



Dear Sir/Madam,

We are delighted that you are interested in becoming a foster parent. **As foster parents, you will experience the life-changing rewards of caring for a vulnerable child by not just offering them a roof over their heads, but more importantly, HOPE for a better future.**

Now that you are ready, here are a few things to consider before applying together with your spouse:

- The entire application and assessment process will take approximately **3 months**.
- Upon approval of your application, you will be required to complete foundation training over **3 Saturday mornings and 2 e-learning sessions**. Dates of the next available training will be shared with you by the assessor.
- During the assessment process, you may indicate if you have a preferred age and/or gender for a foster child. Our assessors may also recommend the age and gender of foster child you may be most suited to care for based on your home, experience and comfort level.
- Applicants who would like to foster children **below the age of 13 must install window grilles** on all the windows in their home for the safety of the child.

We would appreciate if you can furnish us with a physical or digital* copy of **(i) NRIC, birth certificate or work permit of everyone in your household, (ii) latest payslips or Tax Income Assessment* of the income earners, and (iii) marriage certificate**. If you do not have these items on hand, please send them to us via WhatsApp or email. Please note that your application can only be processed when your application form and supporting documents are in. Here is what you can expect in the assessment process once you have submitted the required documents:

1. If you meet our eligibility criteria, we will arrange for a phone interview and for you to ask questions.
2. If you meet our requirements, we will arrange **interviews and home visits** to assess your home environment and speak to all your household members. We will also arrange for **medical and other screenings**.
3. Finally, your application will be presented to MSF's Panel members and you will be notified of the outcome of your application.

If you have any questions in the meantime, please feel free to contact Boys' Town Fostering Services at the following:

Website: <https://www.boystown.org.sg/fostering-services/>
Hotline/WhatsApp: 9113 7612
Address: 624 Upper Bukit Timah Road, Singapore 678212
Email: fostering@boystown.org.sg

We look forward to receiving your completed application form! Thank you.

Lee Pei Yu
Head of Boys' Town Fostering Services

**Information can be retrieved from Myinfo on SingPass app. Applicants may take a photo of the required information using another phone, as screenshots are disabled on some phone operating systems due to fraud risk.*



MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT
FOSTERING SERVICE
REHABILITATION AND PROTECTION GROUP

MSF FOSTERING SCHEME: APPLICATION FORM FOR FOSTER PARENTS

Note: Please complete this form together with your spouse.

1 PERSONAL PARTICULARS (MALE APPLICANT)

Salutation: Mr/Dr/Others*:

Full Name as in NRIC/FIN* (Block Letters):

Contact Number(s):

Home:

Office:

Hp:

Citizenship:

Singaporean

Permanent Resident

Others, please specify:

NRIC/FIN*:

Date of Birth:

Age:

Home Address:

Email Address:

Ethnic Group:

Chinese

Malay

Indian

Eurasian

Others, please specify:

Religion:

Buddhism

Catholicism

Christianity

Hinduism

Islam

Taoism

Others, please specify:

Monthly Income (\$):

<2,000

2,000 to 4,000

4,000 to 6,000

6,000-8,000

>8,000

Not Applicable

Marital Status:

Married

Highest Educational Level:

Primary

Secondary

Post-Secondary

Diploma

Degree

Post graduate diploma

Masters

PhD

Others, please specify:

Language:

Mandarin: Spoken / Written

Malay: Spoken / Written

Tamil: Spoken / Written

English: Spoken / Written

Others, please specify:

Employment Status:

Employed

Self-employed

Home-maker

Retired

Occupation:

Name of organisation:

2 PERSONAL PARTICULARS (FEMALE APPLICANT)	
Salutation: Ms/Mrs/Mdm/Dr/Others*:	
Full Name as in NRIC/FIN* (Block Letters):	Contact Number(s): Home:
NRIC/FIN*:	Office:
Date of Birth:	Age:
Hp:	Citizenship: <input type="checkbox"/> Singaporean <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Others, please specify:
Home Address: (As indicated above <input type="checkbox"/>)	Email Address:
Ethnic Group: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Eurasian <input type="checkbox"/> Others, please specify: _____	Religion: <input type="checkbox"/> Buddhism <input type="checkbox"/> Catholicism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Taoism <input type="checkbox"/> Others, please specify: _____
Monthly Income (\$): <input type="checkbox"/> <2,000 <input type="checkbox"/> 2,000 to 4,000 <input type="checkbox"/> 4,000 to 6,000 <input type="checkbox"/> 6,000-8,000 <input type="checkbox"/> >8,000 <input type="checkbox"/> Not Applicable	Marital Status: <input type="checkbox"/> Married
Highest Educational Level: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Post-Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Post-graduate diploma <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Others, please specify: _____	Language: Mandarin: Spoken / Written Malay: Spoken / Written Tamil: Spoken / Written English: Spoken / Written Others, please specify: _____
Employment status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Home-maker <input type="checkbox"/> Retired Occupation: _____ Name of organisation: _____	

3 INFORMATION ON HOUSEHOLD MEMBERS ¹					
Name (as per NRIC/FIN/Birth Certificate "BC"*)	Sex	NRIC/FIN/BC*	Age	Relationship (e.g Biological/Adopted Child, Parent of Male/Female Applicant, Foreign Domestic Worker, Tenant, Others)	Any medical conditions? (Pls specify level of care required)
	F / M				
	F / M				
	F / M				
	F / M				
	F / M				
4 PREFERRED FOSTER CHILD (You may tick more than one box)					
Age	Under 1 year	1 year – 3 years	4 years – 6 years	7 years – 12 years	13 years and above
Male					
Female					
Are you open to caring for a child with special needs? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Other remarks					
5 EXPERIENCE IN CARING FOR CHILDREN					
Do you have any experience in working with or caring for children? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Please elaborate:					
6 HOUSING					
Housing type: <input type="checkbox"/> 1 room HDB <input type="checkbox"/> 2 room HDB <input type="checkbox"/> 3 room HDB <input type="checkbox"/> 4 room HDB <input type="checkbox"/> 5 room HDB <input type="checkbox"/> Executive/Private Condo <input type="checkbox"/> Landed property <input type="checkbox"/> Others, please specify: _____		Ownership Status: <input type="checkbox"/> Rented <input type="checkbox"/> Purchased <input type="checkbox"/> Others, please specify: _____		Is your home fixed with window grilles for all windows and balconies? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, are you prepared to install window grilles for all your windows and balconies? <input type="checkbox"/> Yes <input type="checkbox"/> No *Kindly note that window grilles are mandatory for foster children below 13 years old.	
Number of bedrooms: _____					

¹ "Household Members" refer to individuals residing with the applicants in the same premises.

7 HOUSEHOLD INCOME

Combined nett monthly household income (S\$):

8 OTHER MATTERS

How did you find out about the Fostering Scheme? (You may tick more than one)

- Fostering Agencies
 - Epworth Foster Care (Epworth Community Services)
 - Boys' Town Fostering Services (Boys' Town)
 - PPIS Oasis (Persatuan Pemuda Islam Singapura)
 - Gracehaven Fostering (The Salvation Army (Singapore))
 - Projek Sinar Ihsan (Muhammadiyah Association)

- Mass Media
 - News articles Please specify: _____
 - Radio Please specify: _____
 - Television Please specify: _____
 - Website Please specify: _____

- Community agencies (e.g. SSAs, NGOs, Government Ministries, Healthcare Agencies, Religious Organisations etc):
Please specify: _____

- Fostering road show / event
Venue: _____
Date: _____

- Referred by foster parent
Name of foster parent: _____

- Referred by non – foster parent (Please indicate your relationship with referee)
Name: _____
Relationship: _____

Other channels

Is there any other information that you would like to share with us?

What inspired you to be a foster parent?

- To have companionship for our children
- We love children and want to help vulnerable children
- As a form of community service
- Others, please specify: _____

Declaration Form

*Please note that this segment must be filled up and duly signed by the respective applicants.
Please answer the following questions by ticking "Yes" or "No" as appropriate.*

Male Applicant			
PLEASE COMPLETE THE FOLLOWING DECLARATION (S) IN RELATION TO <u>YOU</u> AND YOUR <u>HOUSEHOLD MEMBERS</u>² (WHERE APPLICABLE):		Yes	No
1	<p>Have you or any of your household members been involved in any court proceedings within Singapore or any other court of law outside of Singapore?</p> <p>If yes, please specify: _____</p>		
2	<p>Do you or any of your household members have any criminal record in Singapore or overseas?</p> <p>If yes, please specify: _____</p>		
3	<p>Have you or any of your household members been declared financially embarrassed or a bankrupt within the last 10 years?</p> <p>If yes, please specify: _____</p>		
4	<p>Have you or any of your household members ever been, or are currently under investigation by the Police or any other law enforcement agency in Singapore or overseas?</p> <p>If yes, please specify: _____</p>		
5	<p>Have you or any of your household members had any disciplinary proceedings initiated against you/them by any organisation or professional bodies?</p> <p>If yes, please specify: _____</p>		
6	<p>Do you or any of your household members have any substance dependence issues (i.e. dependence on alcohol, drugs, etc.), excluding prescriptions by medical professional?</p> <p>If yes, please specify: _____</p>		

² This refers to the household members that have been named under the section entitled "Information on Household Members", if any.

7	<p>Have you or any of your household members ever suffered, or are suffering from any medical condition, illness, disease, or mental illness?</p> <p>If yes, please specify:</p> <p>_____</p>		
8	<p>Have you or any of your household members had any interactions or involvement (whether currently or previously) with divisions under MSF (e.g. Social Service Office, Adoption Service, Child Protective Service, Probation and Community Rehabilitation Service etc.), apart from participating in volunteering activities (e.g. have you or any of your household members received any services from MSF or been employed with MSF)?</p> <p>If yes, please specify:</p> <p>_____</p>		

- A. I understand that the above information relating to myself and my household members (“our Personal Information”) will be provided to the Government of the Republic of Singapore, as represented by the Ministry of Social and Family Development (“Government”) as represented by the MSF, for the purpose of assessing my suitability to volunteer with the MSF’s Fostering Service, RPG.
- B. I allow the Government to collect, share and use my Personal Information for the purposes in Paragraph A.
- C. I confirm that I have informed my household members that their Personal Information will be provided to the Government for the purposes in Paragraph A.
- D. I confirm that I have obtained the consent of my household members to allow the Government to collect, share, and use their Personal Information for the purposes in Paragraph A.
- E. I give authorisation to MSF to conduct regular reference checks into my background as and when MSF requires in order to assess my suitability to take on or continue the appointment as a volunteer with MSF. I understand that such reference checks are a part of the requirement prior to becoming a volunteer with MSF. I also understand that I may not be appointed as a volunteer with MSF or be removed as a volunteer with MSF should this form contain any false or inaccurate or incomplete information and/or MSF assesses that I am unsuitable to take on or continue the appointment as a volunteer with MSF.
- F. I declare that the information provided in this form is true and correct and I furnish the information knowing that I may be liable to criminal prosecution if I have stated any information which I know to be false or do not believe to be true.

Name: _____

Signature: _____

Date: _____

Female Applicant			
PLEASE COMPLETE THE FOLLOWING DECLARATION (S) IN RELATION TO <u>YOU</u> AND YOUR <u>HOUSEHOLD MEMBERS</u> ² (WHERE APPLICABLE):		Yes	No
1	<p>Have you or any of your household members been involved in any court proceedings within Singapore or any other court of law outside of Singapore?</p> <p>If yes, please specify:</p> <p>_____</p>		
2	<p>Do you or any of your household members have any criminal record in Singapore or overseas?</p> <p>If yes, please specify:</p> <p>_____</p>		
3	<p>Have you or any of your household members been declared financially embarrassed or a bankrupt within the last 10 years?</p> <p>If yes, please specify:</p> <p>_____</p>		
4	<p>Have you or any of your household members ever been, or are currently under investigation by the Police or any other law enforcement agency in Singapore or overseas?</p> <p>If yes, please specify:</p> <p>_____</p>		
5	<p>Have you or any of your household members had any disciplinary proceedings initiated against you/them by any organisation or professional bodies?</p> <p>If yes, please specify:</p> <p>_____</p>		
6	<p>Do you or any of your household members have any substance dependence issues (i.e. dependence on alcohol, drugs, etc.), excluding prescriptions by medical professional?</p> <p>If yes, please specify:</p> <p>_____</p>		

7	<p>Have you or any of your household members ever suffered, or are suffering from any medical condition, illness, disease, or mental illness?</p> <p>If yes, please specify:</p> <p>_____</p>		
8	<p>Have you or any of your household members had any interactions or involvement (whether currently or previously) with divisions under MSF (e.g. Social Service Office, Adoption Service, Child Protective Service, Probation and Community Rehabilitation Service etc.), apart from participating in volunteering activities (e.g. have you or any of your household members received any services from MSF or been employed with MSF)?</p> <p>If yes, please specify:</p> <p>_____</p>		

- A. I understand that the above information relating to myself and my household members (“our Personal Information”) will be provided to the Government of the Republic of Singapore, as represented by the Ministry of Social and Family Development (“Government”) as represented by the MSF, for the purpose of assessing my suitability to volunteer with the MSF’s Fostering Service, RPG.
- B. I allow the Government to collect, share and use my Personal Information for the purposes in Paragraph A.
- C. I confirm that I have informed my household members that their Personal Information will be provided to the Government for the purposes in Paragraph A.
- D. I confirm that I have obtained the consent of my household members to allow the Government to collect, share, and use their Personal Information for the purposes in Paragraph A.
- E. I give authorisation to MSF to conduct regular reference checks into my background as and when MSF requires in order to assess my suitability to take on or continue the appointment as a volunteer with MSF. I understand that such reference checks are a part of the requirement prior to becoming a volunteer with MSF. I also understand that I may not be appointed as a volunteer with MSF or be removed as a volunteer with MSF should this form contain any false or inaccurate or incomplete information and/or MSF assesses that I am unsuitable to take on or continue the appointment as a volunteer with MSF.
- F. I declare that the information provided in this form is true and correct and I furnish the information knowing that I may be liable to criminal prosecution if I have stated any information which I know to be false or do not believe to be true.

Name: _____

Signature: _____

Date: _____

**Please delete where appropriate.*

Character Referees for Application to be Foster Parents

Referees should not be members of the family. They should be above 25 years old and have known the Applicant for at least 3 years

Referee 1

Name: _____ NRIC: _____ Age: _____

Address: _____ Postcode: _____

Contact number(s): _____ Occupation: _____

Relationship to Applicant: _____ No. of years having known Applicant: _____

Referee 2

Name: _____ NRIC: _____ Age: _____

Address: _____ Postcode: _____

Contact number(s): _____ Occupation: _____

Relationship to Applicant: _____ No. of years having known Applicant: _____

Name of Applicant : _____

NRIC No. : _____

Applicant's signature : _____

Date : _____