



REFERRAL TO NEW HOPE SHELTER FOR DISPLACED FAMILIES

Referred by:

- MSF FSC SSO Others _____

Eligibility Criteria:

- The applicant is a Singaporean citizen or Singapore Permanent Resident;
 The applicant is rendered homeless with financial difficulty and in crisis;
 The applicant has explored other options with kinship support but to no avail;
 The applicant is free from infectious diseases;
 The applicant is not suffering from serious psychotic disorders and/or serious behavioural problems that require close individual supervisions or nursing care; and
 The applicant and family are working with the referral agency to improve their situation and be self-reliant. A social contract has been signed to declare their commitment towards the need for self-reliance and self-improvement.
 The applicant has the ability to pay monthly shelter fees (Max. \$100/mth utilities exclusive).
 At least one member of the family is currently employed/fit for employment.

Note 1: 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.

Note 2: Priority will be given to families with children below 16 years old and/ or elderly persons above 60 years old.

Required Documents:

- Identification pertaining to client and family (NRIC/ BC/ Marriage Certificate/ Death Certificate);
 CPF statements;
 Employment Letters/ Salary Slips;
 Report books of school-going children;
 Relevant documents pertaining to HDB/housing;
 Bank Statements (if any).

Particulars of Main Applicant:

Name: _____ NRIC: _____

Gender/DOB/Age: _____ Ethnic Group/Dialect: _____

Citizenship: _____ Marital Status: _____

Religion: _____ Occupation: _____

Salary: _____ Household Income: _____

Contact No. _____ Emergency Contact Person/ Tel No. _____

Address : _____



Particulars of Family Member(s):

No.	Name	Gender/Age/DOB	Relationship	School/ Occupation

Information on Housing*

Current housing situation: _____

Reason for homelessness: _____

Housing Plan: _____

**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 families.

Name: _____

Designation: _____

Agency: _____

Address: _____

Contact Number: _____

Email: _____

Signature: _____

Date: _____

Last updated 6 February 2017