

1. Eligibility

The National Kidney Foundation of Malaysia (NKF) offers affordable and quality dialysis treatment to needy patients through generous funding by individuals, groups and corporate bodies. All applications are strictly assessed through interviews, home visits and the submission of relevant documents to ensure that only persons from lower income households will be assisted. Applicants are also required to agree to the following **Terms and Conditions**:

- Are Malaysian citizens;
- Are referred to NKF by a Nephrologist;
- If receiving financial assistance from other sources, must reveal the sources and amounts of assistance;
- Are prepared to appear before the Patient Selection and Welfare Committee of NKF prior to being considered for financial assistance;
- Must agree to home visits by the Welfare Manager or Officer with a view to verifying all information given;
- Are prepared to pay a portion of the fees for the treatment as determined by the Chief Executive Officer of NKF;
- Are prepared to be reviewed by the Welfare Manager or Officer as and when necessary at the discretion of NKF with regard to their eligibility to continue to receive the financial assistance.

2. Mandatory Documents for Submission by Applicant and Household Members¹

1. Complete the family information sheet – Appendix;
2. Clear photocopies of Identity Cards (ICs) of the applicant and all household members who are 12 years old and above;
3. Clear photocopies of birth certificates of all household members below 12 years of age;
4. Latest pay slips, EPF statements and Income Tax returns of the applicant and household members aged 18 years and above;
5. Applicant or household members who are mentally or physically incapacitated are required to provide a doctor's letter (dated within 6 months) and/or registration card from the Department of Social Welfare;
6. Household members who currently require treatment or long-term care – attach doctor's letter (dated within 6 months) as a supporting document;
7. For the main applicant only:
 - Latest comprehensive medical report;
 - Recommendation by a Nephrologist from hospital;
 - Prescription form from hospital with quotation from medical supplier.

Applicant's family members who are not staying together:

1. Complete family information sheet – Appendix;
2. Clear photocopies of ICs of members who are 12 years old and above;
3. Clear photocopies of birth certificates of members below 12 years of age.

¹ Household members include all family members related by blood, marriage and/or legal adoption living in the same address as applicant.

APPLICATION FORM FOR PERITONEAL DIALYSIS SUBSIDY

BORANG PERMOHONAN UNTUK SUBSIDI DIALISIS PERITONEAL

1. Personal Information / Maklumat Peribadi

1. Full Name (Mr/Mrs/Miss/Ms/Madam) / Nama Penuh (Encik/Puan/Cik): _____	Photo
2. Address / Alamat : _____ _____	
3. Nationality / Warganegara : _____ 4. Ethnic Group/Keturunan: _____	
5. NRIC No. / No. Kad Pengenalan: _____	
6. Date of Birth / Tarikh Lahir : _____ 7. Age / Umur : _____	
8. Sex / Jantina : _____ 9. Occupation/Pekerjaan: _____	
10. Marital Status / Taraf Perkahwinan <input type="checkbox"/> Single/Bujang <input type="checkbox"/> Married/Berkahwin <input type="checkbox"/> Widowed /Duda <input type="checkbox"/> Divorced/Janda <input type="checkbox"/> Separated/Tinggal Berasingan	
11. Tel No. / No. Tel : _____	
12. Next of Kin / Waris: _____ Tel No. / No. Tel: _____	

2. Employment Information / Maklumat Pekerjaan

Current Status: <input type="checkbox"/> Employed Full-Time/Bekerja Sepenuh Masa <input type="checkbox"/> Employed Part-time / Bekerja Separuh Masa <input type="checkbox"/> Self – Employed / Bekerja Sendiri <input type="checkbox"/> Retired / Bersara <input type="checkbox"/> Unemployed / Menganggur
Present Occupation / Pekerjaan Sekarang : _____
Monthly Income / Pendapatan Bulanan : _____
Name of Employer / Nama Majikan : _____
Tel. No. / No.Tel. : _____
Address of Employer / Alamat Majikan : _____
If unemployed, please state / Jika tidak bekerja, sila nyatakan:
Since (date) / Sejak (tarikh) : _____
Reason / Sebab : <input type="checkbox"/> Deemed unfit by doctor / disahkan oleh doctor tidak boleh bekerja <input type="checkbox"/> Too ill to work / terlalu sakit untuk bekerja <input type="checkbox"/> Not able to find work / tidak dapat kerja
Other reasons (specify)/Sebab lain (nyatakan): _____
Previous Employment / Pekerjaan Dahulu : _____
Last Drawn Salary / Gaji Terakhir : _____
Name of Supporter / Nama Penyara : _____

3. Educational Background / Latar Belakang Pendidikan

Level <i>Peringkat</i>	Name of School <i>Nama Sekolah</i>	Year <i>Tahun</i>	Exam Passed <i>Kelulusan</i>
Primary / Rendah			
Secondary / Menengah			
Pre-U / Pra-Universiti			
Other / Lain-lain			

4. Family* Information / Maklumat Keluarga

No.	Name <i>Nama</i>	Relationship <i>Hubungan</i>	Staying Together State <i>Tinggal Bersama Sebut YES / YA</i>	Not staying together State Where <i>Jika Tidak Tinggal Bersama, Sebut Di Mana</i>	Age <i>Umur</i>	Occupation <i>Pekerjaan</i>	Monthly Income** <i>Pendapatan Bulanan</i>	Marital Status <i>Taraf Perkahwinan</i>	No of Children <i>Jumlah Anak</i>	Age of the Children <i>Umur Anak</i>	Contribution to Applicant <i>Sumbangan Kepada Pemohon (RM)</i>

* includes all family members related by blood, marriage and/or legal adoption.

** monthly income refers to basic income, allowances, cash awards, commissions and bonuses.

5. Total Monthly Household Income & Expenditure

(Household Income is defined here as income of family members living together)

Jumlah Pendapatan & Perbelanjaan Isi Rumah Sebulan

(Pendapatan isi rumah ialah pendapatan semua ahli keluarga yang tinggal bersama)

INCOME / PENDAPATAN	RM
1. Personal Income / <i>Pendapatan Sendiri</i>
2. Other Household Family Income / <i>Pendapatan Ahli-ahli Keluarga Serumah</i>
3. Contributions From Relatives Outside Household / <i>Sumbangan Dari Saudaramara</i>
4. Others (Please specify) / <i>Lain-lain (Nyatakan)</i>
5. Invalidation Pension/ <i>Pencen Ilat</i>
.....	
.....	
TOTAL INCOME / JUMLAH PENDAPATAN	

EXPENDITURE / PERBELANJAAN	RM
1. EPF Contribution (<i>Sumbangan KWSP</i>) / SOCSO Deductions (<i>Potongan SOCSO</i>) / Income Tax (<i>Cukai Pendapatan</i>)
2. Food (including baby food) / <i>Makanan (termasuk makanan bayi)</i>
3. Rental (home / shop) / <i>Sewa (rumah / kedai)</i>
4. Instalment for house loan / <i>Ansuran pinjaman rumah</i>
5. Instalment for vehicle loan / <i>Ansuran pinjaman kenderaan</i>
6. Telephone Bill / <i>Bil Telefon</i>
7. Utilities (water / electricity) / <i>Bil Air & Elektrik</i>
8. Schooling Expenses / <i>Perbelanjaan Persekolahan</i>
9. Working Members' Expenses (petrol / bus fare / food) / <i>Perbelanjaan Ahli-ahli Keluarga yang bekerja (petrol / tambang bas / makanan)</i>
10. Entertainment / <i>Hiburan (Astro, etc)</i>
11. Domestic Helper (Maid) / <i>Pembantu Rumah</i>
12. Others (Please specify) / <i>Lain-lain (Nyatakan) / EPO</i>

TOTAL EXPENDITURE / JUMLAH PERBELANJAAN	

BALANCE /BAKI	
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6. Type of Accommodation / Jenis Kediaman (Please tick / Sila tandakan)

- Own / *Sendiri* Rent / *Sewa*
- Others (Specify) / *Lain-lain (Nyatakan)* _____
- Fully Paid / *Bayaran Penuh* On Installment / *Bayaran Ansuran* :
RM _____

Commenced payment from _____ (Year) until _____ (Year) (Attach loan agreement/loan approval)

Tempoh bayaran bermula daripada _____ (Tahun) sehingga _____ (Tahun)
(Lampirkan surat perjanjian/kelulusan pinjaman)

- Low Cost Flat / *Rumah Pangsa* Single Storey Terrace/*Teres Setingkat*
- Double Storey Terrace / *Teres Dua Tingkat* Shop House / *Rumah Kedai*
- Rumah Panjang / *Long House* Squatter / *Rumah Setinggalan*
- Apartment (Pangsapuri) / *Condominium (Kondominium)*
- Village House / *Rumah Kampong* Bungalow / *Banglo*

7. Assets / Aset (Please tick at the relevant boxes only / Sila tanda di petak yang berkenaan sahaja)

- Other properties besides current accommodation / *Harta benda selain dari kediaman sekarang*
- Other houses / *Rumah lain* Shophouse / *Kedai* Factory / *Kilang*
- Building / *Bangunan* Land / *Tanah* Farm/Plantation/*Kebun/Ladang*
- Type / *Jenis* : _____

Fully Paid / *Bayaran Penuh* On Instalment / *Bayaran Ansuran* RM _____

Commenced payment from _____ until _____ (Attach loan agreement/loan approval)

Tempoh bayaran bermula dari _____ sehingga _____
(Lampirkan surat perjanjian/kelulusan pinjaman)

- Own vehicle / *Kenderaan sendiri*
- Motorcycle / *Motosikal* Car / *Kereta* Van Bus / *Bas* Lorry/ *Lori*
- Model / *Model* : _____ Year / *Tahun* : _____

Fully Paid / *Bayaran Penuh* On instalment / *Bayaran Ansuran* :

Commenced payment from _____ (Year) until _____ (Year) (Attach loan agreement/loan approval)

Tempoh bayaran bermula dari _____ (Tahun) hingga _____ (Tahun) (Lampirkan surat perjanjian/kelulusan pinjaman)

Own Shares / *Saham Sendiri* Value of Shares / *Nilai Saham* : RM _____

Bank Account / *Akaun Bank* Type / *Jenis* _____

Amount / *Jumlah* : RM _____

Others (Specify) / *Lain-lain (Nyatakan)*:

8. Every applicant is **required** to attach supporting documents – latest income tax assessment / Form J/ EA Form, latest EPF statement, letter from employer certifying salary and details of ownership of property. **The admission process will be delayed if the patient fails to submit the required documents of himself and family members.**

Setiap pemohon **dikehendaki** mengemukakan dokumen yang berkaitan bagi setiap nama yang dinyatakan – borang cukai pendapatan terkini / Borang J / Borang EA, penyata KWSP terkini, surat dari majikan menyatakan gaji bulanan dan maklumat harta. Proses pengambilan pesakit akan ditangguhkan jika pemohon dan ahli keluarga gagal mengemukakan dokumen yang dikehendaki.

Please tick (v) at the relevant boxes ONLY / Sila tandakan (v) di petak yang berkenaan SAHAJA

<input type="checkbox"/>	Latest Income Tax Assessment/Form J/EA Form (Borang Cukai Pendapatan /Borang J/Borang EA terkini)				
<input type="checkbox"/>	Patient / Pesakit	<input type="checkbox"/>	Spouse / Suami /Isteri	<input type="checkbox"/>	Children / Anak-anak
<input type="checkbox"/>	Sibling / Adik-beradik	<input type="checkbox"/>	Parents / Ibu bapa		
<input type="checkbox"/>	Latest EPF Statement / Penyata KWSP terkini				
<input type="checkbox"/>	Patient / Pesakit	<input type="checkbox"/>	Spouse / Suami /Isteri	<input type="checkbox"/>	Children / Anak-anak
<input type="checkbox"/>	Sibling / Adik-beradik	<input type="checkbox"/>	Parents / Ibu bapa		
<input type="checkbox"/>	Latest payslip or letter from employer stating salary / Surat dari majikan atau slip gaji terkini				
<input type="checkbox"/>	Patient / Pesakit	<input type="checkbox"/>	Spouse / Suami /Isteri	<input type="checkbox"/>	Children / Anak-anak
<input type="checkbox"/>	Sibling / Adik-beradik	<input type="checkbox"/>	Parents / Ibu bapa		
<input type="checkbox"/>	Latest Savings/Fixed Deposit/Current Account/Passbook Statement (Penyata akaun tetap/Simpanan)				
<input type="checkbox"/>	Patient / Pesakit	<input type="checkbox"/>	Spouse / Suami /Isteri	<input type="checkbox"/>	Children / Anak-anak
<input type="checkbox"/>	Sibling / Adik-beradik	<input type="checkbox"/>	Parents / Ibu bapa		
<input type="checkbox"/>	Others (Please specify) / Lain-lain (Nyatakan):				

I am receiving financial assistance from other charity organization(s) / saya sedang menerima bantuan kewangan daripada badan amal yang lain:

No / Tidak Yes / Ya

If yes, please specify name of organization(s)/sponsor(s)/sekiranya ya, sila nyatakan nama organisasi / penaja:

Amount / Jumlah : RM _____ per month/sebulan

DIALYSIS TREATMENT INFORMATION / Maklumat Rawatan Dialisis

Referred by Nephrologist (name)/ Nama pakar Nefrologi yang merujuk:

Hospital: _____

Date of first dialysis treatment / Tarikh rawatan dialysis pertama: _____

Type of Peritoneal Dialysis /Jenis Dialisis Peritoneal:

Continuous Ambulatory Peritoneal Dialysis (CAPD) Automated Peritoneal Dialysis (APD)

9. DECLARATION – I declare that:

PENAKUAN – Saya mengaku bahawa:

- a) All the particulars given in this form are true and I have not withheld or falsified any information required.
Semua maklumat yang diberi dalam borang ini adalah benar dan saya tidak menyembunyikan atau memalsukan sebarang maklumat yang dikehendaki.
- b) I have read, understood and agreed to comply with the terms and conditions.
Saya telah membaca, faham dan bersetuju untuk mematuhi segala terma-terma dan syarat-syarat yang telah ditetapkan.
- c) I am aware that if I had suppressed or given any incorrect information, NKF reserves the right to discontinue providing financial assistance to me.
Saya sedar bahawa sekiranya saya didapati menyembunyikan atau memberi maklumat yang palsu, NKF berhak menamatkan subsidi saya.

NB : Incomplete forms will not be considered / Permohonan yang tidak diisi dengan lengkap tidak akan dipertimbangkan.

Patient's Signature / Right Thumb Print

Tandatangan / Cap Jari Kanan Pesakit

Date / Tarikh:

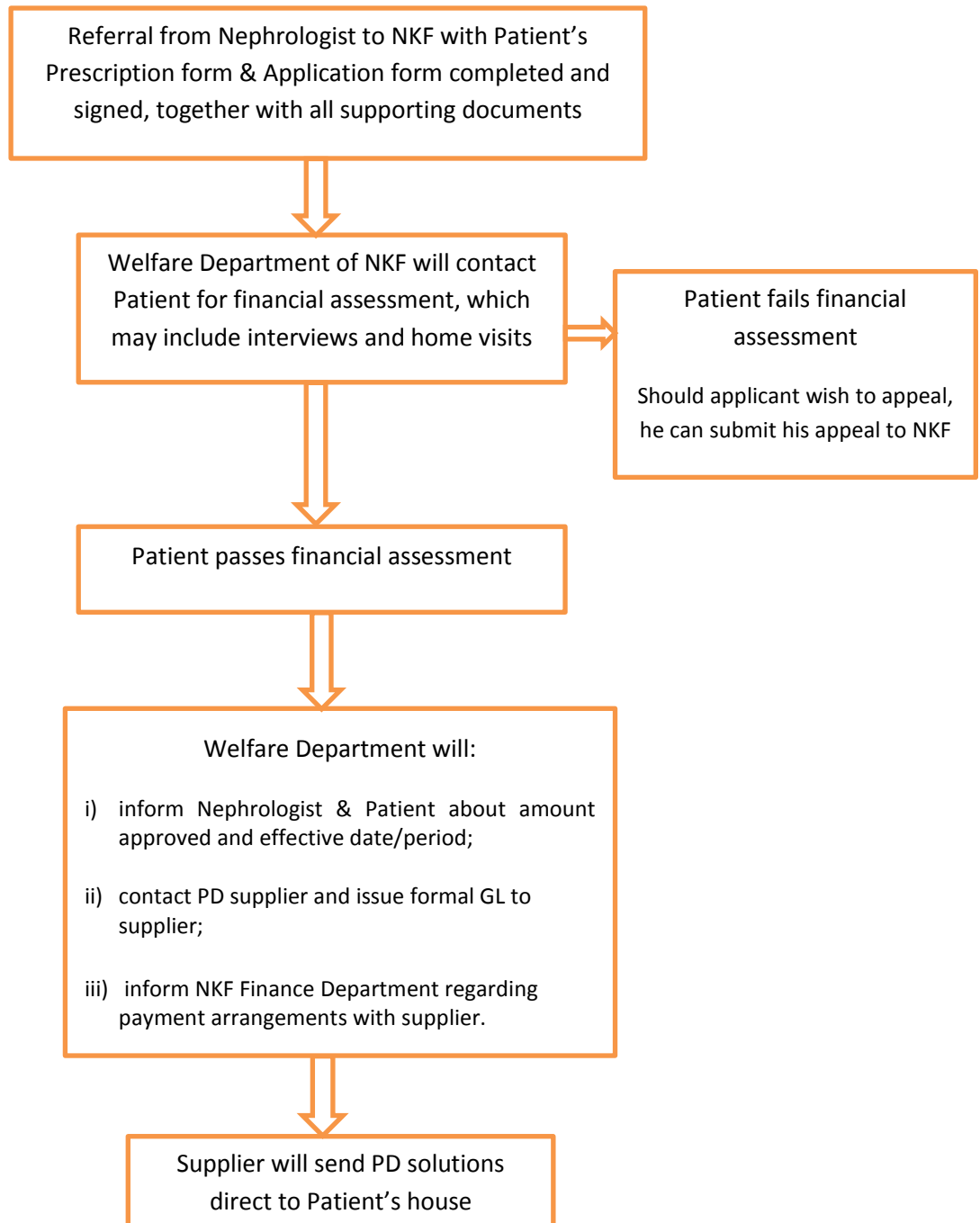
Witnessed by / disaksikan oleh:

Name / Nama:

Relationship / Tali Persaudaraan:

Date / Tarikh:

PERITONEAL DIALYSIS SUBSIDY PROGRAMME WORKFLOW



Welfare Manager / Officer's Recommendation		Date :
<input type="checkbox"/> Pending – Supporting documents / Home Visit is required <input type="checkbox"/> Recommended for PD subsidy Comments :		

Chief Executive Officer's Approval		Date :
<input type="checkbox"/> PD Subsidy Approved: i) <input type="checkbox"/> Full ii) <input type="checkbox"/> Partial – RM _____ (____ %)		
Period of Approval : _____ months.		
<input type="checkbox"/> Rejected: Reason _____		
<input type="checkbox"/> Deferred: Reason _____		
<input type="checkbox"/> Deferred for Patient Selection & Welfare Committee Meeting		
Comments :		

-----/MM/-----/MM/-----

Checklist (For Welfare Department use only)

Form Received	Date Received	Applicant	Spouse	Parents	Children	Sibling	Others
i. Application Form							
ii. Medical Report							
iii. Quotation from Supplier							
iv. Latest Income Tax Assessment							
v. Latest EPF Statement							
vi. Pay Slips / employer's letter stating salary							
vii. House photographs							
viii. Others (please specify)							
ix.							

Head Office
70, Jalan 14/29, 46100 Petaling Jaya
Selangor Darul Ehsan, Malaysia
Tel +603-7954 9048 Fax +603-7957 7328
www.nkf.org.my

NATIONAL KIDNEY FOUNDATION OF MALAYSIA Regd.No.659(Sel)
YAYASAN BUAH PINGGANG KEBANGSAAN MALAYSIA
馬來西亞腎臟基金會
மலேசிய தேசிய சிறுநீரக அறநிறுவனம்





**AGREEMENT FOR ADMISSION INTO
PERITONEAL DIALYSIS SUBSIDY PROGRAMME
OF THE NATIONAL KIDNEY FOUNDATION OF MALAYSIA (NKF)**

**PERJANJIAN UNTUK MENYERTAI PROGRAM SUBSIDI DIALISIS PERITONEAL
YAYASAN BUAH PINGGANG KEBANGSAAN MALAYSIA (NKF)**

I _____ No KP: _____
representing myself / patient named _____

No KP: _____, hereby agree that my/his/her PD treatment will be subsidised wholly/partially by the National Kidney Foundation of Malaysia (NKF) for a period of time to be determined by NKF, and will comply with the following requirements:

Adalah saya _____ No K.P: _____
mewakili diri saya /pesakit bernama _____

No K.P: _____, bersetuju bahawa rawatan saya / pesakit akan dibiayai sepenuhnya / sebahagiannya oleh Yayasan Buah Pinggang Kebangsaan Malaysia (NKF) bagi suatu tempoh masa yang akan ditentukan oleh NKF dan akan mematuhi syarat - syarat berikut:-

[Tick where relevant]/[tandakan yang berkaitan]

Agree to pay for part of the cost of PD treatment, that is, RM _____ directly to the supplier;

Bersetuju membayar sebahagian kos rawatan PD sebanyak RM _____ terus kepada pembekal;

Submit medical report & prescription form from hospital / mengemukakan laporan perubatan dan borang preskripsi daripada hospital ;

Family Information Form / Borang Maklumat Keluarga;

Copies of the latest income tax returns of applicant and those who contribute to the family income / Salinan borang Cukai Pendapatan terkini pemohon dan mereka yang menyumbang kepada pendapatan keluarga;

Copies of the latest EPF statements of applicant and those who contribute to the family Income / Salinan penyata KWSP terkini pemohon dan mereka yang menyumbang kepada pendapatan keluarga;

A copy of the latest payment slip from the Social Security Organisation (SOCSO) (if any) for the applicant / Salinan slip bayaran dari PERKESO terkini (jika ada) bagi pemohon;

Copies of fixed deposits or savings accounts (if any) of the applicant and those who contribute to the family income / Salinan penyata akaun tetap atau simpanan (jika ada) bagi pemohon dan mereka yang menyumbang kepada pendapatan keluarga;

Electricity, water, telephone and Astro bills / Bil elektrik, air, telefon & Astro;

Photographs of patient's house / Gambar rumah pesakit.

I understand that if I fail to comply with the conditions above, NKF reserves the right to discontinue the PD subsidy to me / patient without prior notice.

Saya faham bahawa sekiranya saya gagal mematuhi syarat - syarat di atas, NKF berhak memberhentikan subsidi rawatan PD kepada saya / pesakit tanpa sebarang notis.

Signed by Patient / Representative

Ditandatangani oleh Pesakit/wakil

Name / Nama: _____

Date / Tarikh: _____

Signed by Witness*

*Ditandatangani oleh Saksi**

Nama / Name : _____

Date / tarikh: _____

Relationship [*tick where relevant]:

Hubungan [*tanda yg berkaitan] /

- Husband / *Suami*
- Wife / *isteri*
- Son/daughter / *Anak*
- Mother / *Ibu*
- Father / *Bapa*
- Sister/brother / *Adik beradik*

Signed and stamped for and on behalf of NKF

Ditandatangani & cop untuk dan bagi pihak NKF

Date / tarikh: _____