

## SMF Assistive and Motorised Device Guide

We encourage you to submit your application online. Online applications are simpler to fill up and can be processed faster.

Simply scan the QR code.

With Singpass



<https://for.sg/smf-application-using-singpass>

Without Singpass



<https://for.sg/smf-application-not-using-singpass>

### Eligibility Criteria

- Singapore Citizen or Singapore Permanent Resident aged 60 and above.
- Means-tested:
  - Household monthly income per person<sup>1</sup> is \$4,800 or less; or
  - Annual value of property for household without income is \$21,000 or less.
- Be living in the community<sup>2</sup>.
- Does not have a full-time caregiver or foreign domestic worker for your caregiving needs. (For motorised device application only)

### Documents to be submitted

- Completed Application Form
- Copy of your NRIC (front and back) or image copy of Digital NRIC through Singpass App
- Copy of Financial Assistance documents (e.g. valid Comcare, MediFund, PA Card)
- Medical reports<sup>3</sup> - Compulsory for 1st time motorised device application only (e.g. Assessment for Mobility Scooter (AMS) Certification, doctor's memo describing applicant's medical condition)

### Important Information to Note

You must be able to co-pay for assessment fee, and cost of assistive & motorised device.

If you have steps at your main door and wish to install a ramp for motorised device, you may contact HDB for subsidies under EASE programme.

If you have submitted your application online, you do not need to fill up this application form.

If you need to use this hardcopy application form, please note that the **hardcopy application form may take about 15 - 20 minutes to complete.**

<sup>1</sup>Household monthly income per person includes CPF contributions, basic income, overtime pay, allowances. <sup>2</sup>i.e., not residing in a nursing home or sheltered home. <sup>3</sup>AMS Certification can be used for both Motorised Scooter and Motorised Wheelchair applications while Doctor's memo can only be used for Motorised Wheelchair application.

### What are the steps for the application?

<p><b>Submit</b> the completed application form and supporting document to AIC OR apply via your Singpass (applicant) which is simpler.</p>	<p><b>Attend</b> and pass both the assessment and *training at any of our assessment centre.</p>	<p><b>Ordering</b> of device will be made and supplier will reach out to you on the delivery arrangements.</p> <p>Completion date could be longer if the selected model is out of stock. For such situation, do discuss with the assessor if you would like to change to another model.</p>

You may submit your application via	For more information
Email to <a href="mailto:subsidies.application@aic.sg">subsidies.application@aic.sg</a>	Visit <a href="http://www.aic.sg">www.aic.sg</a>
Post to 7 Maxwell Road, MND Complex Annex B, #04-01, Singapore 069111	Call <b>1800 650 6060</b>
Walk in to any <b>AIC Link</b> . To find an AICare Link near you, visit <a href="https://www.aic.sg/AIC-Link">https://www.aic.sg/AIC-Link</a>	Visit <b>AIC Link</b>

## SMF Assistive and Motorised Device Categories with Blackout Period

- All pictures are for illustration purposes only. The actual device may differ from the pictures.
- Blackout period refers to the minimum device's usage duration to be met from previous SMF application for replacement application.

Assistive Device Categories	
<p>(a) Walking Aids (36 months)</p> 	<p>(b) Wheelchair / Pushchair (36 months)</p> 
<p>(c) Pressure Relief Cushion (24 months)</p> 	<p>(d) Commode (24 months)</p> 
<p>(e) Hospital Bed (48 months)</p> 	<p>(f) Pressure Relief Mattress (24 months)</p> 
<p>(g) Special Equipment (36 months) e.g. Oxygen Concentrator, Suction Pump, Hoist</p> 	<p>(h) Geriatric Chair (48 months)</p> 
<p>(i) Spectacles<sup>1</sup> (24 months)</p> 	<p>(j) Hearing Aids (per pair)<sup>2</sup> (48 months)</p> 
Motorised Device	
<p>(k) Motorised Device (36 months)</p> <p>Motorised Wheelchair</p> 	<p>Motorised Scooter</p> 

<sup>1</sup> Application and assessment for spectacles will be directed to AIC appointed partners.

<sup>2</sup> For hearing aids applications, Applicant is required to obtain a referral letter from a polyclinic or CHAS clinic for a subsidised hearing assessment at the public hospital. The Audiologist / ENT specialist will assess your needs and assist with your SMF application.



**Part 4: For SMF Assistive Device Application**

**4a Type of Device Application**

<input type="checkbox"/> Walking Aids (e.g.,: Walking Stick, Walking Frame and Quadstick)	<input type="checkbox"/> Manual Wheelchair / Pushchair	<input type="checkbox"/> Pressure Relief Cushion	<input type="checkbox"/> Commode	<input type="checkbox"/> Hospital Bed
<input type="checkbox"/> Pressure Relief Mattress	<input type="checkbox"/> Special Equipment (e.g., Bed Rail, Hoist, Transfer Board, Transfer Belt)	<input type="checkbox"/> Geriatric Chair	<b>Spectacles</b> Please register for the next Functional Screening Event in your neighbourhood.	<b>Hearing Aids</b> Please submit your application through your audiologist in the Restructured Hospitals.

**4b Type of mobility aid and assistive device that applicant is currently using**

<input type="checkbox"/> None	<input type="checkbox"/> Walking Stick	<input type="checkbox"/> Quadstick	<input type="checkbox"/> Walking Frame
<input type="checkbox"/> Rollator Frame	<input type="checkbox"/> Wheelchair / Pushchair	<input type="checkbox"/> Geriatric Chair	<input type="checkbox"/> Others Please indicate:

**Part 5: Additional Declaration for Replacement of Assistive Device Application Only**

**Would you like to use the same/ similar model for your replacement device?**

Yes, I have determined that the previous device is sufficient to serve my needs, and I do not require a device assessment to be conducted.

5a  No, my current device is insufficient and I would like to attend a new device assessment.

*Please note that AIC may still require an assessment to be conducted and you may still be assigned a replacement device of the same or similar model if such model is assessed to be sufficient for your needs.*

5b If your answer is "Yes" above, please provide the following information regarding the previously SMF approved device to be replaced

Device Category / Type Received:	(e.g: Wheelchair)
Device Vendor, Model and Brand:	(Indicate NA if not available)
Month and Year Device Received:	(Indicate NA if not available) (MMM/YYYY)

**Part 6: For SMF Motorised Device Application**

(Please select **only one option**)

**6a. First motorised device under SMF**  
Have you completed AMS Certification?  
 Yes     No

If your answer is "Yes" above, please provide Date of AMS Certification (DD/MM/YYYY):

D	D	/	M	M	/	Y	Y	Y	Y
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**6b. Replacement device**  
Was your current device applied through SMF?  
 Yes     No

**6c. Battery Replacement**  
You are currently using a:     Motorised scooter     Motorised wheelchair

Brand: \_\_\_\_\_ Model: \_\_\_\_\_

Preferred Training Vendor (Subject to vendors' availability, to select at least 2. Not required for battery replacement)			
<input type="checkbox"/> Jurong Community Hospital	<input type="checkbox"/> Kwang Wai Shiu Hospital	<input type="checkbox"/> Society for the Physically Disabled	<input type="checkbox"/> St Luke's Hospital

Part 7: Other Information		
7a Do you have a caregiver (family member/migrant domestic work) living in the same household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7b Is your caregiver able to take care of you full-time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please state reason:		
7c Are you able to push yourself around in the community on a manual wheelchair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, please state reason:		

Part 8: Consent and Declaration	
<p>I declare that all the information provided for my application is true, correct and accurate to the best of my knowledge.</p> <p>I acknowledge that I have read and accepted the Terms and Conditions (page 6) of this application.</p> <p><u>For Assistive Device application</u>          I agree to co-pay the assessment fee and device cost.          I understand that the assessment fee is non-refundable regardless of the application outcome.          I agree to attend the assessment, if applicable, by means of my own transportation and at my own expense.</p> <p><u>For Motorised Device / Battery Replacement application</u>          I agree to co-pay the training and assessment fee and device cost / battery replacement cost.          I understand that the training and assessment fee is non-refundable regardless of the application outcome.          I agree to attend the training and assessment, if applicable, by means of my own transportation and at my own expense.</p> <p>I agree that my needs, suitability and eligibility for a subsidised assistive and/or motorised device will be assessed by the qualified assessor during the assessment. If assessed to be suitable and eligible, I may be prescribed a device based on my medical and mobility needs. The decision of the type and model of the prescribed device shall rest with AIC and the qualified assessor, and the decision is final.</p>	
Signature/ thumbprint of Applicant and date	Signature/thumbprint of Next-of-Kin (authorised <sup>#</sup> to act on the Applicant's behalf) and date

<sup>#</sup>Next of Kin to sign on behalf of applicant without mental capacity and the NOK accepts the terms of the application.

## TERMS AND CONDITIONS

### DECLARATION

1. I affirm that all the information provided in my application for Seniors' Mobility and Enabling Fund (SMF) subsidy which includes all the documents submitted, is true and correct to the best of my knowledge, and I have not deliberately omitted any necessary information relevant to this application.
2. I am aware that Agency for Integrated Care ("AIC") has the right to recover the SMF subsidy given to me, if I do not pass the Means-Test criteria, have provided any false or inaccurate information, or withheld any relevant information from the Qualified Assessor<sup>3</sup> and/or administration staff of the Organisation administering the Services and Schemes.
3. I am not currently an applicant or recipient of any other public or private grant or subsidy (that exceeds the applicable co-payment amount by me under the SMF Devices scheme) and will not be applying for such grant or subsidy, in respect of the same or similar device(s) being applied for under the SMF Devices scheme.
4. If my application is for a replacement device, I affirm that my previous device(s) is no longer usable and/or discarded.
5. If my application is for repair of device, I am aware that the repair warranty would cover only the repair service and the replacement parts. The repair warranty period would be shorter compared to warranty period of a new replacement device, and the repair would restart the clock for blackout period for the device.
6. I will fully indemnify AIC, the Organisation administering the scheme and the Government of the Republic of Singapore against any loss, damage, cost and expense whatsoever, including any legal cost on a full indemnity basis, which may be incurred by AIC, the Organisation administering the scheme and the Government of the Republic of Singapore as a result of any false or inaccurate information given by me or my failure to comply with my obligations.
7. I have read and understood all the terms and conditions of my application and agree to be bound by them.
8. I agree to abide by AIC's decision regarding my application, which is final.

### CONSENT FOR DISCLOSURE AND USE OF PERSONAL INFORMATION

9. I understand that the sharing of Personal Information<sup>4</sup> between different entities such as the Government, and certain participating statutory boards and organisations approved by the Government, will assist in the evaluation of my suitability and eligibility for Services and Schemes<sup>5</sup>.
10. I agree that any Cooperating Party may:
  - a. collect my Personal Information from me or any of the other Cooperating Parties<sup>6</sup>;
  - b. disclose my Personal Information to any of the other Cooperating Parties; and
  - c. use my Personal Information
 regardless of whether my Personal Information relates to matters occurring before, on or after the date of this consent, for the purposes of evaluating my suitability and eligibility for Services and Schemes at any time. The administration and provision of Services and Schemes in relation to me; and/or data analysis, evaluation and policy formulation, in which I shall not be identified as specific individuals or households (collectively known as the "Purposes").
11. I understand and accept that AIC's Data Protection Policy (available at <https://www.aic.sg/data-protection-policy>) also applies to the collection, use and/or disclosure of my Personal Information by AIC. Therefore, in addition to the Purposes which I have consented to above, I also consent to the collection, use and/or disclosure of my Personal Information by AIC for the purposes set out in AIC's Data Protection Policy.
12. I consent to AIC and/or the Organisation administering the Services and Schemes in obtaining the applicant's medical information from any healthcare professional who is providing or has provided medical care, treatment to, or has medically assessed the senior.
13. This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

### TERMS AND CONDITIONS APPLICABLE FOR SMF ASSISTIVE AND MOTORISED DEVICES SUBSIDY APPLICATION

14. I allow AIC and/or the Organisation administering the Services and Schemes to access my Means Test result from the National Means Test System for the purpose of this application.
15. I will not hold AIC and/or the Organisation administering the Services and Schemes liable if my Means Test result has expired and I am unable to qualify for the SMF subsidy.
16. I have been briefed by AIC and/or the Organisation administering the Services and Schemes and will be expected to and will make the required co-payments after the SMF subsidy. I agree that any co-payment amounts incurred as part of assessment and is non-refundable regardless of the application outcome.
17. I acknowledge and accept full responsibility for the assistive and motorised device(s) purchased/acquired under SMF Devices scheme, including but not limited to the management, safekeeping and maintenance of the said device(s). I will comply with HDB and Town Council regulations and ensure that the said device(s) does not obstruct the common passageways.
18. I will not hold AIC, the Organisation administering the Services and Schemes or any related assessors, liable for accidents and/or incidents related to the use of the assistive and motorised devices issued or repaired and for the duration of the client education session provi

<sup>3</sup> "Qualified Assessor" is in accordance to SMF Qualified Assessor List, and subjected to the type of device prescribed. This includes fully registered physiotherapists, fully registered occupational therapists, registered nurses, registered doctors, certified audiologists, fully registered optometrists, centre managers and SMF personnel trained in administering the Simplified Assessment Tool.

<sup>4</sup> "Personal Information" means an individual's personal data (e.g. name, NRIC No, address, age, gender, family/household structure), financial data (e.g. income, savings, insurance coverage), consumption data (e.g. payment for utilities, housing, healthcare bills, scheme participation), social assistance data (e.g. social assistance history, assessments for eligibility and suitability for various Services and Schemes, social worker case reports) or medical information, that is relevant for the purpose of this application.

<sup>5</sup> "Services and Schemes" means social services schemes, financial assistance schemes and insurance schemes, including: the SMF Scheme; financial assistance schemes and insurance schemes administered by AIC; healthcare, aged care, childcare, education, social assistance and counselling services and schemes; any form of financial assistance such as subsidies, grants, tax reliefs, levy concessions, vouchers or bursaries; and retirement, savings and insurance schemes operated by the Government, CPF or their appointed agents (including Medisave and MediShield Life).

<sup>6</sup> "Cooperating Parties" shall refer to the Government of the Republic of Singapore (the "Government") and participating statutory boards and organisations approved by the Government, including AIC and the approved organisations that are involved in or assisting in the provision and delivery of the Services and Schemes.

## V. CERTIFICATION OF MEDICAL NEED FORM

### Important Notes:

- The Assessor (i.e. Registered Doctor, Occupational Therapist (OT)) must complete all fields and countersign against any amendments and/or ambiguity made on the mobility scooter certification. Failure to do so will deem the mobility scooter certification as incomplete.
- The Assessor may refer to the guidelines for Assessment for Mobility Scooter (AMS) issued by MOH to assess Applicant's medical need for a mobility scooter<sup>1</sup>.
- **The final assessor (i.e. doctor and OT) should complete this form for Applicants who pass the medical needs assessment and competency assessment respectively (including all Seniors' Mobility and Enabling Fund (SMF) Applicants, regardless of their age).**
- The form need not be submitted for exempted users<sup>2</sup> and Applicants who do not have a medical need for an MS. However, if Applicants in the latter group insist that the form be submitted, the Assessor can do so and should indicate that the Applicant has no medical need for MS. The Assessor should inform Applicants of the outcome of their assessment.

### Section A – Particulars of Applicant

1	Full NRIC/FIN	
2	Name as in NRIC/FIN	
3	Mobile/ Home Number	

### Section B – Certificate of Medical Need

To qualify for a mobility scooter, the Assessor should take into account any underlying condition requiring the use of the device.

#### 1. Does the Applicant have a medical need for a mobility scooter?

- Yes (Proceed to answer Q2 and Q3)  
 No (End of Certification Process – Applicant does not qualify for an MS)

<sup>1</sup> Including manual wheelchairs with motorised attachments steered by handlebars.

<sup>2</sup> A. All seniors aged 70 and above; or

B. Beneficiaries of subsidised mobility scooters from the Seniors' Mobility and Enabling Fund (SMF) before 27 February 2026; or

C. All existing and prospective beneficiaries of the Assistive Technology Fund (ATF) who obtained Government-subsidised MSeS; or

D. Past and future applicants of the MOH disability schemes, who have been assessed with Activities of Daily Living (ADL) needs in either 'Mobility' or 'Transferring' via the Functional Assessment Report (FAR) or Severe Disability Assessment (SDA).

Individuals who wish to apply for Government-subsidised MSeS under the SMF on or after 27 February 2026 will be required to undergo the AMS, which will replace other medical assessments previously required for SMF application. The Certificate of Medical Need under AMS will fulfil the medical assessment requirements under SMF.

**2. Please indicate the Applicant's estimated period of reliance on the mobility scooter.**

Long-term (As a general guide, user's medical condition that will persist for > 6 months and that will not fully recover or resolve can be considered long-term.)

Temporary: \_\_\_\_\_ months (If the Applicant has a condition under Q1 that will fully recover or resolve after 6 months, it is not considered long-term. Select 'Temporary' and specify the duration for which the mobility scooter is needed.)

**3. Does the Applicant meet any of the following criteria requiring a mobility scooter beyond the allowable dimensions on public paths?**

*(NB: Maximum width of 70cm, maximum length of 120cm, maximum height of 150cm)*

Criteria:

- **Obesity** exceeding standard mobility scooter limits (user weight more than 135kg), OR
- **Body Structure:** For example, a larger body frame (e.g. long legs, wide hips) exceeding standard mobility scooter limits (user weight not more than 135kg)

In cases where an applicant does not meet any of the above criteria but demonstrates a need for a larger mobility scooter, the Assessor may exercise discretion and conduct a case-by-case assessment.

Yes

No

**For Assessor**

By signing the form below, I have carefully considered the statements made above and they are, to the best of my knowledge, true and correct.

_____	_____
Name & Signature of Assessing Medical Professional	MCR/AHPC No. of Assessing Medical Professional
_____	_____
Clinic / Hospital Stamp	Date of Assessment

**FOR ONLINE FORM ONLY**

Applicant's Email (Optional): \_\_\_\_\_

Note: Subsidies for MS are available via the Seniors' Mobility Fund (SMF, administered by AIC) and Assistive Technology Fund (ATF, administered by SG Enable). Mobility scooter users who have obtained the Certificate of Medical Need for mobility scooter are not automatically eligible for SMF/ATF as there are other eligibility criteria applicable. Interested applicants for SMF/ATF should visit the relevant websites and contact AIC or SG Enable respectively for further information if needed.