



NEW HOPE
COMMUNITY
SERVICES

A Shelter
of Hope

REFERRAL FORM FOR NEW HOPE SHELTER (Family/Individual* Please circle)

Referred by:

Family Service Centre: _____ Others: _____

Eligibility Criteria (Please tick):

- The applicant is a Singaporean citizen or Singapore Permanent Resident.
- The applicant is above 18 years old.
- The applicant is a Singapore Citizen OR PR with at least one immediate family member who is a Singapore Citizen
- 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 behavioural 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 has the ability to pay monthly shelter fees (SGD \$100-\$150/month, excluding utilities).

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:

- CPF statements;
- Employment letter/ Salary slips
- Relevant documents pertaining to HDB/housing;
- Bank Statements (if any)

Particulars of Applicant:

Name: _____ NRIC: _____
Residential Address: _____ S(_____)
Gender/DOB/Age: _____ Ethnic Group/Language Spoken: _____
Nationality: _____ Marital Status: _____
Religion: _____ Occupation: _____
Salary: _____ Contact No: _____
Emergency Contact Person: _____ Relationship/Contact No.: _____

Details of Latest Accommodation:

Address: _____ Length of Stay: _____

Reason for leaving: _____



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Date of eviction: _____ Estimate Date of New Accommodation: _____

Checklist

Mental/ Medical Health Issues	Current Mental/Medical Health issue: Active/impact daily functioning <input type="checkbox"/> Please specify _____ Stable/little impact on daily functioning <input type="checkbox"/> Please specify _____
Others	Special Needs <input type="checkbox"/> Please specify _____

Family Composition

Name	Relationship with client	Age/ Gender	Occupation

Applicant's Employment

Current Occupation:		Gross Salary (S\$):	
Name of employer:		Date of employment:	

Applicant's Employment History

S/N	Occupation	Name of employer	Period of employment		Reason for leaving
			From	To	



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Gross Monthly Household Income (S\$): _____

Type & Sources of Social Assistance Received

Currently receiving social assistance?	No	Yes
If yes, please state (financial, counseling, medical, etc.):		
Agency	Amount	Duration

Home Ownership

LIST OF PREVIOUS HOUSING (List Last House Rented or Owned First)				
S/N	No. of Rooms	Address	Type (Circle)	Reason for Moving Out
			Rent / Purchase	
			Direct/Resale/Subsidy	
			Rent / Purchase	
			Direct/Resale/Subsidy	
			Rent / Purchase	



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			Direct/Resale/Subsidy	
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Housing Option Information

Interim Rental Housing	Public Rental Scheme	Open Market Rental	Build-to-Order
Open Market Purchase	Friends or Family	Others:	
Application Date :		Result : Approved Pending Rejected	

Debarment Information

Debarment Expiry:	Appeal Date:
Result : Approved Pending Rejected	

Reason for Admission

Primary Reason for Admission:

Employment Issues	Housing Issues	
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Secondary Reason for Admission:

Family Issues	Health Issues	Others (please specify): _____ _____ _____
Family Violence Issues	Interpersonal Issues	
Financial Issues	Intrapersonal Issues	



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Risk Assessment (directly related to client’s possible stay in the shelter ie: hoarding, suicidal tendencies, absconding, violent tendencies etc)

RISK BEHAVIOURS									
0=No Need for Action		2=Need for action					Person with highest Needs	Others with similar concerns	Remarks
1=Need for monitoring		3=Need for immediate/intensive action							
1	Suicide Risk	0	1	2	3	NA			
2	Self Harm Risk	0	1	2	3	NA			
3	Danger to Others	0	1	2	3	NA			
4	Sexual Aggression	0	1	2	3	NA			
5	Criminal Behaviours	0	1	2	3	NA			
6	Other Risk Taking Behaviours	0	1	2	3	NA			

FAMILY FUNCTIONNG									
0=No Need for Action		2=Need for action					Person with highest Needs	Others with similar concerns	Remarks
1=Need for monitoring		3=Need for immediate/intensive action							
1	Family Conflict	0	1	2	3	NA			
2	Family Communication	0	1	2	3	NA			
3	Family Role Appropriateness	0	1	2	3	NA			
4	Financial Resources	0	1	2	3	NA			
5	Social Resources	0	1	2	3	NA			
6	Housing Stability	0	1	2	3	NA			
7	Supply of nutrition	0	1	2	3	NA			
8	Family’s involvement in criminal and protective systems	0	1	2	3	NA			
9	Family’s interaction with systems	0	1	2	3	NA			



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CHILD/YOUTH/ADULT FUNCTIONING									
0=No Need for Action		2=Need for action					Person with highest Needs	Others with similar concerns	Remarks
1=Need for monitoring		3=Need for immediate/intensive action							
1	Physical/Medical	0	1	2	3	NA			
2	Employment Functioning	0	1	2	3	NA			
3	Educational Functioning	0	1	2	3	NA			
4	Behavioural Functioning	0	1	2	3	NA			
5	Social Functioning	0	1	2	3	NA			
6	Intellectual/Developmental	0	1	2	3	NA			
7	Daily Functioning Skills	0	1	2	3	NA			
8	Medication/Compliance	0	1	2	3	NA			
9	Mental Health Status	0	1	2	3	NA			
10	Addiction Problems								

Please scan this form directly to intake@newhopecs.org.sg



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Genogram and Ecomap



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Biopsychosocial-spiritual Assessment (BPSS)

BPSS Aspects <i>(Needs and Strengths)</i>	Details
Physical <i>(includes health, daily functioning, disability, illness)</i>	
Psychological <i>(includes mental health, sense of self-worth, identity, efficacy)</i>	
Emotional <i>(includes emotional regulation, control, expression)</i>	
Employment/ Educational	
Behavioural <i>(observable reactions, responses to situations; includes addiction)</i>	
Cognitive <i>(knowledge, processing, thinking skills, IQ, perceptions)</i>	
Cultural <i>(sense of self & others in context of cultural roots)</i>	



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Spiritual <i>(sense of self & others in terms of larger cosmos, exposure to spiritual aspects, faith, religion)</i>	
Family relationships <i>(marital, parent-child)</i>	
Resources <i>(financial, housing, ability to meet basic etc)</i>	
Informal social system <i>(extended family, friends, colleagues, etc)</i>	
Formal social system <i>(professional agencies, govt bodies etc)</i>	

Additional Remarks:



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Case Manager Details:

Name: _____ Designation: _____

Agency: _____ Address: _____

Contact Number: _____ Email: _____

Referral Submitted By:

Acknowledgement: The referring agency will remain as the primary case manager of the cases referred and will continue to follow-up with NHCS by managing and caring for the individual.

Name: _____ Designation: _____

Agency: _____ Address: _____

Contact Number: _____ Email: _____

Signature: _____ Date: _____

Important Notes to Referral Agency:

Please attach together with this form a social report which must include:

- 1 FAST assessment, BPSS, genogram, ecomap and risk-vulnerability assessment.
2. An action plan demonstrating how client intends to move to long-term housing after 6 months shelter stay.
3. Applicants Photostat copies of NRIC and BC of all family members requesting for admission

Revised 5th September 2017

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