

SMF Assistive and Motorised Device Guide

Step 1: Check Your Eligibility

- ☐ I am a Singapore Citizen or Singapore Permanent Resident and;
- ☐ I am aged 60 and above and;
- ☐ I am living in the community (i.e., not residing in a nursing home/sheltered home) and;
- ☐ My household monthly income per person is \$4,800 or less (For household without income: My annual value of property is \$21,000 or less) and;
- ☐ I am able to co-pay the assessment fee and cost of the device(s).



Total gross household monthly income includes CPF contributions, basic income, overtime pay, allowances, commissions, and bonuses.

For details on the National Means Testing System assessment, please refer to the MediShield Life Household Check e-Service (<https://medishieldlife.moh.gov.sg>) to access or update your household information.

Additional requirements if you are applying for a motorised scooter/wheelchair:

- ☐ I am unable to use a manual wheelchair on my own and;
- ☐ I do not have a caregiver/migrant domestic worker who can take care of me full-time and;
- ☐ I do not suffer from psychiatric/cognitive conditions or functional impairment that would affect safe driving of a motorised device.

And if you have received SMF subsidies to purchase the same device before:

- ☐ I have met the blackout period (BOP) for that device (refer to Part 1a for length of BOP).

Step 2: Get Your Supporting Documents Ready

- ☐ Image copy of applicant's NRIC (front and back) or Singpass Digital Identity Card (with personal details shown)
- ☐ Financial Assistance document, if applicable (e.g., ComCare Short-to-Medium-Term Assistance, ComCare Long Term Assistance, MediFund)
- ☐ Additional document if you are applying for a motorised device under SMF for the first time:
 - Medical report indicating a need (e.g., Certificate of Medical Need, Doctor's Memo describing applicant's medical condition)
 - Such medical report is required for all first time SMF motorised device applications, including those under LTA's exemption list to operate a motorised scooter



Certificate of Medical Need / Doctor's Memo can be obtained from your regular doctor or any of the GPs listed on LTA's website (<https://www.go.gov.sg/ams-gp-list>).

Step 3: Should I apply through AIC or my therapist?



If you have an upcoming rehab appointment at a public hospital, we encourage you to speak to the therapist at the hospital as they have your complete medical history and can better support you for your SMF application, including the needs assessment.

Step 4: How do I apply through AIC?



With Singpass



Without Singpass



You can receive your device up to 2 weeks faster when you submit your application online using one of these QR codes!

OR



Fill up the application form and submit the completed application form and supporting documents to AIC via the following channels:



Email to subsidies.application@aic.sg



Post to 7 Maxwell Road, MND Complex, Annex B, #04-01, Singapore 069111



Visit any **AIC Link**.

To find an AIC Link near you, visit <https://www.aic.sg/Contact-Us>



It will take you about 20 minutes to complete the hardcopy application form. For a better guided experience, we encourage you to submit your application online by scanning the QR code above.

What's Next?



After we receive your complete set of application documents, our therapist will contact you within 5 to 10 working days to arrange a needs assessment.



After the assessment, our therapist will assist in ordering the device, and the supplier will then contact you to arrange delivery.

Note: Delivery may be delayed if the prescribed model is out of stock. In such situation, please discuss with the therapist for an alternative model.



Please submit your application only when you have all the supporting documents ready, as missing information and documents will cause further delay to your application.

For More Information



Visit **www.aic.sg**



Call **1800 650 6060**



Visit **AIC Link**

SMF Assistive and Motorised Device Application Form

If you have submitted your application using the QR code, you do not need to fill up this application form.

Part 1a: Select the Device(s) you want to apply (you may tick ✓ more than one)		
TIPS The blackout period (BOP) refers to minimum duration required from the previous SMF application if you are applying for the same device category. For Motorised Devices: 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. For spectacles: Please register for the Functional Screening in your neighbourhood to complete the subsidised needs assessment for spectacles. For more information and registration, please visit: https://www.healthhub.sg/well-being-and-lifestyle/active-ageing/project-silver-screen For hearing aids: Please submit your application through an audiologist at a public hospital. If you do not have an audiology appointment, please visit a polyclinic or CHAS clinic to obtain a referral letter for a subsidised hearing assessment	☐ Walking Aids (BOP: 36 months) (e.g., Walking Stick, Walking Frame and Quadstick) 	☐ Manual Wheelchair / Pushchair (BOP: 36 months) 
	☐ Pressure Relief Cushion (BOP: 24 months) 	☐ Commode (BOP: 24 months) 
	☐ Hospital Bed (BOP: 48 months) 	☐ Pressure Relief Mattress (BOP: 24 months) 
	☐ Special Equipment (BOP: 36 months) (e.g., Bed Rail, Hoist, Transfer Board, Transfer Belt) 	☐ Geriatric Chair (BOP: 48 months) 
	☐ Motorised Device (BOP: 36 months)  Motorised Wheelchair  Motorised Scooter	
	☐ Spectacles (BOP: 24 months) [Application is not via AIC] 	☐ Hearing Aids (BOP: 48 months) [Application is not via AIC] 

Part 1a (continued)

☐ Replacement Battery for Motorised Device (BOP: 24 months)

Please state the supplier, brand, and model of your motorised device:

Supplier: _____

Brand: _____

Model: _____



Part 1b: Applicant's Details *(Details of the person needing the device)*

Name (according to NRIC)

NRIC no.

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Date of Birth (DD/MM/YYYY)

D	D	/	M	M	/	Y	Y	Y	Y
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Nationality

☐ Singapore Citizen ☐ Singapore Permanent Resident

Gender

☐ Male ☐ Female

Home contact number

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Mobile number

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Race

☐ Chinese ☐ Malay ☐ Indian ☐ Others

Please specify: _____

Address (according to NRIC)

Email address

Part 1c: Alternative Contact Person's Detail



Providing an alternative contact person helps AIC reach someone you trust if we are unable to reach you to arrange for needs assessment and/or device delivery.

Name (according to NRIC)

Email address

Contact number

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Relationship to Applicant

☐ Spouse ☐ Son ☐ Daughter ☐ Sibling ☐ Others
Please specify: _____

Part 1d: Medical Condition / History of Applicant

	1d(i) Have you or anyone living with you had any infectious disease within the last 3 months?	☐ Yes	☐ No
	1d(ii) Are you receiving the following healthcare service? If yes , please indicate the service you are receiving and provide the name of your service provider:	☐ Yes	☐ No
	☐ Community Rehabilitation	☐ Home Medical	
	☐ Home Nursing	☐ Home Therapy	
Name of service provider: _____			

For Assistive Device

First SMF Application: You can proceed straight to Part 4

Replacement Application: You need to fill in Part 2 first, before going to Part 4

For Motorised Device

Both First and Replacement Application: You need to fill in Part 3 first, before going to Part 4

Motorised Device Replacement Battery Application: You can proceed straight to Part 4

Part 2: Assistive Device (Replacement Device Application only)

 The application process may be reduced by up to 7 days if reassessment by a therapist is not required. However, if you think your medical conditions have significantly changed since the last assessment, a reassessment is beneficial. Please note that reassessment exemption may not be applicable to all replacement devices (e.g., motorised devices and hospital beds). Reassessment may still be required in selected circumstances (e.g., device is discontinued or out of stock) to ensure device suitability.	2a) Have you applied for the same assistive device(s) <u>under SMF before</u> and need to replace them now? ☐ Yes ☐ No	
	2b) Is your current assistive device sufficient to meet your needs? ☐ Yes ☐ No	
	If your answers to 2a) and 2b) are “Yes”, reassessment may not be required.	
	2c) Would you like a reassessment by our therapist? ☐ Yes ☐ No	
	2d) If you do not want a reassessment by our therapist, please provide more information regarding the previous SMF approved device that you want to replace.	
	Device Category Received (e.g., Wheelchair)	
	Device Vendor, Brand and Model (Indicate NA if not available)	
	Month and Year Device Was Received (Indicate NA if not available)	

Part 3: Motorised Device (Both First and Replacement Application)



The MOH disability schemes include the Pioneer Generation Disability Assistance Scheme, Home Caregiving Grant, Migrant Domestic Worker Levy Concession for Persons with Disabilities, CareShield Life, ElderFund, ElderShield, Interim Disability Assistance Programme for the Elderly (IDAPE) and MediSave Care.

3a) Have you obtained a motorised device under SMF before ☐ Yes (go to 3c) ☐ No (go to 3b)

3b) If you answer “No” to Question 3a, please select the applicable response(s) below and provide the document required.

Your Response	Document Required
☐ I am 70 years old or above. ☐ I have received support from the Assistive Technology Fund (ATF) ☐ I am an applicant of an MOH disability scheme, with latest Functional Assessment Report (FAR) or Severe Disability Assessment (SDA) stating that I need assistance with either ‘Mobility’ or ‘Transferring’.	You are exempted from AMS Certification. Please provide a doctor's memo OR <u>Complete the Medical Need Form (page 9)</u>
☐ None of the above	Please complete the LTA Certificate of Medical Need (AMS Certification) and provide the date of completion. DD/MM/YYYY

You may also check your exemption status at:

https://onemotoring.lta.gov.sg/content/onemotoring/home/MS_cert_status.html

3c Are you able to push yourself around in the community on a manual wheelchair? ☐ Yes ☐ No

3d(i) Do you have a caregiver/migrant domestic worker? ☐ Yes ☐ No

3d(ii) Is your caregiver able to take care of you full-time? ☐ Yes ☐ No

If no, please state reason: _____

3e Preferred Regions for Assessment (subject to therapist availability; select at least 2)

☐ North ☐ South ☐ East ☐ West

Part 4: Consent and Declaration

I declare that all the information provided for my application is true, correct and accurate to the best of my knowledge. I acknowledge that I have read and accepted the Terms and Conditions (page 8) of this application.

For Assistive Device application

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.

For Motorised Device / Battery Replacement application

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.

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.

Signature/ thumbprint of Applicant and date

Signature/ thumbprint of Next of Kin (authorised[#] to act on the Applicant's behalf) and date

[#] Authorised Next of Kin to sign on behalf of applicant without mental capacity and the Next of Kin 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 Assessor¹ 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 Information² 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 Schemes³.
10. I agree that any Cooperating Party may:
 - a. collect my Personal Information from me or any of the other Cooperating Parties⁴;
 - 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 the SMF Device scheme, which includes the management, safekeeping, maintenance and certification 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. I will also comply with LTA regulations in relation to the Assessment of Mobility Scooter (AMS) and Certification of Medical Need for mobility scooters (MSes).

¹ "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.

² "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.

³ "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).

⁴ "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 Scheme.

MEDICAL NEED FORM FOR SMF MOTORISED DEVICE APPLICATION

(Only for first time SMF motorised device applicants who are exempted from AMS)

Important Notes:

- If you are not exempted from AMS, please use the Certificate of Medical Need instead (also known as AMS Certification). The Certificate of Medical Need can be obtained from any of the GPs listed on LTA's website (<https://www.go.gov.sg/ams-gp-list>). Alternatively, you may print a copy of the Certificate of Medical Need (<https://file.go.gov.sg/cmnmform.pdf>) and bring it to the clinic.
- Any amendment(s) made must be signed by a Doctor and affix with the official stamp of the organisation / clinic / hospital, failing which, the form will be deemed incomplete and may be rejected.

TO BE COMPLETED BY A DOCTOR REGISTERED WITH THE SINGAPORE MEDICAL COUNCIL

DOCTOR'S CERTIFICATION - FOR NEED OF A MOTORISED DEVICE

Name of Person Needing Assessment: _____

NRIC of Person Needing Assessment: _____

Doctor's Assessment

1. Does the Applicant have a need for a motorised device for at least 6 months due to medical condition?

☐ Yes (Please proceed to Q2)

☐ No

2. Does the person needing assessment have any condition that will affect the operation of a motorised device?

☐ Yes (Please provide details in Q3)

☐ No

3. Any additional information relating to the person's application for a motorised device.

Doctor's Declaration and Signature

Please tick one only:

☐ The Person Needing Assessment is **not related to me**.

☐ The Person Needing Assessment **is related to me** or otherwise known to me outside my capacity as a registered healthcare professional. I declare that the Person Needing Assessment is my family member or relative / friend / employer / employee / others*(please elaborate: _____).

**Please delete accordingly.*

Declaration

I have assessed the Person Needing Assessment and confirm that the information in this form is true and correct to the best of my knowledge.

Name Stamp, Registration No. & Signature of Doctor	Stamp of Organisation / Clinic / Hospital	Date	Tel No.