

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 member¹ 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:	
BC number	
Nationality:	<i>[Note: If child is a PR, one parent must be a Singaporean]</i>
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		<i>(Indicate only if different)</i>
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)

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

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

Time Schedule/ Transport Mode	Arrival Time	Departure Time

Approximate Time		
Mode of Transportation	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 (Pls Specify)		

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:

*Affix
Photo
Here*

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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.

Acknowledgment	Caregiver	SPED School
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

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 ()