Eligibility Criteria (Please tick):

[ ]  The applicant is a Singaporean citizen or Singapore Permanent Resident.

[ ]  The applicant is above 18 years old.

[ ]  The applicant is free from infectious diseases.

[ ]  The applicant is not abusing drugs/alcohol currently.

[ ]  The applicant is not suffering from serious psychotic disorders and/or serious behavioral problems that require close individual supervisions or nursing care.

[ ]  The applicant is rendered homeless and/or in crisis.

[ ]  The applicant has explored other options with kinship support but to no avail.

[ ]  The applicant is currently employed/fit for employment.

[ ]  The applicant can pay monthly shelter fees (SGD $100 per month, excluding utilities).

Requested date of admission into shelter:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested length of time in shelter: day(s)/week(s)/month(s) (max. 6 months)

*Note: If the applicant does not fulfil the above criteria, please provide supporting reasons for this request in the field*

*“Assessment by Social Worker” at the second page of this form.*

Required Documents:

[ ]  Social Report

[ ]  CPF statements

[ ]  Employment letter/ Salary slips

[ ]  Relevant documents pertaining to HDB/housing

[ ]  Bank Statements (if any)

[ ]  Medical Reports/Memos

**Annex A**

Sheet No

**REFERRAL FORM**

**PART 1: To be filled up by Referring Agency**

## CLIENT’S PARTICULARS

|  |  |
| --- | --- |
| Name |  |
| NRIC No. |  | Nationality |  |
| NRIC Address |  | Singapore |  |
| Telephone No | Hp |  | H |  |
| Age |  | Date of Birth |  |
| Marital Status |  | No of children |  |
| Language Spoken | [ ] English[ ] Mandarin[ ] Malay[ ] Tamil[ ] Others\_\_\_\_\_\_\_ | Education | [ ] Degree[ ] A Level[ ] O Level[ ] Lower Secondary[ ] PSLE[ ] Others\_\_\_\_\_\_\_\_\_ |
| Ethnicity/Race | [ ] Chinese[ ] Malay[ ] Indian[ ] Others\_\_\_\_\_\_\_ | Religion | [ ] Buddhism[ ] Christianity[ ] Catholic[ ] Hindu[ ] Islam[ ] Others\_\_\_\_\_\_\_\_\_\_ |
| Earliest Date Of Release (EDR) |  | Prison InmateNumber |  |

## FAMILY COMPOSITION

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship with resident | Age | Occupation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## EMERGENCY CONTACT NUMBERS (Please list two persons)

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Contact Number |
|  |  |  |
|  |  |  |

## AFTERCARE CASE MANAGER DETAILS (If any)

|  |  |
| --- | --- |
| Name  |  |
| Designation & Agency  |  |
| Contact No  |  | Email  |  |

**CHECKLIST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Forensic/Criminal History** | History of sexual assault [ ] Please specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_History of violent/hostile/aggressive behaviour [ ] Please specify : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Incarceration History** |
| **Offence Number**  | **Type of Offence** | **Period of incarceration (MM/YY to MM/YY)** |
| 1st  |  |  |
| 2nd  |  |  |
| 3rd  |  |  |
| 4th  |  |  |
| 5th  |  |  |
| 6th  |  |  |
| 7th  |  |  |
| 8th |  |  |
| 9th  |  |  |
| 10th  |  |  |

 |
| **History of Substance use and Dependency** | Types of substances taken and frequency of use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of times in DRC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Details of Offences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Urine Test (UT) days (please tick): Mon [ ]  Tue [ ]  Wed [ ]  Thu [ ]  Fri [ ] Location of UT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Mental/Medical Health Issue** | Current Mental/Medical Health issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Active/impact daily functioning [ ]  Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Stable/little impact on daily functioning [ ]  Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **List of medication** |
| **Name of medication** | **Consumption Instructions**  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 |
| **Housing History** |

|  |  |
| --- | --- |
| **Housing Type (rental/purchase)** | **Period of stay(MMYY)/ownership status (Owner/Occupier/Co-tenant)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

 |
| **Systems client known to** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of organisation** | **Type of Assistance** | **Officer-in-charge** | **Contact Details** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

 |
| **Assessment** | Motivation level to work on securing full-time employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Motivation level to work on housing plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Strengths: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Potential challenges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

ADDITIONAL REMARKS ABOUT CLIENT

|  |
| --- |
|  |

[ ]  Referring Staff declares that consent has been granted by the client to allow his personal data to be collected, used and disclosed to Transit Point @ Spooner for the purpose of applying for shelter assistance.

[ ]  Referring Agency will continue to co-manage the referred client

|  |  |
| --- | --- |
| Name of Referring Staff: |  |
| Designation: |  |
| Referring Agency: |  |
| Contact Numbers: |  |
| Email: |  |