



KIDNEY DIALYSIS FOUNDATION

APPLICATION FOR SUBSIDISED DIALYSIS PROGRAMMES

Qualifying Criteria

1. Kidney Dialysis Foundation's (KDF) subsidised dialysis programmes are open to an end-stage kidney patient who:
 - (a) Is a Singapore Citizen or Singapore Permanent Resident
 - (b) Is aged 18 years and above
 - (c) Applicant family's monthly per capita income not exceeding **\$1,500** would be considered. Should the applicant family's monthly per capita income exceed \$1,500, KDF will assess these applications on a case-by-case basis.
 - (d) May have any other co-morbid conditions but is rendered safe to undergo Haemodialysis (HD) in a community-based satellite HD centre, as certified by the attending nephrologists (for HD applicant only)

Process of Application

1. All sections in the application form must be completed. 'N.A.' should be used where appropriate.
2. All applicants are required to submit the following documents:
 - (a) Applicant's latest pay-slip or letter from employer stating current gross income, CPF statement, and Income Tax Statement
 - (b) Applicant's family members' latest pay-slip or letter from employer stating current gross income or CPF statement or Income Tax Statement
 - (c) A recent passport-sized photograph
 - (d) A copy of applicant's identity card
 - (e) A copy of any financial assistance from other agencies or Public Assistance Card (if applicable)
 - (f) A copy of Hospital Medical Report (includes latest ECG, Hepatitis, HIV, and Chest X-ray results) from applicant's renal doctor. Please include Echo or Muga scan report if necessary.
 - (g) Psycho-social Assessment Report from Hospital medical social worker

Submit all documents to:

Kidney Dialysis Foundation
Blk 333 Kreta Ayer Road, #03-33
Singapore 080333

Subsidy qualifications from KDF and Ministry of Health will be computed based on Means Testing. The treatment fee is inclusive of Good Service Tax, routine blood test and doctor's consultation. However, it does not include medications such as Erythropoietin, Calcijex, Venofer.

3. KDF operates 3 Haemodialysis Centres and 1 Peritoneal Dialysis Centre.

HAEMODIALYSIS CENTRES:

Bishan Centre

Blk 197 Bishan St 13, #01-575/583, Singapore 570197

San Wang Wu Ti Centre

Blk 333 Kreta Ayer Road, #03-33, Singapore 080333

Ghim Moh Centre

Blk 6, Ghim Moh Road, #01-188, Singapore 270006

PERITONEAL DIALYSIS CENTRE:

Blk 6, Ghim Moh Road, #01-188, Singapore 270006

4. KDF reserves the right not to accept an application if the relevant documents are not attached with the application form and if the applicant has suppressed or given any false information.
5. The decision of KDF is final.
6. For any application enquiries, please call 6559 2641/2

申请准则

1. 肾脏透析基金（KDF）的受津贴洗肾治疗计划正开放给符合以下条件的末期肾衰竭病患者申请：
 - (a) 新加坡公民或新加坡永久居民
 - (b) 年龄在 18 岁以上
 - (c) 家庭平均收入不得超过 \$1,500 元。申请者的家庭平均收入若超过 \$1,500 元，KDF 将根据状况各别处理。
 - (d) 已由肾科医生证实没有其他相关病症会影响血液透析治疗，并适宜在设于社区的卫星中心接受血液透析治疗。（只限血液透析申请人）

申请程序须知

1. 必须完整填写申请表格中的每一个栏。“N.A”请酌情使用。
2. 所有申请者在提交申请表格时必须同时附上以下证件：
 - (a) 申请者的薪酬报单或由雇主证实现有薪酬的信件，公积金报单和所得税报单
 - (b) 申请者家属的薪酬报单或由雇主证实现有薪酬的信件或公积金报单或所得税报单
 - (c) 近期的照片一张（护照照片的尺寸）
 - (d) 申请者身份证复本
 - (e) 经济上受助于任何组织的复本或公共援助卡的复本（如果适用）
 - (f) 申请者的肾科主治医生的医药报告复本（包括最近的心电图、肝炎、HIV 及胸部 X 光照）。如果有 Echo 和 Muga 扫描报告，也请提交。
 - (g) 由医院的医药社工所评定的社会心理报告

请将表格及所有证件提交到：

Kidney Dialysis Foundation
Blk 333 Kreta Ayer Road, #03-33
Singapore 080333

KDF 与卫生部的津贴数额将根据支付能力的调查方程式来计算。治疗费用包括消费税、医生复诊费和例常血液检验的费用，但不包括任何药物，如红血球生成剂、活性维生素 D 剂、糖铁注射剂。

3. KDF 共经营三所血液透析治疗中心和一所腹膜透析治疗。

血液透析治疗中心：

碧山中心 - 大牌 197 碧山 13 街，#01-575/583，新加坡 570197

三皇五帝中心 - 大牌 333 水车路，#03-33，新加坡 080333

锦茂中心 - 大牌 6 锦茂路，#01-188，新加坡 270006

腹膜透析治疗：

大牌 6 锦茂路，#01-188，新加坡 270006

4. 若在提交申请表格时没有一起附上有关的证件、有所隐瞒或给予任何不确实的资料，KDF 有权不接受申请。
5. KDF 拥有最终的决定权
6. 欲知更多详情，请拨电话 65592641/2 询问。



APPLICATION FOR SUBSIDISED PROGRAMME
肾脏透析基金津贴计划申请表格

(A) TREATMENT REQUIRED - Please tick ✓ the appropriate box 所需要的治疗 - 请在适当的格子中打勾			
1. <input type="checkbox"/> Haemodialysis (HD) 血液透析治疗			
2. Peritoneal Dialysis (PD) 腹膜透析治疗			
(i) <input type="checkbox"/> Continuous Ambulatory Peritoneal Dialysis (CAPD) 连续可携带式腹膜透析			
(ii) <input type="checkbox"/> Automated Peritoneal Dialysis (APD) 全自动式腹膜透析			
(B) PERSONAL PARTICULARS 个人档案			
Name 姓名(Underline Surname): Mr / Mrs / Mdm / Miss 先生 / 夫人 / 女士 / 小姐		NRIC No.: 身份证号码	Sex 性别: Male 男 / Female 女
Home Address: 住家地址		Effective Date:	Attach a recent passport-size photograph and copy of the IC 附贴一张近期的照片
Postal Code 邮区号码:		Telephone Numbers 电话号码	
Age 年龄:		Date of Birth: (dd /mm/yyyy) 出生日期	
Race: Chinese 华族 / Malay 马来族 / Indian 印度族 / 种族 Others 其他 _____		Nationality 国籍:	Religion: Buddhist 佛教 / Christian 基督教 / Muslim 回教 / 宗教 Hindu 兴都教 / Others 其他 _____
Marital Status: Single 未婚 / Married 已婚 / Divorced 离婚 / 婚姻状况 Separated 分居 / Widowed 鳏寡		Highest Educational Qualification: 最高教育程度	
Language 语言/Dialect Spoken 方言: English 英语 / Mandarin 华语 / Malay 马来语 / Tamil 淡米尔语 / Cantonese 粤语 / Hokkien 厦语 / Teochew 潮语 / Hakka 客语 / Others 其他 _____		Language Written 语文: English 英文 / Chinese 华文 / Malay 马来文 / Tamil 淡米尔文 / Others 其他 _____ Mobility Status: Wheelchair / Assistance required / Independent	
Type of Accommodation owned 住宿类别 HDB Flat 政府组屋 _____ Rooms 房式 / HDB Executive HDB Maisonette HDB Executive Condominium / HUDC 共管式公寓 / Private Apartment / Private Condominium / Terrace House / Semi-Detached House / Bungalow / Shop House 店屋 Rented : Rooms 1 / 2 / 3 / whole flat Type: HDB/Private			
(C) EMPLOYMENT INFORMATION 雇用资料			
Employed Full-Time 全职 / Employed Part-Time 兼职 / Retired 退休 / Unemployed 没受雇		Occupation: 职业	
Name of Company: 公司名称		Company Address: 公司地址	
Gross Monthly Salary: 月薪总额		Date Joined: 聘用日期	
Reason for Unemployment: 没受雇的原因 (For applicant who is currently unemployed) 予正失业的申请着		Taking care of family 照顾家庭 / Medically unfit by doctor 医生确定体格不宜 / Feeling too ill to work 感觉虚弱 / Retrenched 被裁退 / Unable to find employment 没法找到工作 / Others 其他 _____	



APPLICATION FOR SUBSIDISED PROGRAMME
肾脏透析基金津贴计划申请表

(E) FINANCIAL INFORMATION 财务状况	
<p>Medical Insurance Coverage 医药保险:</p> <p>a) Medishield 健保双全:</p> <p>b) Incomeshield 英康保健: Plan A 计划 / Plan B 计划 / Plan C 计划</p> <p>c) Others (please specify) 其他的保险: Insurance Co. 保险公司 _____ Amount of Coverage 受保金额 \$ _____</p>	<p>Medisave 保健储蓄:</p> <p>No 没有 / Yes 有, Amount 存额: \$ _____</p> <hr/> <p>Financial Assistance from other charity or non-charity group(s):</p> <p>No 没有 / Yes 有, Amount 数额: \$ _____ per month 每月</p> <p>Name of organisation 机构名称: _____ _____</p> <p>For Civil Service Card (CSC) only: 只予公务员证持有人</p> <p>Holder _____ % Dependent _____ %</p>

(F) HISTORY OF DIALYSIS TREATMENT 洗肾治疗病例
<p>Name of Doctor 医生姓名: _____ MSW _____</p> <p>From 医务处: SGH 中央医院 / NUH 国大医院 / TTSH / Private Centre 私营中心 (please specify 请注明) _____</p> <p>1. Currently receiving HD treatment at 正在何处接受血液透析治疗: SGH 中央医院 / NUH 国大医院 / TTSH / Private Centre 私营中心 (please specify 请注明) _____</p> <p>Started from 开始日期: _____ Fee per session 各次费用: \$ _____</p> <p>No. of times per week 每星期的次数: _____</p> <p>2. PD treatment 腹膜透析治疗</p> <p>T/K insertion 腹膜透析导管植入: No 没有 / Yes 有, date inserted 植入日期: _____</p>

I declare that the information given by me in this application form under section A to F is true and complete.
本人宣誓在这申请表格中所提供的资料是正确及真实的。

I fully understand and accept that if at any time, it is found that a false declaration has been made in this form; the Kidney Dialysis Foundation (KDF) reserves the absolute right not to accept my application or withdraw my subsidy or cease my dialysis treatment at KDF.
本人明白并接受在任何时候若发现此表格中所做的宣誓有所虚假, 肾脏透析基金(KDF)保有绝对的权利终止本人在其中心的洗肾治疗计划。

Name of Applicant 申请者姓名	Signature 签名	Date 日期
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