



SHARING SESSION

ALL ABOUT WELFARE FOR CANCER PATIENTS



Ms. Janice Lim Chiew Lan began her journey in social welfare as a member of the SUPP Woman Support Group in 2011. Her dedication to helping others was deeply influenced by her personal experience as a caregiver for her late husband in 2019. This challenging journey has given her invaluable insight into the difficulties faced by patients and caregivers during end-of-life care.

From 2016 to 2023, under the leadership of Deputy Premier YB Datuk Amar Prof Dr. Sim Kui Hian, Ms. Lim worked at the Batu Kawa service centre, where she played a crucial role in overseeing and assisting with welfare programs in the Batu Kawa constituency. Currently, she is an active member of the State Welfare volunteer team, where she regularly advises and assists the needy and elderly in the community.

**DISCLAIMER: THESE
SCENARIOS ARE SPECIFIC
TO KUCHING, SARAWAK.
PLEASE CONSULT YOUR
LOCAL JKM OFFICE FOR
ADDITIONAL
INFORMATION IN YOUR
OWN STATE.**

INTRODUCTION

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Ms Janice Lim Chiew Lan.

- involved in assisting the public with welfare issues
- since 2011, and I continue to do so to this day, totalling 13 years of experience.
- joined SUPP in 1987 and have been working with the Kuching Branch since 2006.
- started assisting the public with welfare issues during that time and have continued to do so even after leaving my job at SUPP in 2023.
- passionate about helping the needy apply for welfare aid

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Type of assistant and who can apply :

1. cancer patients
2. stroke patients
3. single mothers

The number of cancer cases as far exceeds those of stroke patients and single mothers.

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CANCER PATIENT(S)

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Cancer patients, particularly those in stage 4,

- Once Off : TBS with a lump sum amount of RM300.
- Monthly RM300 to RM500, with a maximum of RM500, subject to approval by the welfare department.
- Able to help with medical equipment such as beds with mattresses, wheelchairs, and oxygen apparatus.

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Even for non-stage 4 cancer patients, they can apply for a monthly allowance ranging from RM300 to RM500, depending on their financial situation.

I have encountered several special cases that I would like to share. I have assisted elderly individuals in applying for monthly aid assistance ranging from RM300 to RM500, subject to approval by the welfare department.

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PANCREAS CA PATIENT

STAGE 4 CANCER | APPLIED FOR TBS FROM WELFARE DEPARTMENT

STROKE PATIENT(S)

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Stroke patients,

- Paralyzed
- Light stroke patients (can first apply for an OKU card.)

After obtaining approval from the welfare department, they can then apply for a monthly aid allowance ranging from RM300 to RM500, with a maximum of RM500, depending on their financial situation and **subject to approval by the welfare department.**

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STROKE PATIENT

SPONSORED WHEELCHAIR AND BED / APPLIED FOR HNC AND MONTHLY ALLOWANCE WELFARE

SINGLE MOTHER(S)

(Children Below 18 Years Old)

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UTERINE CANCER PATIENT

STAGE 4 CANCER | APPLIED FOR TBS AND MONTHLY ALLOWANCE FOR
HER CHILDREN FROM WELFARE DEPARTMENT



CANCER PATIENT

STAGE 4 CANCER | APPLIED FOR TBS AND MONTHLY ALLOWANCE FOR
HER CHILDREN FROM WELFARE DEPARTMENT

Regarding single mothers, in special situations such as severe illness confirmed by a doctor that prevents them from continuing their job, they can apply for monthly aid assistance ranging from RM300 to RM500. They can be entitled to a maximum of RM500, **subject to approval by the welfare department.**

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BRAIN CANCER PATIENT

STAGE 4 CANCER | APPLIED FOR TBS AND MONTHLY ALLOWANCE FOR
HER FROM WELFARE DEPARTMENT



WITH JKM HQ STAFF



JKM STAFF INTERVIEW

STAGE 4 CANCER | APPLIED FOR TBS



PEJABAT KEBAJIKAN MASYARAKAT BAHAGIAN _____
BORANG PERMOHONAN
BANTUAN KEWANGAN KERAJAAN SARAWAK

A. MAKLUMAT ASAS PEMOHON						
1. Nama						
2. No. Kad Pengenalan			3. Jantina: Lelaki / Perempuan			
4. Status Perkahwinan <input type="checkbox"/> Kahwin <input type="checkbox"/> Bujang <input type="checkbox"/> Balu <input type="checkbox"/> Janda <input type="checkbox"/> Duda <input type="checkbox"/>						
5. Kaum			6. Agama:			
7. No Telefon						
8. Tahap Pendidikan <input type="checkbox"/> Tidak Bersekolah <input type="checkbox"/> Sekolah Rendah <input type="checkbox"/> Sekolah Menengah <input type="checkbox"/> Kolej / Universiti <input type="checkbox"/> Pendidikan Khas <input type="checkbox"/> Lain - Lain <input type="checkbox"/>						
9. DUN			10. PARLIMEN			
B. MAKLUMAT KEDIAMAN						
1. Alamat Tempat Tinggal						
2. Alamat Surat-Menyurat						
3. Status Kediaman <input type="checkbox"/> Milik Sendiri <input type="checkbox"/> Sewa <input type="checkbox"/> Menumpang <input type="checkbox"/> Berkongsi <input type="checkbox"/>						
C. MAKLUMAT PEKERJAAN						
1. Pekerjaan <input type="checkbox"/> Tidak Bekerja <input type="checkbox"/> Bekerja Sendiri <input type="checkbox"/> Kerajaan <input type="checkbox"/> Swasta <input type="checkbox"/>						
2. Jenis Pekerjaan :						
3. Pendapatan Sebulan (RM) :						
4. Nama & Alamat Majikan :						
D. MAKLUMAT AHLI KELUARGA						

1. Tinggal Bersama

Bil.	Nama	No. KP/ Sijil Lahir	Jantina/ Umur	Hubungan	Pendidikan	Pekerjaan / Pendapatan Sebulan
Jumlah Pendapatan Isirumah (RM)						

Sila buat tambahan dihelaiian lain jika ruangan maklumat ahli keluarga tidak mencukupi

2. Tinggal Berasingan

Bil.	Nama	No. KP/ Sijil Lahir	Jantina/ Umur	Hubungan	Pekerjaan/ Pendapatan Sebulan	Bil. Tanggungan/ Alamat

BORANG PERMOHONAN BANTUAN JABATAN KEBAJIKAN MASYARAKAT

**SENARAI SEMAK DOKUMEN SOKONGAN PERMOHONAN BANTUAN
JABATAN KEBAJIKAN MASYARAKAT**



NAMA :

NO. KAD PENGENALAN :

BIL.	DOKUMEN	TANDAKAN (✓)
1	SALINAN KAD PENGENALAN PEMOHON	
2	SALINAN KAD PENGENALAN/ MYKID/ SIJIL KELAHIRAN AHLI KELUARGA YANG TINGGAL BERSAMA SAHAJA	
3	SALINAN KAD OKU/ SLIP PENDAFTARAN SEMENTARA (BAGI PEMOHON OKU)	
4	SALINAN SIJIL KEMATIAN / PENCERAIAN / PERKAHWINAN/ DAFTAR KAHWIN (JIKA BERKAITAN)	
5	LAPORAN PERUBATAN DARI HOSPITAL ATAU KLINIK KESIHATAN KERAJAAN (JIKA BERKAITAN) (LAPORAN HENDAKLAH DALAM TEMPOH TIDAK MELEBIHI 2 TAHUN)	
6	PENYATA PENDAPATAN ATAU SURAT PENGESAHAN PENDAPATAN DARIPADA MAJIKAN ATAU SURAT AKUAN PENDAPATAN (JIKA BEKERJA SENDIRI); OLEH KETUA KAMPUNG / PENGHULU / KETUA MASYARAKAT / PEMIMPIN TEMPATAN / SURAT AKUAN SUMPAN	
7	LAPORAN DARI AGENSI LAIN YANG BERKAITAN (AADK / POLIS / PENJARA) (JIKA BERKAITAN)	
8	DOKUMEN PENGESAHAN ALAMAT TEMPAT TINGGAL (SALINAN SALAH SATU (1) BIL UTILITI SEPERTI BIL AIR / ELEKTRIK / TELEFON / ASTRO ATAU PENGESAHAN DARIPADA PEMIMPIN SETEMPAT)	
9	PENYATA AKAUN BANK TERKINI YANG MASIH AKTIF (JIKA PERMOHONAN BANTUAN DILULUSKAN)	
10	GAMBAR KEDIAMAN (DEPAN RUMAH / RUANG TAMU / DAPUR)	

Diterima Oleh :

PERMOHONAN LENGKAP

Tarikh Terima :

TIDAK LENGKAP

Catatan :

BORANG PERMOHONAN BANTUAN JABATAN KEBAJIKAN MASYARAKAT

Rujukan Simpanan Pemohon

SLIP AKUAN TERIMA PERMOHONAN



Nama :

No. Kad Pengenalan :

Permohonan tuan/puan untuk permohonan Bantuan Jabatan Kebajikan Masyarakat telah diterima pada dan sedang diambil tindakan. Sekiranya tuan/puan tidak mendapat sebarang maklumbalas daripada pihak kami dalam tempoh **30 hari** dari tarikh permohonan lengkap diterima, sila hubungi **Pejabat Kebajikan Masyarakat Bahagian/Daerah**

UNTUK KEGUNAAN PEJABAT

No. Siri	Kod Negeri	Kod Daerah	No. Daftar Klien
/	/	/	/

Tarikh :

.....
Tandatangan & Cop Nama/Jawatan



BORANG PERMOHONAN PENDAFTARAN ORANG KURANG UPAYA

1. Negeri 2. Daerah 3. No Pendaftaran
(Untuk Kegunaan Pejabat)
4. Jenis Pendaftaran Pendaftaran Baharu
(Rujuk Jadual 1 Pendaftaran Semula (No. Pendaftaran Lama :)
di mukasurat 6) Perubahan Kategori & Sub Kategori OKU (No. Pendaftaran sedia ada :)
 Penggantian Kad (No. Pendaftaran sedia ada :) 5. Tarikh Daftar

MAKLUMAT UNTUK PEMOHON / WAKIL / WARIS TERDEKAT

1. Pendaftaran OKU boleh dibuat di mana-mana Pejabat Kebajikan Masyarakat Daerah dengan mengemukakan dokumen-dokumen berikut
- Borang Permohonan Pendaftaran OKU (BPPOKU) Pindaan 2019 yang lengkap, ditandatangani dan dicop oleh Pegawai Perubatan / Pengamal Perubatan yang berdaftar dengan Malaysia Medical Council (MMC) atau Pakar Perubatan yang berdaftar dengan National Specialist Register of Malaysia (NSR)
 - 1 salinan sijil kelahiran / MyKid / MyKad
 - 1 keping gambar berukuran passport bagi pemegang sijil kelahiran / MyKid sahaja.
2. Bagi kes yang mempunyai kecacapupayan jelas satu kudung kaki, kudung tangan, kudung ibu jari tangan atau kudung ibu jari kaki sahaja dikecualikan daripada pengesahan Pegawai Perubatan / Pengamal Perubatan.
3. Pemohon perlu membuat salinan borang yang telah dilengkapkan untuk tujuan berikut jika perlu
- 1 salinan borang diserahkan kepada pihak Hospital/ Klinik
 - 1 salinan borang ke Jabatan Pelajaran Negeri/ Pejabat Pendidikan Daerah bagi tujuan pendaftaran persekolahan
 - 1 salinan borang untuk simpanan dan rujukan
4. Bagi pemohon yang telah berhenti menjadi OKU mengikut Seksyen 25(3) Akta Orang Kurang Upaya 2008, Kad OKU hendaklah diserahkan semula kepada Pejabat Kebajikan Masyarakat Daerah yang berhampiran.

BAHAGIAN A : BIODATA PEMOHON (hendaklah diisi oleh Pemohon / Wakil / Waris Terdekat)

MAKLUMAT PERIBADI

1. No. MyKad/MyKid 2. No. KP Tentera
3. Nama Penuh :
4. Status Perkahwinan Tidak Berkahwin Berkahwin Balu/ Duda Bercerai Berpisah Tidak Maklumat
5. Bilangan Anak serang
6. No. Telefon Rumah - 7. No. Telefon Pejabat -
8. No. Telefon Bimbit - 9. Alamat E-mel
10. Alamat Surat-Menyurat
11. Bandar 12. Poskod 13. Negeri

MAKLUMAT PENDIDIKAN

1. Tahap Pendidikan Tidak bersekolah Pra-Sekolah Sekolah Rendah Sekolah Menengah Kolej Vokasional/Teknik
 Sijil Diploma Sarjana Muda Sarjana Doktor Falsafah Lain-lain, Nyatakan :
2. Bidang pengajian (nyatakan) 3. Nama Institusi

MAKLUMAT PEKERJAAN

1. Sektor Pekerjaan Kerajaan Badan berkanun Swasta Pertubuhan Bukan Kerajaan Bekerja sendiri Tidak Berkemampuan
2. Status Pekerjaan Tidak Bekerja Majikan Pekerja Kerajaan Pekerja Swasta Bekerja Sendiri Pesara
3. Pekerjaan
4. Nama Majikan 5. No. Tel Majikan
6. Alamat Majikan
7. Bandar 8. Poskod 9. Negeri
10. Pendapatan (RM) Di bawah RM500.00 RM500.00-RM999.00 RM1,000.00-RM1,999.00 RM2,000.00-RM2,999.00
 RM3,000.00-RM3,999.00 RM4,000.00 dan ke atas 11. Sumber Pendapatan Lain (Perkeso, Pencen, dsb)
12. Adakah anda memerlukan pekerjaan atau sedang mencari pekerjaan? Ya Tidak

BORANG PERMOHONAN PENDAFTARAN ORANG KURANG UPAYA

I hope that my sharing has been beneficial to all of you here. In conclusion and once again, I would like to express my heartfelt gratitude to Dr. Winnie and team for inviting me to this event and to all of you for providing me with the opportunity to share my past experiences. I look forward to the possibility of meeting again in the future. Wishing each of you a blessed and wonderful day ahead. Thank you.

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Thank You

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