

Declaration Form for Nursing Home Respite Care (NHRC) Placement

Applicant: _____ NRIC: _____

CONSENT

1. I consented to this application and agreed that AIC and/or the relevant agencies/ service providers (each a “Cooperating Party” and collectively the “Cooperating Parties”)¹ may:
 - a) collect personal information such as social information, health/medical information, financial information belonging to me or my loved one, including the enclosed information and personal data retrieved from relevant IT systems such as BRIGHT and NEHR (i.e. “Personal Information”), from him/her or any of the other Cooperating Parties;
 - b) disclose Personal Information to any of the other Cooperating Parties;
 - c) use Personal Information, for the purposes of:
 - (i) evaluating mine or my loved one’s suitability and eligibility for the services offered by any Cooperating Party at any time;
 - (ii) administration and provision of the services offered by any Cooperating Party; and/or
 - (iii) data analysis, evaluation and policy formulation, in which me or my loved one shall not be identified as specific individuals or households (collectively known as the “Purposes”).
2. I have also been informed that AIC will handle Personal Information in accordance with AIC’s Data Protection Policy (<https://www.aic.sg/data-protection-policy>). Specifically, in addition to the Purposes, the client/client’s next-of-kin agrees that AIC may also collect, use and disclose Personal Information for the purposes set out in AIC’s Data Protection Policy.

IMPORTANT NOTE: If the consent provided by the client’s next-of-kin, the next-of-kin has agreed that he/she is validly providing consent to AIC and the relevant agencies/service providers on behalf of the client.

DECLARATION

3. I understand that the role of AIC in this Respite Placement is only to facilitate my placement in a nursing home for respite care. I agree that AIC is not responsible for deciding whether a Residential Service is capable of providing the care that I require.
4. I agree that AIC and its employees, servants, agents and authorised representatives shall not be responsible for any liability, actions and claims for any damages, loss, injury, costs and expenses arising from this Residential Service Placement. I agree to indemnify AIC and its employees, servants, agents and authorised representatives from all liability, actions and claims for damages, loss, injury, costs and expenses arising from this Respite Placement.

¹ “Cooperating Parties” means the Government, participating statutory boards, and organisations approved by the Government that are involved in or assisting in the provision and delivery of the Services and Schemes, including AIC. A “Cooperating Party” refers to any one of the above mentioned entities.

5. I agree to fully indemnify and hold harmless AIC and all other Cooperating Parties from and against any and all liabilities, losses, damages, costs and expenses whatsoever (including legal costs on a full indemnity basis) incurred, paid for or suffered by AIC or any of the other Cooperating Parties arising out of or in connection with the collection, use and disclosure of any individual's Personal Information based on the declarations and consent provided above.
6. I accept that my placement in a nursing home for respite care is a temporary arrangement from _____ [Start date] to _____ [End date]. I agree to be discharged from the nursing home by the end date². I understand that I will have to pay the full, non-subsidized charges of the nursing home if I stay beyond the agreed discharge date.
7. I shall attend pre-admission interview when scheduled as agreed with the nursing home. I shall accept and comply with the nursing home's regulation(s) and any agreement(s) entered into with the nursing home and make prompt payment of the nursing home's fees. In the event that I am unable to pay the required fees, I shall co-operate with the nursing home by providing any information or documentation that the nursing home requires to assist me with obtaining financial assistance.
8. I agree that AIC shall have the sole discretion to decide on my Respite placement and I shall accept any placement allocated by AIC. AIC will consider my medical needs and the availability of the nursing homes when deciding on my Respite placement

Signature of Applicant

Date

****In the event that the applicant is certified by Medical Practitioner to be unable to provide consent, Next of kin appointed to be the spokesperson could signed on behalf of applicant.**

Signature of Next of Kin

Name/ NRIC/ Date

Relationship to the Applicant

Contact No.

For official use by the referring party

I have explained the contents of this document, including the clauses relating to collection, use and disclosure of personal data contained in the document, in a language that the signatory understands.

Signature : _____

Name : _____

Date : _____

Designation : _____

Organisation : _____

² Period of respite stay is for minimum 7 days per NHRC stay to max 30 days per calendar year.