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Take-A-Break Programme Frequently Asked Questions (FAQ)

GENERAL

Q. What are the services available under TAB programme?

A. Please refer to our EDM for more information what each service entails.

Q. Does TAB provide nursing/medical care for clients with medical needs?

A. TAB does not provide nursing/medical services. You may wish to correspond with your client's medical touchpoint (e.g. hospital) to see if patient would be eligible for AIC's Home Nursing or Home Medical services.

Q. Does TAB provide housekeeping services?

A. No, care professionals do not do house cleaning for the entire home environment. Only light housekeeping support is provided to help maintain the well-being of the PwD. Examples include washing, dressing, feeding, toileting, mobility and transferring, and light housekeeping related to supporting the care recipient e.g. care recipient's laundry.

APPLICATION PROCESS

Q. What is the expected processing time taken from submission of application to matched respite service?

A. If there are no clarifications needed, we will send you the approval and additional forms from service provider to be sent back to us within 3 – 5 working days. Hence, if there is no further delay, activation can be projected to be within 2 weeks.

Q. How should referrals to TAB be done for cases that are not known to any social service agencies?

A. For cases not known to any SSAs, you may refer them to SPD's Specialised Case Management Programme (SCMP) where a SCMP social worker can assist to refer to TAB if assessed to be eligible.

Please write to scmp_enquiry@spd.org.sg

SERVICE FEES

Q. What are the charges for the TAB programme?

A. The full cost generally ranges between $30-$45 per hour for weekdays, depending on the matched service provider by SPD. There are also varying prices for weekends/PHs. The exact cost will be included in the approving email informing on the assigned service provider.

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Transport (point-to-point escort) and additional charges, including cancellation or urgent surcharges, are not covered under TAB and will need to be borne by the caregiver if incurred. The caregiver is also responsible for arranging any required transport for both the care professional and the care recipient and must remain contactable should the care professional require support or guidance during service delivery.

Q. Are we able to appeal for more assistance if family is unable to co-pay after subsidy? How do we go about doing so?

A. Yes, if social workers assess these cases to benefit from more assistance. Please submit a brief write-up on the family's financial circumstances and supporting documents (e.g. Comcare, Medifund memo) for our review. Decision on appeals will be final.

Q. Will there be any issues/additional charges with last-minute/urgent requests for TAB services?

A. While caregiver can place a last-minute request, it is subjected to availability of care professional to be matched to the service delivery. Additionally, depending on the service provider we assign to, there is an additional fee for last-minute service request and activation.

Q. How is payment for TAB services collected?

A. The service provider will inform and bill the caregivers on the payment arrangement once assigned. Depending on the amount of subsidy care recipient is eligible for, the caregiver will need co-pay the remaining amount (after subsidy) to the service provider directly.

Q. A scheduled visit is cancelled with a cancellation charge, can a waiver be requested?

A. Cancellation charges apply as resources are allocated once a slot is booked and cannot be re-directed when last-minute cancellations are made by the caregiver. However, if there are exceptional extenuating circumstances, you may write to us for consideration.

SERVICE PROVIDER

Q. Will the assigned care professional be the same throughout the respite care service?

A. While our service providers will try to assign the same care professional, this is subject to the availability of the care professional.

Q. How many hours of respite care am I entitled to, and when can I use them?
A. For successful applications, caregivers receive up to 200 hours of respite care, which can be utilized throughout the current run period from 1 April 2026 to 31 March 2027. Caregivers should liaise with their assigned service provider directly on the frequency and schedule of usage.

Q. Can I choose service provider(s)?

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A. No. The administrator appoints private service providers for service delivery. The matching is dependent on factors such as Person with Disability (PwD) care needs and projected hours of utilisation.

Q. What happens if I exceed the approved number of respite care hours?
A. A. The maximum number of respite care hours approved is capped at 200 hours since the programme is to provide respite to caregivers. Please write to TAB before caregiver has exhausted 200 hours but is projected to need more with justification. It will be considered on case-by-case basis.

Q. What are the timings available for respite service? Do the service providers provide overnight/evening respite services?

A. It depends on the service provider and scope of service requested but generally ranges, from 7am to 9pm. Requests for overnight services will be considered on a case-by-case basis and subject to availability of care professionals.