|  |  |  |  |
| --- | --- | --- | --- |
| ***Quick Reference*** | | *Applicant contact no:* |  |
| *Main Applicant’s Name:* |  | *File ref:* |  |

|  |  |
| --- | --- |
| Updated: | *This form is developed by MSF for use by referring agencies for admission into Transitional Shelter. Form should be filled in ‘restrict editing’ mode to enable access to the drop-down menus.* |
| 27 Jul 2023 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section A: Admission criteria** | | | |
| *Referring agencies should assess that applicant and family members, if applicable, meet the admission criteria and tick below where applicable.* | | | |
| Transitional Shelter | | Shelter for Families | |
|  | AMKFSC Transition Plus @ Jalan Bukit Merah |
|  | AWWA Transitional Shelter @ Lengkok Bahru |
|  | AWWA Transitional Shelter @ Jalan Tenteram |
|  | New Hope Community Services Transit Point @ Jalan Kukoh (NHCS TP@JK) |
| Shelter for Individuals | |
|  | AMKFSC Transition Plus @ Spooner Road |
|  | NHCS TP@JK  Note: NHCS TP @ JK serves both individuals and families. |
|  | NHCS TP @ 1 Spooner |
|  | | | |
| **Do the applicant and all members of the family (if applicable) fulfil the following?** | | | |
|  | Singapore Citizen or Permanent Resident (if applying as a family, at least one member of the family must be a Singapore Citizen) | | |
|  | Currently or at risk of being homeless | | |
|  | Exhausted all other means of accommodation | | |
|  | Facing financial difficulties | | |
|  | Not eligible for any public housing options | | |
|  | Free from serious infectious diseases that may be easily transmitted in a communal setting | | |
|  | Not suffering from serious psychotic disorders, and/ or serious behavioural problems, and/ or serious medical conditions requiring close supervision or nursing care | | |
|  | Not active substance or alcohol abusers | | |
|  | Willing to work with the Transitional Shelter on case goals and intervention plan, and be motivated to be self-reliant | | |
|  | | | |
| **If any of the above criteria are not met, please state brief reason(s) to support this application below and elaborate in social report** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Section B: Particulars of main applicant | | | |
| Name: |  | NRIC No: |  |
| Date of Birth (Age): |  | Citizenship: |  |
| Gender: |  | Race: | If Others, to indicate: |
| Marital  Status: | If Others, to indicate: | Religion: | If Others, to indicate: |
| Language(s)  spoken: |  | Highest education level: | If Others, to indicate: |
| Employment status: |  | Employment type: | If Others, to indicate: |
| Occupation: |  | Monthly Salary: |  |
| Duration of employment: | From       to | *If unemployed, to indicate the last occupation, average monthly salary and duration of last employment.* | |
| Contact No: |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Section C: Particulars of immediate family members applying for shelter admission | | | | | | | |
| *To add a new row as necessary for additional family members by clicking ‘+’ at bottom right of the row* | | | | | | |
| S/N | Name | Gender | DOB (Age) | Relationship to main applicant | Citizenship | Occupation / Income or School / Level |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section D: Housing History** | | | | | |
| *Type of flat: To indicate whether HDB public rental or HDB BTO/SBF or HDB resale flat, or renting 1-bedroom from open market (eg. 2R public rental, 3R BTO, 4R resale)*  *To add a new row as necessary for additional housing history by clicking ‘+’ at bottom right of the row* | | | | | |
| S/N | Type of Flat | Address | Owner/Tenant or Occupier | Reason for Exit | Duration of Stay |
| 1 |  |  |  |  | to |
| 2 |  |  |  |  | to |
| 3 |  |  |  |  | to |
| 4 |  |  |  |  | to |

|  |  |  |  |
| --- | --- | --- | --- |
| Section E: Debarment | | | |
| *Leave blank if not relevant to the applicant and/or family members* | | | |
| Type of debarment / reason for debarment: |  | | |
| Name(s) of person with debarment: |  | | |
| Debarment period: |  | Start date of debarment: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section F: Current Housing Situation** | | | |
| Current/most recent address |  | | |
| Source of accommodation |  | | |
| Start date |  | Estimated date to leave |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section G: Main presenting issues** | | | | |
| *To indicate presence of risks and main presenting issues per your assessment of applicant/family members, and to elaborate in the social report* | | | | |
| Reason for homelessness  *(eg. bankruptcy resulting in losing purchase flat)* |  | | | |
|  | | | | |
| Main presenting issue:  *(excluding accommodation needs; if not available on drop-down, to briefly describe)* | If others, to indicate: | | | |
| Secondary presenting issue: | If others: | If others: | | If others: |
| To indicate if applicant/family members have mental health concerns and/or medical issues | Names: | | Describe briefly: | |
| To indicate if applicant/family members have prior incarceration or drug abuse background | Names: | | Describe briefly: | |
| To indicate if there are any other risks to alert the TS |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section H: Checklist for social report to be submitted** | | | |
| *Please use the checklist to ensure you have provided the below information for the main applicant and family members applying for shelter admission in the accompanying social report.* | | | |
|  | Family background (including genogram and ecomap) |  | Employment and financial situation |
|  | Timeline of homeownership / housing history (to include places of residence and reasons for displacement) |  | Physical and mental health status |
|  | Current housing situation and attempted efforts to resolve housing issue |  | Current/previous assistance received by and social support of applicant and family members (to include financial assistance) |
|  | Needs of applicant and family members (e.g. relationships, health, caregiving ability) |  | Previous/current intervention by referring agency (to include efforts in seeking alternative accommodation) |
|  | Risks of applicant and family members (eg. safety concerns and risk behaviours) |  | Assessment (including identification of suitable long-term housing that applicant and family members can work towards to) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section I: Checklist for supporting documents** | | | |
| *Please provide the following supporting documents with your application.* | | | |
|  | NRIC of applicant, family members applying for admission, BC of children (without NRICs) |  | Marriage certificate, divorce certificate, deed of separation, or proof of divorce proceedings |
|  | CPF statement of applicant and all family members above 18 years old (such as transaction history statement and contribution history for past 15 months) |  | Breakdown of cash proceeds (for previous homeowners) |
|  | I&E statement |  | Employment letters, payslips or other indicators of income for last 3 months |
|  | Relevant letters from HDB (sale of flat, correspondence on HDB appeals, etc) |  | Medical certificates/memos on physical/mental health (where relevant) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section J: Referring agency** | | | | | |
| Date: | DD/MM/YYYY | Case ref  (if any): | |  | |
| Name of Agency: |  | Name of Social Worker: | |  | |
| Contact No: |  | Email: | |  | |
| Type of services rendered to client being referred |  | How long have you been working with client? | |  | |
| **Have you informed the applicant on the following?** | | | | | **Remarks** |
| *Shelter stay, if approved, for a maximum of 6 months* | | |  | |  |
| *Shelter stay will involve co-sharing of the designated shelter unit* | | |  | |  |
| *Payment of shelter fees and co-sharing of utility costs during shelter stay* | | |  | |  |
| *Admitted families/individuals must work with the TS on their housing and other needs* | | |  | |  |
| **Will you be present for the intake interview?** | | |  | |  |
| **Do you agree to transfer the case to TS for case management?**  *(If no, please provide reasons)* | | |  | |  |
| **Will you continue to render other services to the client (e.g. group work)?** | | |  | |  |
| **Did client give consent for application to be made to TS?** | | |  | |  |
| **Did you refer client to another TS?** *(If yes, to select from drop-down)* | | |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section K: Acknowledgement of submission** | | | |
| *TS to acknowledge the application within 3 days of submission.* | | | |
| File ref: |  | Date of receipt: |  |
| Received by: |  | Assigned to: |  |