



MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT

APPLICATION FOR ADDITIONAL SUBSIDY FOR INFANT/CHILD CARE

This form will take 10 – 15 minutes to complete.

Eligibility Criteria

- Singapore Citizen children whose mother/single father is working 56 hours or more per month
Families with gross monthly household income of \$7,500 and below

Please note that for the purposes of determining your eligibility we will be retrieving your income data from CPF Board. If you are self-employed or do not have a CPF contribution, you are required to declare your income in Section II below.

SECTION I CHILD'S PARTICULARS

Name as in Birth Certificate:

Birth

Certificate No.:

Grid for Birth Certificate No.

SECTION II DECLARATION OF GROSS MONTHLY INCOME OF MAIN APPLICANT AND SPOUSE

Table with columns for Main Applicant and Spouse, containing questions about self-employment and income declaration options.

SECTION III CONSENT / DECLARATION BY MAIN APPLICANT / SPOUSE

- 1. I/We are aware that the information provided in this application will be given to and used by the Ministry of Social and Family Development ("MSF") to determine my/our eligibility for the infant/child care subsidy.
2. I/We consent to the following organisations disclosing to MSF and (where applicable) its appointed agent(s) the following information described in 2.1 and 2.2, at any time within 2 years from the date of this consent...
2.1 The Comptroller of Income Tax (the "Comptroller") disclosing of my/our Employment and/or Trade income as assessed by IRAS and, for self-employed persons, the monthly income derived from the last available net trade income as assessed by IRAS within the last 2 assessment years.
2.2 The CPF Board disclosing the contributions submitted by my/our employer(s) for the 12 month period preceding the date of request for information by MSF and any information that can be derived from those contributions.
3. I/We declare that the information provided in this application by me/us is true and I/we furnish it knowing that I/we may be liable to prosecution if I/we have wilfully stated any information which I/we know to be false or do not believe to be true.
4. I/We also understand that any part of this application improperly completed may lead to the rejection of the application.

1 Please note that we may verify your monthly income based on your latest Notice of Assessment from IRAS.

Main Applicant

	If the main applicant is below 21 years old, please provide the consent and particulars of the parent/guardian of the main applicant.
(Signature of main applicant) _____ Name: _____ NRIC: _____ Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(Signature of parent/guardian of main applicant) _____ Relationship to main applicant: _____ Name: _____ NRIC: _____ Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Main Applicant's Spouse

	If the main applicant's spouse is below 21 years old, please provide the consent and particulars of the parent/guardian of the main applicant's spouse.
(Signature of main applicant's spouse) _____ Name: _____ NRIC: _____ Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(Signature of parent/guardian of main applicant's spouse) _____ Relationship to main applicant's spouse: _____ Name: _____ NRIC: _____ Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION IV VERIFICATION / DECLARATION BY CHILD CARE CENTRE

I am aware that our centre need to keep the children's / parents' records strictly confidential as stipulated in the Child Care Centres Regulations [CAP. 37A, Rg 1, Clause 18 (3)].

I have verified the foregoing information to be true and understand that our centre may be liable to prosecution for any information furnished by the applicant which I know to be false or do not believe to be true. I understand that any part of this application improperly completed may lead to the rejection of the application.

_____ Name of Infant / Childcare Centre	_____ Centre Code	_____ Contact 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"/>
_____ Name / Designation of CCC Personnel	_____ Signature	_____ Date (dd/mm/yyyy)