



**RARE DISORDERS SOCIETY (SINGAPORE)**  
**APPLICATION FORM FOR SPECIAL FORMULA SUBSIDY**

Collate up to \$480 worth of invoices with proof of payment, with each application.  
 Submit your claims twice a year with these cut off dates : **15 December and 30 April**

**SECTION A : BENEFICIARY'S PARTICULARS** (must be a registered RDSS Beneficiary)

BENEFICIARY NAME (underline surname) : \_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY) : \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ AGE : \_\_\_\_\_ IDENTIFICATION NO : T / S X X X X \_\_\_\_ \_

GENDER : FEMALE / MALE RACE : \_\_\_\_\_ NATIONALITY : SINGAPORE / PERMENANT RESIDENT

NAME OF PARENT APPLYING ON BEHALF (underline surname) : \_\_\_\_\_

RELATIONSHIP TO THE BENEFICIARY : FATHER / MOTHER / GUARDIAN

MOBILE NO : \_\_\_\_\_ EMAIL ADDRESS : \_\_\_\_\_

RESIDENTIAL ADDRESS

BLK / NO : \_\_\_\_\_ UNIT NO : \_\_\_\_\_ POSTAL CODE : \_\_\_\_\_

STREET : \_\_\_\_\_

SPOKEN LANGUAGE(S) : \_\_\_\_\_ WRITTEN LANGUAGE(S) : \_\_\_\_\_

**BENEFICIARY'S MEDICAL CONDITION AND REQUIRED SPECIAL FORMULA**

MAIN MEDICAL DIAGNOSIS : \_\_\_\_\_

NATURE OF SUPPORT :  PERMENANT  TEMPORARY

NATURE OF DISABILITY (if any) :  PERMENANT  TEMPORARY -> DURATION OF DISABILTY : \_\_\_\_\_ (MONTH)

SPECIAL FORMULA PRESCRIBED BY DOCTOR : \_\_\_\_\_

**SECTION B : ASSESSOR ENDORSEMENT**  
**(ONLY MEDICAL DOCTOR, (MEDICAL) SOCIAL WORKER, HOMECARE / PALLIATIVE NURSING PERSONNEL CAN ENDORSE)**

I confirm that the assessment done for the above applicant is true and correct to my best knowledge. I am aware that the assessment for this application will serve as reference only. Rare Disorders Society (Singapore) reserves the right to make the final decision on the application outcome and reject any application if the information is found to be inaccurate, or if any relevant information has been withheld by applicant.

ASSESOR NAME : \_\_\_\_\_ HEALTH INSTITUION : \_\_\_\_\_

DESIGNATION : \_\_\_\_\_ AIL ADDRESS : \_\_\_\_\_

CONTACT NO : \_\_\_\_\_

\_\_\_\_\_ SIGNATURE \_\_\_\_\_ ORGANISATION NAME AND STAMP \_\_\_\_\_ DATE



**RARE DISORDERS SOCIETY (SINGAPORE)**  
**REIMBURSEMENT FORM FOR SPECIAL FORMULA SUBSIDY**

BENEFICIARY NAME (underline surname) : \_\_\_\_\_

ITEM NO	SPECIAL FORMULA NAME	INVOICE NO	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
<b>TOTAL :</b>			

**PLEASE SELECT YOUR PREFERRED REIMBURSEMENT MODE.**

BY PAYNOW (MOBILE NO THAT IS REGISTERED TO YOUR PAYNOW) : \_\_\_\_\_

BY CHEQUE, PAYABLE TO PAYEE NAME ( NAME AS PER BANK RECORDS ) : \_\_\_\_\_

**PLEASE HELP TO MAIL THE CHEQUE TO :**

BLK / NO : \_\_\_\_\_ UNIT NO : \_\_\_\_\_ POSTAL CODE : \_\_\_\_\_

STREET : \_\_\_\_\_

**NOTE :**

- (1) Reimbursement(s) can only be made payable to either parent of the beneficiary or the beneficiary himself/herself.
- (2) Original application form, with supporting documents must be mailed to RDSS in order to receive the reimbursement.
- (3) If you provide any information that is untrue, inaccurate, outdated or incomplete, or if RDSS have any reasonable grounds to suspect so, we reserved the right to reject or cancel your application and/or refuse any current or future application(s) for financial reimbursement(s).
- (4) Latest date that RDSS has to receive the application form with the supporting documents : **15 DEC & 30 APRIL**
- (5) Refer to the FAQ for more information about the SPECIAL FORMULA SUBSIDY.

**NAME OF PARENT APPLYING ON BEHALF FOR BENEFICIARY :** \_\_\_\_\_

**SIGNATURE :** \_\_\_\_\_

**DATE :** \_\_\_\_\_

FOR RDSS INTERNAL USE (YOUR NAME AND SIGN OFF)

CHECKED BY : \_\_\_\_\_  
DATE : \_\_\_\_\_

APPROVED BY : \_\_\_\_\_  
DATE : \_\_\_\_\_