

EARLY CHILDHOOD DEVELOPMENT AGENCY

APPLICATION FOR ADDITIONAL SUBSIDY BY PER CAPITA INCOME (PCI)

If there are 5 or more family members in your household including more than 2 dependents¹, you may wish to apply for the Additional Subsidy based on your family's PCI by completing both Form 1A and 1B.

This form will take 10 – 15 minutes to complete. You will require family members' NRIC/ Passport No.

Eligibility criteria

- Singapore Citizen children whose mother/single father is working 56 hours or more per month and family Per Capita Income is \$1,875 and below.
- All family members must be related by blood, marriage and/or legal adoption and living in the same residential address as reflected on their NRIC(s) and/or birth certificate(s).
- **Per Capita Income(PCI)** is computed as follows:
$$\frac{\text{Total gross monthly household income of family members}}{\text{Number of family members living in the same household}}$$

SECTION I CHILD'S PARTICULARS

Name as in Birth Certificate:

Birth

Certificate No.:

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SECTION II APPLICATION FOR ADDITIONAL SUBSIDY BY PER CAPITA INCOME (PCI)

(Please attach copies of the family members' NRIC or BC)

Important: Please declare your monthly income if you are self-employed and have no CPF contribution

	Name of Family Members	NRIC/ BC No.	Date of Birth	Relationship with child	Monthly Income
1					
2					
3					
4					
5					
6					
7					
8					

SECTION III CONSENT / DECLARATION BY MAIN APPLICANT / SPOUSE / FAMILY MEMBERS AGED 21 AND ABOVE

1. I/We are aware that the information provided in this application will be given to and used by the Early Childhood Development Agency ("ECDA") to determine my/our eligibility for the infant/child care subsidy.
2. I/We consent to the following organisations disclosing to MSF and (where applicable) its appointed agent(s) the following information described in 2.1 and 2.2, at any time within 2 years from the date of this consent, where such disclosure is necessary for the purposes of means-testing or otherwise determining my/our eligibility for the infant/child care subsidies for which I/we have applied (the "Purpose").
 - 2.1 The Comptroller of Income Tax (the "Comptroller") disclosing of my/our Employment and/or Trade income as assessed by IRAS and, for self-employed persons, the monthly income derived from the last available net trade income as assessed by IRAS within the last 2 assessment years.
 - 2.2 The CPF Board disclosing the contributions submitted by my/our employer(s) for the 12 month period preceding the date of request for information by MSF and any information that can be derived from those contributions.
3. I/We declare that the information provided in this application by me/us is true and I/we furnish it knowing that I/we may be liable to prosecution if I/we have wilfully stated any information which I/we know to be false or do not believe to be true.
4. I/We also understand that any part of this application improperly completed may lead to the rejection of the application.

¹ Dependents refer to persons living in the same household who are not earning an income.

Main Applicant (Mother / Single Father)	
	If the main applicant is below 21 years old, please provide the consent and particulars of the parent/ guardian of the main applicant.
(Signature of main applicant)	(Signature of parent/guardian of main applicant)
Name: _____	Relationship to main applicant: _____
NRIC: _____	Name: _____
Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NRIC: _____
	Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Main Applicant's Spouse	
	If the main applicant's spouse is below 21 years old, please provide the consent and particulars of the parent/guardian of the main applicant's spouse.
(Signature of main applicant's spouse)	(Signature of parent/guardian of main applicant's spouse)
Name: _____	Relationship to main applicant's spouse: _____
NRIC: _____	Name: _____
Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	NRIC: _____
	Date of consent: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Family Members			
Name	Name	Name	Name
NRIC/ FIN/ Passport No.	NRIC/ FIN/ Passport No.	NRIC/ FIN/ Passport No.	NRIC/ FIN/ Passport No.
Signature	Signature	Signature	Signature
Date	Date	Date	Date

SECTION IV VERIFICATION / DECLARATION BY CHILD CARE CENTRE		
<p>Have you verified the following documents and retained a copy at centre for record and audit purposes? (Please tick where applicable)</p> <p><input type="checkbox"/> Singapore citizen child's birth certificate</p> <p><input type="checkbox"/> Main applicant / Spouse's NRIC / passport</p> <p><input type="checkbox"/> Family members' NRIC / passport / birth certificate with same residential address as main applicant</p>		
<p>I am aware that our centre need to keep the children's / parents' records strictly confidential as stipulated in the Child Care Centres Regulations [CAP. 37A, Rg 1, Clause 18 (3)].</p> <p>I have verified the foregoing information to be true and understand that our centre may be liable to prosecution for any information furnished by the applicant which I know to be false or do not believe to be true. I understand that any part of this application improperly completed may lead to the rejection of the application.</p>		
_____ Name of Infant / Childcare Centre	_____ Centre Code	_____ Contact No. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____ Name / Designation of CCC Personnel	_____ Signature	_____ Date (dd/mm/yyyy)