

Patient Name				
Patient NRIC	:			
Date:				
Dear Sir/Mdm				
APPOINTMENT	FOR FINAN	CIAL COUNS	SELLING	
You are given ar	n appointmer	t to meet the	Financial Counsello	
	-4			(Name of polyclinic)
on(date)	at	(time)	·	

- A) Please see overleaf for Declaration of Particulars of Family Members form.

 Kindly fill in the particulars of all family members who may or may not be staying with you, including your spouse, children and parents.
- B) Please bring along the following documents on the appointment date:
 - 1. NRIC or Birth certificate (yours and your family members' listed overleaf).
 - 2. Latest Payslip/CPF Statement/Income Tax Assessment/Employment letter (yours and your family members' listed overleaf).
 - 3. Updated bank account passbook or statement.
 - 4. Medical certificate, memo/letter of unfit for work, termination/retrenchment letter.
 - 5. Documents of assistance from other organisations (e.g. Social Service Office, Hospital Medifund).
 - 6. Proof of payment of rent, instalment plans, arrears, debts, medical and other expenses.
 - 7. Latest household bills (e.g. SP services, Town Council, HDB), outstanding bank loans, letter of bankruptcy.
 - 8. Latest HDB Statement of Account

If you wish to change/cancel your appointment, please call us at 6355 3000.

Thank you.

Declaration of Particulars of Family Members

I hereby declare that the following information given in this application is true and correct and that I have not wilfully withheld any material facts. I understand that the information furnished below may be used by and/or communicated to any Government department, statutory board or any other entity involved in any way in the administration of social assistance grants.

*Please tick the box ☑ only if the family member is staying in the same household as the patient.

Name of Family Member	NRIC or Birthcert No.	Date of Birth	Relationship to Patient	Marital Status	No. of Children	Occupation	Nett Income \$ (take home)	Signature