CASE REFERRAL FORM

1. Applicant's Details

Name			
Age		**Gender**	Male / Female
Citizenship		**Marital Status**	Single / Married / Divorced / Separated / Widowed
Ethnicity		**Languages Spoken**	
Address	Postal Code:		
Type of Housing	Rental / Owned 1 / 2 / 3 / 4 / 5 -room / Others:		
Contact No.		**Email**	
Preferred Day / Time for phone call			

2. Types of Services Required

☐ Financial Assistance (Project Love) - please refer to page 3
☐ Counselling - please refer to page 4
☐ Others (Please specify): ____

3. Consent for Referral

I, ____________________________ (Full name per ID), ______________ (ID no.), have been informed by the Referrer, ____________________________ (Name of Referrer), on the purpose of this referral to **New Life Community Services** to receive casework and counselling services.

I consent to disclosure of personal information recorded on this form, to be accessed by staff of **New Life Community Services**, and to be contacted for the purpose abovementioned.

I understand that records of my personal information are protected under the Personal Data Protection Act 2012 of Singapore, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may request to view records of my personal information or revoke this consent at any time.

____________________________________ Applicant's Signature

______________________ Date

4. Referrer's Details

Name of Referrer:	Referral Source: ☐ Self-referral ☐ Individual: ______________________ ☐ Organization: ______________________
Occupation:	**Relationship with Applicant:**
Contact No.:	**Email:**
Signature:	**Date:**

*** Please attach social report & relevant supporting documents if available.**

5. Description of situation and assistance required

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FOR OFFICIAL USE

Received by: ______________________ Date: ______________________

Acknowledgement to Referrer: Sent ☐ Date: ______________________

Assigned Caseworker: ______________________ Date: ______________________

1st contact with beneficiary/client: Date: ______________________

Financial Assistance – Project Love

(interim financial assistance programme – for purpose of daily living and sustenance)

Eligibility Criteria:

- Household with children below 25 years old.
- Housing-type: HDB 5-rm & smaller.
- Household's per capital income: $1200 or less (after CPF).
- If Singaporean, already approached Social Service Office (SSO).

Name of family member	Age	Relation to Applicant	Monthly Income *(before CPF)*	Occupation	Employer / School *(Indicate level)*	Nationality *(SC / SPR / WP Please specify)*
1)						
2)						
3)						
4)						
5)						
6)						

Issues leading to financial difficulties
(Please tick all that applies)

	Medical condition		Unemployment
	New addition to family		Incarceration of breadwinner
	Death of adult caregiver		Significant loss of income
	In process of divorce / separated		Mental health conditions
	Retrenchment		Others: ___________________________

Financial sustainability
(How long can you survive on your savings?)

	Less than 1 week
	1 week to 1 month
	1 month to 3 months
	4 months to 6 months
	More than 6 months

Current financial assistance received
(Type of assistance & duration)

Organization	Assistance Received	Amount	From (mm/yyyy)	To (mm/yyyy)

Other Remarks:

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Counselling

Area(s) of Concerns

☐ School Related ☐ Learning Difficulties ☐ Behavioural Issue ☐ Social Development ☐ Emotional Development ☐ Mental Health Issue ☐ Career / Work Related	☐ Family circumstances ○ Marital/Relationship Issues ○ Family Violence ○ Parenting Issues ○ Trauma ○ Others ____________________

Background

Has the client sought professional help previously? ☐ Yes ☐ No

Name of Organization/s _____________________________

Date of Intervention _______________________________

Description of concerns and reasons for counselling referral