to any touchpoint)		
Section F: Categorisation of Client			
Category	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
Reasons for category indicated			
Follow-ups for Receiving Agency/ Staff			

To be completed by Receiving Agency

Section G: Acknowledgement by Receiving Agency			
Receipt of this referral is to be acknowledged and Client/CG are to be contacted <u>within 3 working days</u> .			
Date of Receipt			
Name of Agency	(e.g. Bizlink, SPD, ARC, MINDS etc.)		
Name of Staff		Designation	
Actions Taken by Receiving Agency	(to indicate the loop back to the referral agency/source)		