

Special Formula Subsidy (SFS)



What is the Special Formula Subsidy (SFS)?

The Special Formula Subsidy provides up to \$100 per month for eligible families. This scheme is designed for beneficiaries diagnosed with rare metabolic conditions that require special dietary needs and special metabolic formulas as part of their treatment plan.

Special metabolic formulas include, but are not limited to:

- Anamix
- Isoleucine
- Ketocal
- Methionine 100
- PKU Lophlex

Important Note:

Submitted invoices must include the beneficiary's name as the addressee.

How to Claim the Subsidy

- 1) **Complete the Application Form:**
 - a. Fill out SECTION A on PAGE 1 and PAGE 2 of the SFS application form.
 - b. (The application form can be downloaded from the RDSS official website.)
- 2) **Obtain Endorsement:**
 - a. Submit the completed application form to an assessor for endorsement in SECTION B, PAGE 1.
 - b. Authorized assessors include:
 - Medical Doctors (including GPs)
 - Homecare / Palliative Nurses
 - RDSS Social Workers
 - c. **Note:** Endorsements from therapists are not accepted.
- 3) **Submit the Application:**
 - a. Mail a hard copy of the endorsed application form along with all supporting documents to: **Privy Box No. 920639 Singapore 929292**
- 4) **Submission Deadlines:**
 - a. All claims submitted between **June and October** will be processed for payout by **30 November**.
 - b. All claims submitted between **November and April** will be processed for payout by **31 July**.
 - c. The final submission date is **30 April**. Any original application forms received after this date **will not be processed**.

5) **Required Supporting Documents:**

- a. **Original Invoices** from hospitals/clinics addressed to the child (compulsory).
- b. **Proof of Payment** attached to the invoices (e.g., printed screenshots of PayNow or transaction records showing payment for the relevant invoice).
- c. E-invoices will require attached screenshots and/or official receipts from vendors/service providers to prove that invoices have been fully paid for
- d. For overseas purchase, please produce your credit card statement or any proof of payment in SGD so that we know the exchange rate being used.
- e. Shipping charges are not payable.

6) **Ensure Proper Submission:**

- a. Application forms that are incomplete or not properly endorsed will be *rejected*.

7) **Responsibility:**

- a. It is the legal guardians' or parents' responsibility to process the claim for the beneficiary.
- b. For **self-applications**, the child must be **21 years old or above**.

*Please note that each beneficiary can claim only **ONE** of the three other schemes that RDSS has besides the Medical Intervention Program (Yearly of \$600) & TSS (Yearly of \$1800). There are the **Special Nutrition Subsidy** or Optical/Dental Subsidy or Power For Life Program.*

*If a beneficiary is claiming for this SFS, he/she will **NOT** be eligible for the Power For Life Program or the Optical/Dental Subsidy.*

HOSPITAL INVOICES PAYMENT MODE

PAYMENT SUMMARY		
TOTAL AMOUNT (AFTER GOVT SUBSIDY)		674.80
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
OTHER SCHEMES		
• WAIVER OF PHARMACY COURIER CHARGES	63750; DEL 10/10/2024	8.72
		666.08
TOTAL AMOUNT PAYABLE		666.08
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE
	01 APR 2025	EPAY- CREDIT CARD
Net Payment made		-666.08
FINAL AMOUNT PAYABLE		\$ 0.00

Bill Number: 77242244251-0003-01
 Bill Location: KXPHARM
 Payment Class: SUBSIDISED
 ST: P T1123425E
 Payer Code: WAVPHCOU
 *** You are served by NURLIYANA BINTE MOHAMAD YUNO ***

Payment mode stated from Hospitals invoices.

PAYMENT SUMMARY		
TOTAL AMOUNT (AFTER GOVT SUBSIDY)		394.84
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
		394.84
TOTAL AMOUNT PAYABLE		394.84
PAYOR(S)	TRANSACTION/RECEIPT DATE	PAYMENT MODE
Net Payment made		-394.80
Adjustment(s)		-0.04
FINAL AMOUNT PAYABLE		\$ 0.00

The amount payable by patient has been rounded down to the nearest 5 cents.

If payment mode is not stated, proof of payment is required. Eg, Paynow screenshots, bank statements etc

EXAMPLE OF OVERSEAS INVOICE

Reference Number:		Carrier Name:	Service:	Port Of Export:				
KEN000000732826635		Aramex						
Total Pieces:	Total Net Weight:	Total Gross Weight:	Total Volume:					
	0.0 LBS (0.0 KILOS)	5.75 LBS 2.61 KILOS	0.35 CF 0.01 M3					
Total Quantity:	Pro Number:	Country of TransShipment:	Department Ruling:					
	32787695872							
Marks:								
QUANTITY	UNIT MEAS	PRODUCT NUMBER / DESCRIPTION	HTS NR	ECCN	COUNTRY OF ORIGIN	ORDER NR & ITEM NR REFERENCE NR	UNIT VALUE USD	TOTAL VALUE USD
1	EACH	5468708394 6 Cans Of Ketocal 4:1 Powder	21069099		US		175.00	175.00
I hereby certify that this invoice shows the actual price of the goods described, that invoice has been or will be issued and that all particulars are true and correct.					Payable in USD			
Goods are controlled by the U.S. Government and authorized for export only to the ultimate destination for use by the ultimate consignee or end-user(s) identified. They may not be resold, transferred, or otherwise disposed of, to any person or to any person other than the authorized ultimate consignee or end-user in their original form or after being incorporated into other items, without first approval from the U.S. government or as otherwise authorized by U.S. law.					Total Product		175.00	
					International Shipping and Handling		22.30	
Signature:					Total = Product Value + International Shipping & Handling		197.30	

Only the COST OF COSUMABLES IS CLAIMABLE. So in this case only \$USD175.00 is claimable. The rate used will be the rate reflected in the credit card bill.