

## **AWWA SPECIAL STUDENT CARE CENTRE REFERRAL FORM**

Special Student Care Centre (SSCC) is an after-school care centre for students with additional needs.

Students who are 7 to 18 years old can apply to enrol in an SSCC and may be eligible for the ComCare Student Subsidies scheme, also known as the Student Care Fee Assistance (SCFA).

To apply, the student must be:

- a Singapore Citizen or Permanent Resident. If the student is a Permanent Resident, at least one immediate family member<sup>1</sup> must be a Singapore Citizen.
- between 7 and 18 years old
- attending a Special Education (SPED) school
- certified by a medical doctor to have a disability

To be eligible for Student Care Fee Assistance (SCFA) subsidies for SSCCs, a student must:

- have a gross monthly household income of \$9,200 and below, and a gross per capita family income of \$2,300 and below.
- family have two working parents (this criteria may be waived under some circumstances – please speak to the SSCC for more information.)



More information can be found via this link:

<https://www.enablingguide.sg/im-looking-for-disability-support/child-adult-care/special-student-care-centres>

Section A: Referral Source Details

Referral to AWWA SSCC can be facilitated by the caregiver, SPED school, other Social Service Agencies (SSAs) and/or SG Enable/government Agencies. All referrals should include the section on caregivers and SPED school consent (**Section G**).

Name of Referring Person	
Agency (If applicable)	
Contact Number	
Email address	

Section B: Student Details

**For Official Use Only**

Approved / Rejected  
Enrolment Date: \_\_\_\_\_

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Name of Student:	
Gender:	Male / Female
Date of Birth:	
Nationality:	<b><i>[Note: If child is a PR, one parent must be a Singaporean]</i></b>
Primary Diagnosis and Secondary Diagnosis (if any):	
Address:	
School:	
Session/ Class:	

Section C: Health Condition of Student

Is your child suffering from:	YES	NO	If YES, when and what type of treatment was received by your child
Fits / Epilepsy			
Asthma			
Heart Condition(s)			
Eczema			
Diabetes			
Food Allergy			
Medicine Allergy			
Any other complications			

Section D: Current Care Pattern

Current Caregivers (Tick where applicable)	Reason(s) for Not Continuing with Current Care Pattern (Tick where applicable)
Parents	Both parents have to go to work
Grandparents	Grandparents are too old/ sick
Relative / Friend	Relative / Friend is not available
Domestic Helper	Cannot afford a domestic helper
Siblings (above 21 years old)	Unable to commit due to work/school
Other Child Care	Other formal help is not available
No Caregiver	Child is not safe without a caregiver
Others (pls specify):	Others (pls specify):

Section E: Family Particulars

Particulars	Father :	Mother :
Name (as in NRIC)		
NRIC No		
Date of Birth		
Nationality		
Home Address		(Indicate only if different)
Home Phone No		(Indicate only if different)
Mobile No		

Email		
Employed	Yes / No	Yes / No
Occupation		
Employer		
Office Address		
Office Contact No		
Working Hours		
Gross Monthly Income		

Other Family Members (In the same household)

<b>Name</b>	<b>Relationship to Student</b>	<b>Age</b>	<b>Occupation / Contact Number</b>	<b>Income (if applicable)</b>	<b>Tick only if primary care person</b>

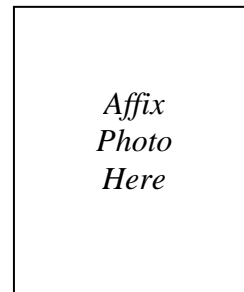
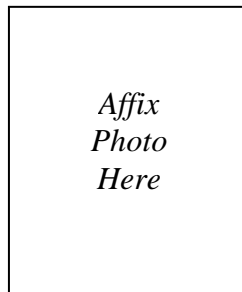
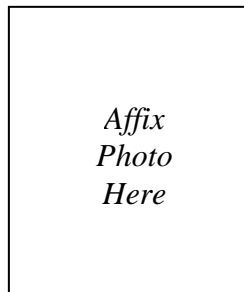
Section F: Student's Commuting Information - mode of transportation

<b>Time Schedule/ Transport Mode</b>	<b>Arrival Time</b>	<b>Departure Time</b>
<b>Approximate Time</b>		

<b>Mode of Transportation</b>	a) Fetched by parents ( ) b) By School Bus ( ) <i>Bus no.:</i> _____	a) Fetched by parents ( ) b) By School Bus ( ) <i>Bus no.:</i> _____
Others ( <i>Pls Specify</i> )		

Commuting Information: Mode of Support - Particulars of Person(s) Entrusted to Fetch Student Home (Other than parents)

Name (as in NRIC):
NRIC no.:
Relationship to Student:
Name (as in NRIC):
NRIC no.:
Relationship to Student:



**Father / Guardian**

**Mother/ Guardian**

**Entrusted Person**

**Entrusted Person**

Section G: Consent from Caregiver and SPED School

**To facilitate the referral caregiver(s) and SPED School are to be consented and updated. This section shall be completed regardless of referral source.**

I acknowledge that the above student name: \_\_\_\_\_  
NRIC No: \_\_\_\_\_ is applying for AWWA Special Student Care Centre. I agree to provide information and share strategies with AWWA SSCC pertaining to the client when requested.

By completing the form:

Consent has been given to AWWA SSCC to collate, disclose/transfer and share relevant information pertaining to the referred student and his/her household to facilitate the referral with/from partnering agencies.

<b>Acknowledgment</b>	<b>Caregiver</b>	<b>SPED School</b>
Person (s) to contact:		
Tel number:		
Email Address:		
Signature		
Date		

**Please return completed form to:**

Centre Supervisor  
**AWWA Special Student Care Centre**  
 9, Lorong Napiri  
 Singapore 547531  
 Email: [youth\\_disability@awwa.org.sg](mailto:youth_disability@awwa.org.sg)

*For enquiry, please call us at one of the following numbers: 65115262/ 65115259*

**Check if you have attached the following:**

1. Photocopy of your child / ward's Birth Certificate ( )
2. Photocopy of parents' / Guardian's I/C [both sides] ( )
3. Student's medical report(s) ( )
4. Household Means Eligibility System (HOMES) approval ( )
5. Therapists' report(s), if any ( )
6. Psychologist's report(s), if any ( )
7. Social Worker's report(s), if any ( )
8. Documents to support financial status ( )
9. Passport-sized photos ( )