**The T Project Shelter – Social Report**

|  |  |
| --- | --- |
| Applicant’s Preferred Name (pronouns):  |  |
| Gender Identity: |  |
| Sexual Orientation: |  |
| Name of Next of Kin (NOK) / Chosen Family: |  |
| Relationship of Above to Applicant: |  |
| Contact of Above: |  |

|  |
| --- |
| **Family Background** |
| **Name** | **Date of Birth** | **Relationship to Applicant** | **Occupation** | **Income** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Genogram and Ecomap** |

|  |
| --- |
|  |

|  |
| --- |
| **Current Housing Situation** |

|  |
| --- |
|  |

|  |
| --- |
| **Applicant’s Attempted Efforts to Resolve Housing Issue** |

|  |
| --- |
|  |

|  |
| --- |
| **Previous/Current Interventions by Referring Agency** |

|  |
| --- |
|  |

|  |
| --- |
| **Needs and Strengths of Applicant** |
| **Biological** |
| Medical: |
| Intellectual/Developmental: |
| **Psychological** |
| Psychological: |
| Emotional: |
| Cognitive: |
| Behavioural: |
| **Social** |
| FOO/Marital Relationship: |
| Educational: |
| Employment: |
| Financial: |
| Formal and Informal Support: |
| Cultural: |
| **Spiritual** |
| Spiritual/Religious: |
| Resilience: |
| Resourcefulness: |
| Motivation to Work on Positive Change: |

|  |
| --- |
| **Risks of Applicant** |
| **Safety Concerns** |
| Family Violence: |
| Intimate Partner Violence: |
| Home Environment Safety: |
| **Risk Behaviours** |

|  |
| --- |
| Suicide Risk: |
| Self-Harm Risk: |
| Danger to Others: |
| Criminal Behaviours:  |
| Exploitation: |
| Sexual Aggression: |
| Other Risk-Taking Behaviours: |

|  |
| --- |
| **Employment** |
| **Current** |
| **Company’s Name and Address** | **Occupation** | **Supervisor’s Name** | **Supervisor’s Contact** | **Working Hours** |
|  |  |  |  |  |
| **Past** |
| **Company’s Name and Address** | **Occupation** | **Duration of Employment** | **Employment Type** | **Monthly Salary** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Financial Situation – I&E Statement** |
| **Assets and Liabilities** |
| **Assets** | **$** | **Liabilities** | **$** |
| Savings Balance: |  | Mobile Arrears: |  |
| CPF Balance: |  | Loans / Debts: |  |
| Insurance Claims: |  | Hire-Purchase / Instalments: |  |
| Others: |  | Others: |  |
| **Total Assets:** |  | **Total Liabilities:** |  |
| **Monthly Income and Expenditure** |
| **Income** | **$** | **Expenditure** | **$** |
| Applicant’s Net Income: |   | Mobile Services: |   |
| Social Service Office (SSO) FA: |   | Food: |   |
| Contribution from Family / Friends: |   | Toiletries: |   |
| Maintenance: |   | Transportation: |   |
| Contribution from Other SSAs: |   | Medical Expenses: |   |
| Contribution from Religious Organisations: |   | Insurance: |   |
| Others: |   | Miscellaneous: |   |
| **Total Income:** |  | **Total Expenditure:** |  |

|  |
| --- |
| **Current/Previous Assistance Received by Applicant** |
| **Name of Agency** | **Assistance / Amount** | **Period of Assistance** | **Name of POC** | **Contact of POC** | **Email of POC** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Breakdown of Cash Proceeds (For previous homeowners)** |
| **Cash Proceeds** | **Distribution Party** | **Amount Distributed** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Assessment** |
|  |

|  |
| --- |
| **Applicant’s Long-Term Housing Plan** |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Referred By (Name/Designation):**  | **Date:**  |
| **Endorsed By (Name/Designation):**  |