

HANDICARE CAB SCHEME

The HANDICARE CAB SCHEME (henceforth known as “HANDICARE”) aims to meet the mobile needs of clients of the Handicaps Welfare Association (HWA) who are certified with permanent physical disability, and depend on taxis as a form of transport to places of employment, education, medical treatment/consultation, rehabilitation and dialysis treatment.

Trips are provided on board taxis belonging to the ComfortDelGro Group, namely CITYCAB & COMFORT through the taxi booking service with CITYCAB Customer Contact Centre only.

A subsidy covering the prevailing current and advance booking fee of up to S\$5.20 per trip will be reimbursed by HWA upon knowledge of original printed receipt, together with the “Trip Verification Form”. Street hail trips will not be subsidised.

A. ELIGIBILITY CRITERIA

1. To be eligible for the revised HANDICARE scheme, applicants must:
 - Be Singaporeans/Permanent Residents;
 - Have a permanent physical disability;
 - Be totally dependant on taxis for transportation to employment, education, medical appointments, rehabilitation and dialysis treatment;
 - Have a monthly gross per capita household income¹ of less than S\$700.00*;
 - Not own any vehicle*
2. Incomplete application will not be processed.
3. The decision of the Administrator is final and no further correspondence will be entertained.

* Revised guidelines with effect from 1 August 2006

¹ Gross per capita household income is defined as the total household income before deducting CPF contribution divided by the number of family members in the household.

B. APPLICATION PROCEDURE

How to apply?

All applications are to be submitted to:
The Officer-In-Charge
HANDICARE CAB SCHEME
Handicaps Welfare Association (HWA)
16 Whampoa Drive
Singapore 327725

Accompanying documents:

1. Application form (FORM-A)
2. Employer’s Verification Form (FORM-B) – employment verified by employers
3. Medical Report (FORM-C) – certified by qualified professional that applicant is permanently physically disabled and is totally dependant on taxis for transportation.

C. RULES AND REGULATIONS FOR APPROVED APPLICANTS

1. HANDICARE is only provided for persons with physical disability who are unable to take public buses and the MRT, and are totally dependent on taxis as the only mode of transportation for employment, education, medical, rehabilitation and dialysis treatment purposes.
2. Clients of Handicaps Welfare Association (HWA) registered with HANDICARE will take taxi trips on board CITYCAB & COMFORT taxis made through either current or advance booking taxi service.
3. A subsidy covering the prevailing current and advance booking fee of up to S\$5.20 per trip will be reimbursed by HWA. Street hail trips will not be subsidised.
4. Reimbursements for prevailing booking fees are payable for journeys made from and to home for approved purposes only.
5. For reimbursement of prevailing booking fee per trip, all claims must be submitted with the original printed CITYCAB or COMFORT taxi receipt, together with the “Trip Verification Form”. Otherwise, the fare incurred will not be considered for reimbursement.
6. All recipients of HANDICARE must submit their taxi booking subsidy claims for the previous month to HWA by the 5th day of the following month. Taxi booking subsidy claims received thereafter will be reimbursed in the following month. Back-payment will only be made for a maximum period of one month.
7. All recipients of HANDICARE must inform HWA as soon as they cease or change employment.
8. Persons refusing to abide by the HANDICARE rules and regulations, or who are found to be abusing the scheme, or giving false information will have their booking subsidy privileges revoked.
9. Any applicant not eligible for the scheme will be rejected without explanation beyond restatement of the eligibility guidelines.
10. HWA / ComfortDelGro has the right to set and/or change the rate of subsidies provided without giving prior notice to recipients and applicants.
11. HWA / ComfortDelGro has the right to terminate the scheme without giving prior notice to its recipients or applicants.

HWA reserves the right to add, delete or amend the application guidelines from time to time.

Handicaps Welfare Association
 16 Whampoa Drive, Singapore 327725
 Tel. 6254-3006 Fax. 6253-7375

APPLICATION FORM

(I) PARTICULARS OF APPLICANT

Name (as in NRIC) _____
 Home Address _____
 _____ Postal Code _____
 E-mail Address _____
 Contact No. _____ (Home) _____ (Mobile)
 _____ (Office) _____ (Others)
 Date of Birth _____ Sex: Male / Female
 Occupation _____
 Nature of Disability _____
 Type of Mobility aid used* _____ HWA Membership No. _____
*if you are a wheelchair user, your wheelchair has to be collapsible

(II) FINANCIAL INFORMATION

| SOURCE OF INCOME | S\$ |
|--|-----|
| 1. Combine monthly Gross Household Income | |
| 2. Other sources per month (e.g. from rental received, monetary support from relatives & friends, welfare organisation etc.) | |
| Total | |

(III) FAMILY INFORMATION

| Name | Sex/Age | Relationship | Occupation | Monthly Gross Income (pls attached latest pay-slip) |
|-----------------------------------|---------|--------------|------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Monthly Gross Income | | | | S\$ |

(IV) DECLARATION (*delete where applicable)

(a) I, _____ (Name) of NRIC/Passport No: _____,
 declare that I am currently **NOT WORKING** / **WORKING** * as _____ (occupation)
 at _____ (company/agency).

(b) I declare that I **OWN** / **DO NOT OWN** * any vehicle/s.

I declare that the facts stated in this application and the accompanying information are true and correct and that I have not withheld/distorted any materials facts. I understand that if I obtain the assistance from the HANDICARE CAB scheme by false or misleading statements, Handicaps Welfare Association will recover from me all monies paid to me under this scheme.

 Signature or Right Thumbprint of Applicant

 Date

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EMPLOYER'S VERIFICATION FORM

To : The Officer-in-Charge
HANDICARE CAB SCHEME
Handicaps Welfare Association
16 Whampoa Drive
Singapore 327725

This is to certify that _____

of NRIC No. _____ is an employee of my company with
effect from

_____. He/She is drawing \$ _____ **(gross salary)** per
month.

Name / Designation of Employer

Name of Company

Signature of Employer

Company's Stamp

Telephone Number of Workplace/Employer

Address of Workplace

Date: _____

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MEDICAL REPORT

To : The Officer-in-Charge
 HANDICARE CAB SCHEME
 Handicaps Welfare Association
 16 Whampoa Drive
 Singapore 327725

1. I have examined Mr/Ms/Mdm _____
 of NRIC No. _____
2. The nature of his/her disability is _____ (Temporary / Permanent)
3. I certify that the applicant (please tick as appropriate)
 - Is **not using** any mobility aid.
 - Is **using** the following mobility aid :
 - Wheelchair
 - Rollators
 - Crutches
 - Calipers
 - Walking Frame
 - Others (please specify : _____)

Please tick as appropriate

- I certify that the above-mentioned patient has mobility difficulties and is **incapable** of travelling by bus or MRT and therefore, has to rely on taxi as the only mode of transportation.
- I certify that the above-mentioned patient has mobility difficulties but is **capable** of travelling by bus or MRT.

 Name of Consultant Physician / Occupational
 Therapist / Physiotherapist

 (Stamp)
 Hospital / Clinic / Organisation

 Signature of Consultant Physician /
 Occupational Therapist / Physiotherapist

 Date

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