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

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| 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 |

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| **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 |
| [ ]  | Allkin Transitional Shelter (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 |
| [ ]  | Allkin Transitional Shelter (Spooner Road) |
| [ ]  | NHCS TP@JKNote: 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 |
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| **If any of the above criteria are not met, please state brief reason(s) to support this application below and elaborate in social report** |
|       |

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| Section B: Particulars of main applicant |
| Name: |       | NRIC No: |      |
| Date of Birth (Age): |       | Citizenship: |       |
| Gender: |  | Race: | If Others, to indicate:       |
| MaritalStatus: | 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: |       |

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| 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   |       |  |       |       |       |       |

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| **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       |

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| 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: |        |

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

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| **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 |       |

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| **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) |

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| **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) |

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| **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)* |  |   |

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