Eligibility

NKF was set up to help needy kidney patients through the generous funding of the public. Strict guidelines are in place to ensure that only persons from lower income households will be assisted under the means testing framework. Besides means testing, persons applying for assistance are required to meet all other eligibility to qualify.

- Singaporean/Permanent Resident
- Referred to NKF by Restructured Hospitals (i.e. SGH, NUH, TTSH, AH, KTPH, CGH, NTGH & SKH)
- Must not own a private property with annual value of more than $13,000 per annum
- Must not be a Civil Service Card (CSC) holder
- Pass means test (financial assessment)

Mandatory Documents for Submission

Applicant & Household Members:

1. Complete family information sheet – Annex 1
2. Clear photocopies of front & back of NRIC/SIN/Special Pass/Foreign Passports for the main applicant and all household members who are 15 years old & above
3. Clear photocopies of birth certificates for all household members below 15 years old
4. Gross monthly income above $6,000; or are foreigners (i.e. non Singapore Citizens or non Permanent Residents)
   - To provide pay slips, employment letter or any income documents of the latest month for the main applicant and/or household members who are 21 years old & above
5. Applicant or household members, who are mentally or physically incapacitated, are required to provide a doctor’s memo with the same relevant information (dated within 6 months) as supporting document
6. Household members, who currently require long term care such as suffering from critical chronic diseases
   - A doctor’s memo (dated within 6 months) may be attached as supporting document
7. Main applicant only
   - Latest CPF “Transaction History” (indicating Medisave Balance)
   - Latest CPF “My Messages” (indicating Medishield Status)
   - A valid inforce Medisave-Approved Policy Plan e.g., IncomeShield, Prudential, HealthShield Gold etc (if any)

Applicant’s children who are not staying together:

1. Complete family information sheet – Annex 2
2. Clear photocopies of front & back of NRIC/SIN/Special Pass/Foreign Passports for members who are 15 years old & above
3. Clear photocopies of birth certificates for members below 15 years old

所需文件影印列表

申请人以及同住家庭成员:

1. 完整填写家庭成员资料表格 – Annex 1
2. 15岁及以上的申请人及家庭成员 – 身份证/外籍身份证/特别准证/外国护照影印（如适用）
3. 15岁以下的申请人及家庭成员 – 出生证明影印
4. 最新的收入表，例如21岁以上的申请人及家庭成员的工资单或雇主信
   - 每月总收入超过6,000元
   - 外国人，也就是非新加坡公民或永久居民
5. 智障或残疾申请人或家庭成员 – 最近期医生证明（6个月内）附上为证明文件
6. 慢性疾病家庭成员 – 最近期医生证明（6个月内）附上为证明文件
7. 只限申请人
   - 公积金最新转帐记录（包括健保储蓄余款）
   - 公积金健保双全记录（须显示健保双全的现状）
   - 其他保险证明文件（若有）例如健保双全计划、金级健康保险计划等

申请人非同住家庭成员的孩子:

1. 完整填写家庭成员资料表格 – Annex 2
2. 15岁以上 – 身份证/外籍身份证/特别准证/外国护照影印（如适用）
3. 15岁以下 – 出生证明文件的影印

1 Household members include all family members (whether related by blood, marriage and/or legal adoption) living in the same address as main applicant, i.e. parents, spouse, children, siblings, grandchildren, and children-in-law etc.
2 For Full-time National Servicemen (NSFs) or SAF recruits who do not retain their NRICs, 1NB can be used as identification document instead.
3 Gross monthly income refers to your basic income, overtime pay, allowances, cash awards, commissions and bonuses.
HAEMODIALYSIS ADMISSIONS WORKFLOW

Referred by Restructured Hospitals

Financial Assessment
1. Call NKF Admissions hotline at 6506 2187
2. Complete and sign the application form
3. Submit all required supporting documents
   (Please refer to page 2)

Pass Financial Assessment
1. Please obtain Medical Report (MR) from hospital
2. Forward a copy to NKF Admissions Officer and an
   appointment will be given for medical assessment

Appointment Day: Medical Assessment
1. Original Medical Report
2. Latest discharge summary (including medication prescription)
3. Hospital appointment cards
4. Latest lab report (Hep B, Hep C & HIV results)
5. Sample of all medications

Fail Financial Assessment
1. Applicants who fail financial assessment
   will be rejected from admission into NKF
   Haemodialysis programme.
2. Should applicants wish to appeal, they
   can submit their appeal to the Patient
   Appeal Committee (PAC) through Admissions.

Pass Medical Assessment
1. Applicants will be offered a place in NKF.
2. Upon acceptance by applicant & approval
   from management, the applicant will
   receive details of the dialysis fee by mail.

血液透析计划申请程序

由政府医院推荐

经济评估
1. 请拨打NKF录取部热线电话 6506 2187
2. 填妥申请表格，并附上签名
3. 准备所有必要的文件（参考申请表格第2页）

通过经济评估后
1. 申请病人的肾科主治医生的医药报告原件
2. 一旦收到报告，请致电NKF录取部预约，并提供报告的
   影印进行医疗检查

医疗检查日（请携带相关文件）
1. 医疗报告
2. 最新出院报告（包括处方药单）
3. 医院检查预约卡
4. 最新验血报告（B型肝炎，C型肝炎以及爱之病检验）
5. 所有正在服用的药

没有通过经济评估
1. 如果病人没有通过经济能力方面的审核，
   她/他的申请将被拒绝。
2. 如果病人需要上诉，可以将其诉请通过
   NKF录取部转交病人诉请委员会 (PAC)。

通过身体检查
1. 病人将被分派到一间洗肾中心。
2. 一旦病人接受洗肾中心安排，NKF将书面
   通知有关洗肾费用。
APPLICATION FORM for Haemodialysis Programme
血液透析计划申请表格

The National Kidney Foundation 全国肾脏基金会
81 Kim Keat Road, Singapore 328836
Email 电邮: nkfapplication@nkfs.org
Hotline 热线: 6506 2187
Fax 传真: 6356 9002

PART (A): PERSONAL INFORMATION 个人信息

Full Name (Mr/Mrs/Mdm/Miss) 姓名（先生/夫人/女士/小姐）:
NRIC No. 身份证号码: ____________________________ Sex 性别: M 男 / F 女 Date of Birth 出生日期: ______/_____/______
Nationality 国籍: ____________________________ Highest Educational Qualification 最高学历: ____________________________
Address 地址: __________________________________________________________ Postal Code 邮区: __________
Tel. No. 电话号码: (Home 住家) __________________________ (Office 办公室) __________________________ (Mobile 手机) __________________________
Marital Status 婚姻状况: ☐ Single 单身 ☐ Married 已婚 ☐ Divorced 离婚 ☐ Separated 分居 ☐ Widowed 隻寡
Race 种族: ☐ Chinese 华族 ☐ Malay 马来族 ☐ Indian 印度族 ☐ Others 其他
Religion 宗教: ☐ Buddhist 佛教 ☐ Christian 基督教 ☐ Hindu 清都教 ☐ Muslim 回教 ☐ Others 其他
Language Spoken 惯用语言: ☐ English 英语 ☐ Mandarin 华语 ☐ Malay 马来语 ☐ Tamil 漢米尔语 ☐ Others 其他
Dialect Group 语系: ____________________________________________
Accommodation 住宿: ☐ Own 自己所有 ☐ Rent 租用 ☐ Family 家庭共住 ☐ Others 其它
Type of Accommodation 房屋类型:
☐ HDB Flat 政府组屋 ______Rooms 房 ☐ HDB Executive/Maisonette 旧式共管式组屋 / Condominium 公寓
☐ Landed Property 有地房产 ☐ Shophouse 店屋

PART (B): EMPLOYMENT INFORMATION 就业状况

Current Status 目前状态:
☐ Retired 退休 ☐ Employed Full-time 全职工作 ☐ Employed Part-time 兼职工作 ☐ Unemployed 无业
Current Occupation 目前职业: ____________________________ Current Gross Salary 目前薪金: $ ____________________________
Name of Company 公司: ____________________________________________
Address 公司地址: ____________________________________________
Date Joined 加入日期: ____________________________ Working Hours 工作时间: ____________________________
Previous Occupation 前职: ____________________________ Previous Gross Salary 前薪金: $ ____________________________
I am currently unemployed because of the following reason/s 由于以下原因，我目前无业:
(You may tick more than one 您可以勾选多过一项选择)
☐ Looking after family 照顾家庭 ☐ Deemed medically unfit by doctor 医生认为身体状况不适合就业
☐ Too ill to work 疾病无法工作 ☐ Retrenched 裁员 ☐ Unable to find employment 找不到工作
☐ Others 其它 ____________________________
PART (C): FINANCIAL INFORMATION 经济状况

I am insured under 我受保于: ☐ MediShield Life 健保双全计划 ☐ None 没有
☐ Others 其它 ________________________ (e.g. AIA HealthShield Gold Plan A)
Rider Insurance: ☐ No 否 ☐ Yes 是 (Please specify 请注明): ________________________

I am a Civil Service Card Holder 我是政府公务员: Holder 持有者 (Percentage 比例 _______ %)
Dependent 家属 (Percentage 比例 _______ %)

I have Company Health Insurance 是否有公司健康保险:
☐ No 否 ☐ Yes 是 (Please specify 请注明): ______________________________________

I have Medisave 我有保健储蓄: ☐ No 否 ☐ Yes 是 Current Balance 现有金额: $ ________________________
I have Medifund 我有受保基金资助: ☐ No 否 ☐ Yes 是 (Percentage 比例 _______ %)

I am receiving financial assistance from other charity organisation 我有接受其它慈善机构的经济援助:
☐ No 否 ☐ Yes 是 (Please specify 请注明): Name of Charity Organisation 慈善机构名称: ________________________
Amount 金额 $ ________________________ per month 每月

PART (D): DIALYSIS TREATMENT INFORMATION 洗肾医疗纪录

I have been referred by Doctor 我经由医生推荐: ________________________ (Name of Doctor 医生名字)
Renal Coordinator 肾科协调员 / Medical Social Worker 医院社工:

At ☐ SGH 新加坡中央医院 ☐ NUH 国大医院 ☐ TTSH 陈笃生医院 ☐ AH 亚历山大医院
☐ KTPH 邱德拔医院 ☐ CGH 楼景综合医院 ☐ NTFGH 黄廷芳综合医院 ☐ SKH 盛港综合医院

I started my first dialysis treatment on 我首次洗肾是从 ________________ (dd/mm/yyyy 日/月/年)
I have dialysis ______ times per week 我每周洗肾的次数
I am currently receiving dialysis at 我目前洗肾的地点是

Cost per session 每次的费用 $ ________________________ (with GST 包括消费税)

PART (E): DECLARATION 声明

I declare that 我谨此声明:
1. All the particulars given in this form are true and correct and that I have not withheld or falsified any information that is required in this application.
   以上信息全属实，我并没有在申请表格中故意隐瞒或提供虚假信息。
2. I am aware that my application and documents submitted are only valid for 6 months.
   我了解，我的申请表格只有6个月的时效。
3. Upon acceptance, I agree to pay an initial, refundable deposit of $300 for my Haemodialysis treatment with NKF.
   一旦被录取，我同意为我在NKF的血液透析治疗支付一笔可退还的押金300元。
4. I understand that I will have to pay all monthly fees upon receipt of bill.
   我了解一旦我收到帐单，我必需支付所有的款项。
5. If I am found to have withheld any information or given any untrue or incorrect information, NKF reserves the right to reject my application, withdraw the subsidy given to me or terminate my dialysis at NKF.
   如果我被发现隐瞒或提供虚假信息，NKF保留权利拒绝我的申请或者取消我的津贴，以及停止我的洗肾服务的权利。

WITNESSED BY 见证人:

Name 姓名: ________________________
Relationship 与病人亲属关系: ________________________

Patient's Signature/Thumbprint 病人签名/拇指印
Date 日期: ________________________

Signature/Thumbprint 签名/拇指印
Date 日期: ________________________
## ANNEX 1: PARTICULARS OF APPLICANT AND ALL HOUSEHOLD MEMBERS

### 申请者和同住家庭成员资料

<table>
<thead>
<tr>
<th>S/N</th>
<th>Name of Applicant + Household Members to Applicant</th>
<th>NRIC No.</th>
<th>Date of Birth</th>
<th>Relationship with Applicant</th>
<th>Marital Status</th>
<th>Spouse working?</th>
<th>No. of Children</th>
<th>Occupation</th>
<th>Gross Income</th>
<th>Contact No.</th>
<th>Highest Educational Qualification</th>
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1 Household members include all family members (whether related by blood, marriage and/or legal adoption) living in the same address as main applicant, i.e. parents, spouse, children, siblings, grandchildren, children-in-law, etc.

同住家庭成员包括所有与申请者拥有同一住址的家人（无论是否有血缘、婚姻和／或合法领养关系）例如父母、配偶、儿女、兄弟姐妹、孙子、女婿、媳妇等。
**ANNEX 2: PARTICULARS OF APPLICANT’S CHILDREN (WHO ARE NOT STAYING IN THE SAME HOUSEHOLD)**

申请者孩子资料（非同住址）

<table>
<thead>
<tr>
<th>S/N</th>
<th>Name of Applicant’s Children</th>
<th>NRIC No.</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Marital Status</th>
<th>Spouse working?</th>
<th>No. of Children</th>
<th>Occupation</th>
<th>Gross Income</th>
<th>Contact No.</th>
<th>Highest Educational Qualification</th>
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Please provide 2 main contacts 请提供2个主要联络：

1. Name 姓名: ____________________________ Relationship to applicant 于申请者的关系: ____________________________
   Contact 联络方式: (Home 住家) __________________ (Mobile 手机) __________________ (Email 电邮地址) __________________

2. Name 姓名: ____________________________ Relationship to applicant 于申请者的关系: ____________________________
   Contact 联络方式: (Home 住家) __________________ (Mobile 手机) __________________ (Email 电邮地址) __________________

---

*Children (including those who are legally adopted), whose NRIC have a different residential address to that of the main applicant’s.*

*身份证住址与申请者住址不同的儿女（包括和法领养的孩子）。"
## Eating Right
### With Kidney Disease

<table>
<thead>
<tr>
<th>Nutrients Need</th>
<th>Pre-dialysis Patient</th>
<th>Dialysis Patient</th>
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<tr>
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<td>Haemodialysis (HD)</td>
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<td>血液透析病人</td>
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<tr>
<td>Protein</td>
<td>Moderate</td>
<td>Increase</td>
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<td>适度</td>
<td>增加</td>
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<td>Potassium</td>
<td>Moderate (depends on blood result)</td>
<td>Moderate</td>
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<td>钾 适度 (视验血报告而定)</td>
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<td>Phosphate</td>
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<td>钙 必须限制</td>
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<td>水分 无限制</td>
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### 肾脏病人

**正确饮食**

For more information 欲知更多详情

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