

KHENG CHIU LOKE TIN KEE HOME



PARTICULARS OF SPONSOR / GUARANTOR

APPLICANT NAME : _____

Name of Sponsor : _____

NRIC No : _____ Date of Birth : _____ Age : _____

Address : _____

Mobile No : _____ Office No : _____ Residential No : _____

Email Address : _____ Relationship to Applicant : _____

Occupation : _____ Employer : _____

Employer Address : _____

Reasons why you cannot accommodate the Applicant.

In case of Emergency, please contact :

Relationship : _____ Contact No : _____

I certify that the particulars stated in this form are true, correct and complete.

I fully understand and agree that the personal information which I have provided may be disclosed to other agencies or individuals for the purposes as stated below. I trust that the information will strictly be used for the purposes stated.

- Evaluation of the client's suitability for social services or administering of social services to the applicant.
- Provision of care services (including but not limited to medical care, physiotherapy and counselling), to the client.
- As required by government agencies.

I agree to pay the Deposit, Home and Maintenance fees incurred by the above resident. The Deposit is refundable upon the discharge/death of the resident. Any outstanding balance of maintenance fees or other payments will be deducted from the deposit and the remaining balance will be refunded to me.

I agree and aware that the above resident should be transferred out of Kheng Chiu Loke Tin Kee Home in the event that his/her* health deteriorates and he/she* becomes incapable of doing his/her* own activities of daily living and requires more medical/nursing care.

Signature of Sponsor : _____ Witnessed & Signed by Home Staff : _____

Date : _____ Name of Staff : _____

Signature of Interpreter : _____ Date : _____

Name of Interpreter : _____ Date of Interpretation : _____