

INTAKE ASSESSMENT FORM

Referred By

MSF FSC SSO Others: _____

Name		Designation	
Agency		Address	
Contact No.		Email	

*** Submission of social report and supporting documents are required. Intake Assessment Form to be typewritten. All Documents to be faxed to 6472 1676.**

Supporting documents: Client and family members' identification documents (NRIC / BC / Marriage and death cert If applicable), Medical report or Doctor's memo (if any), latest pay slip and 3 years CPF statement, latest bank account statements, HDB documents, Social and Financial assistance received. Detail information's on client's arrears, loans and etc.

Social Report should include Family Background, Education, Housing History & Present situation, Past and current Employment, Medical Information & Social Support. Include family Genogram and Eco Map, Particulars of Family Member/s that is/are staying in the shelter, Risk Assessment, Intervention and Recommendations.

Particulars of Applicant (Main Tenant)

Name		NRIC Number	
D.O.B. / Age		Ethnic Group/ Dialect	
Citizenship		Marital Status	
Last Address			
Contact No.		Emergency Contact Person/ Contact	
Driving License (If any): Class 2 / 2A / 2B / 3 / 4 / 4A / 5 / NIL			
National Service Status: Not Completed / Completed / Exempted / Not Applicable			
Language Spoken: <input type="checkbox"/> Mandarin <input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others: _____			
School and Highest Certification(PSLE/Secondary, N/O/A Level, NITEC, Diploma) Attained (Please specify) :			
Computer Literacy: YES / NO (If YES, please specify)			
Any prior conviction/ imprisonment: YES / NO (If YES, please specify)			

Employment Details

Current Occupation		Length of Employment	Monthly Income
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If Unemployed:

Previous Occupation	
Reason for Unemployment	
Job Preference(s)	
Expected Salary	SGD \$

Family Members Particulars

Family Genogram

Family Genogram

#	Name	Gender	NRIC No.	Relationship	D.O.B.	Age	School
		F / M					
		F / M					
		F / M					
		F / M					
		F / M					

Gross Monthly Household Income: _____

Home Ownership

****LIST OF PREVIOUS HOUSING (List Last Rented or Owned First)**

S/No.	No. of Rooms	Address	Type (Circle)	Reason for Moving Out
			Rent / Buy	
			Rent / Buy	
			Rent / Buy	
			Rent / Buy	
			Rent / Buy	

Actions/ Plan made for Alternative Housing / Long Term Accommodation

Types and Sources of Social Assistance Received

Currently receiving social assistance? YES / NO
If YES, please indicate (financial, counseling, medical, etc.)

Medical Information

Any medical problems/ health issues/ drug allergies? YES / NO
If YES, Please state below:

GENOGRAM TO INDICATE SOURCING OF ALTERNATE HOUSING FROM EXTENDED FAMILIES

Applicant	Spouse

Presenting Issues

- | | | |
|---|---|--|
| <input type="checkbox"/> Care Arrangement | <input type="checkbox"/> Family Issues | <input type="checkbox"/> Juvenile Delinquency |
| <input type="checkbox"/> Employment Issues | <input type="checkbox"/> Family Violence | <input type="checkbox"/> Teen Issues |
| <input type="checkbox"/> Financial Issues | <input type="checkbox"/> Elderly Abuse | <input type="checkbox"/> High Risk Youths |
| <input type="checkbox"/> Health Issues | <input type="checkbox"/> Elderly Issues | <input type="checkbox"/> Suspected Child Abuse |
| <input type="checkbox"/> Interpersonal Issues | <input type="checkbox"/> Marital Issues | <input type="checkbox"/> School Issues |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Parenting Issues | <input type="checkbox"/> Others, Please specify: _____ |

Admission Criteria Checklist

- The applicant is a Singapore Citizen or Singapore PR.
- The applicant is rendered homeless with financial difficulty and is in crisis.
- The applicant has explored other options with kinship support but to no avail.
- The applicant is free from any infectious disease.
- The applicant is not suffering from serious psychotic disorder and/ or serious behavioral or mental problems that require close individual supervision or nursing care.
- The applicant and family are motivated to self-reliant, committed to improve their situation and agreed to sign a social contract to indicate their commitment.
- Other remarks: _____

Referring Agency Acknowledgement

We will be the Primary Case Manager and I will follow through with the client _____

_____ until the case is completed and the client finds permanent housing.

Name of Case Manager / Designation: _____

Signature / Date _____

For Official Use

Approved Not Approved, reason(s): _____

Date of Admission: _____

Unit Allocated: _____

Details of Approving Case Manager

Name: _____

Signature: _____

Date: _____