



# MEANS - TEST ASSESSMENT FORM

*This form is used for clients to undergo household means-testing for the purpose of assessing if they qualify for subsidised rates for therapy services provided by Intracresco Pte Ltd.*



**Full Name (as in NRIC)**

**Last 4 digits of NRIC or Passport**

**Age**

**Address**

*Please submit supporting documents to show this is your place of residence (e.g. scanned copy of NRIC, utilities bill)*

**Housing Type (Please tick)**

<input type="checkbox"/> HDB Flat	<input type="checkbox"/> Private Housing (including Executive Condos)	<input type="checkbox"/> Institution (MOH/MSF licensed home)
<input type="checkbox"/> Others (please specify): <input type="text"/>		

**Is your place of residence rented?**

<input type="checkbox"/> Yes, renting from Government	<input type="checkbox"/> Yes, renting from open market	<input type="checkbox"/> No (e.g. bought or owned)
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**Number of Family Members\* living at the same address, and their relationship to the applicant**

*\* "Family Member" means a person related to the Main Applicant by blood, marriage and/ or legal adoption.*

**Number of properties owned or jointly owned by you in Singapore and overseas:**

**Annual value of properties owned by you in Singapore and overseas:**

*If unsure, visit this website to find out: <https://www.iras.gov.sg/taxes/property-tax/property-professionals/real-estate-housing-agents/find-out-annual-values>*



**Annual Personal Income**

*Please submit supporting documents (e.g. annual CPF statement, pay slips)*

**Annual Income of Immediate Family Members (e.g. spouse, children)**

*(Note: Additional supporting documents may be requested on case by case basis)*

**Annual Household Income**

*(Note: Additional supporting documents may be requested on case by case basis)*

**Reasons for applying for subsidy:**

**Challenges you are looking to address in therapy:**

*(Note: Please provide as much detail as possible for us to assess the urgency of your request and if we have the expertise to meet your needs)*



**Challenges you are looking to address in therapy (continued):**

**Consent**

I understand that the sharing of my Personal Information^ between employees of Intracresco Pte Ltd will assist in the evaluation of my suitability and eligibility for subsidised rates for therapy services provided by Intracresco Pte Ltd.

By signing this consent, I agree that employees of Intracresco Pte Ltd may use my Personal Information, regardless of whether my Personal Information relates to matters occurring before, on or after the date of this consent, for the purpose of assessing my suitability and eligibility for subsidised rates for therapy services provided by Intracresco at any time.

This consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

*^ "Personal Information" means an individual's personal data (e.g. name, NRIC No, address, age, family/household structure), financial data (e.g. income), and consumption data (e.g. payment for utilities) that is relevant for assessing the individual's suitability and eligibility for subsidised rates for coaching services provided by Intracresco Pte Ltd.*

**Declaration**

I declare that all the information provided by me in this form is true, correct and accurate.

**Applicant's name / signature / date**

Please email your completed form and supporting documents to [support@intracresco.com](mailto:support@intracresco.com)

If you have any questions, email us at [support@intracresco.com](mailto:support@intracresco.com) or WhatsApp [+65 88829412](tel:+6588829412)

