



NEW HOPE
COMMUNITY
SERVICES

A Shelter
of Hope

REFERRAL FORM FOR NEW HOPE SHELTER FOR DISPLACED INDIVIDUALS

Referred by:

SANA FSC CDC MSF Others _____

Eligibility Criteria (Please tick):

- The applicant is a Singaporean citizen or Singapore Permanent Resident.
- The applicant is below 55 years old (if above 55 years, review case-by-case basis).
- The applicant is medically fit and does not need medical supervision.
- 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 with financial difficulty 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 (\$50/mth utilities exclusive).

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:

- Identification of client, and family where relevant (NRIC/Marriage certificate/ Divorce certificate/ Death certificate)
- CPF statements;
- Employment letter/ Salary slips
- Relevant documents pertaining to HDB/housing;
- Bank Statements (if any)

Particulars of Applicant:

Name: _____	NRIC: _____
Gender/DOB/Age: _____	Ethnic Group/Dialect: _____
Citizenship: _____	Marital Status: _____
Religion: _____	Occupation: _____
Salary: _____	Contact No: _____

Details of Imprisonment (if any):

Institution: _____ Length of Sentence: _____

Offence: _____

Date of Admission: _____ EDR: _____

Number of Admission(s) into Prison: _____ Number of Admission(s) into DRC : _____



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Social Background:

Assessment by Social Worker/Case Manager/Counsellor:

Presenting Issues:

- Uncontrolled violent behaviour
- Difficulty making pro-social/positive friends
- Lack of emotional support
- Unable to effectively manage stress
- Relationship with others (e.g. marital or family problem)
- Others (pls specify):

Applicant's Plan (to be able to lead independently):

**Please submit social report - Social report should include family background, housing history, network support for housing, employment/school details, assessment and recommendations of the referral agency.*

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: _____

Revised: 6 February 2017