



LOVING HEART MULTI-SERVICE CENTRE (JURONG)
Block 316, Jurong East St 32, #01-279 Singapore 600316
Tel: 6567 4166 Fax: 6569 7957
Email: contact@lovingheartjurong.org.sg

CASE MANAGEMENT FORM

| 1. Personal Particulars | |
|---|--|
| Name (as in NRIC): | |
| NRIC: | Nationality: Singaporean / PR / Others: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Race: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Eurasian <input type="checkbox"/> Others: _____ | Date of Birth: / / |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Others: _____ | |
| Address: Blk _____, _____ # _____ Postal code _____ | |
| Home no.: _____ Mobile no.: _____ Other contact: _____ | |
| Type of Dwelling <input type="checkbox"/> Rental <input type="checkbox"/> Purchased | No of Room(s): HDB (1 / 2 / 3 / 4 / 5 / HDUC / Executive) Others: _____ |
| Employment: <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed | Gross Salary: |
| Occupation: | Other Income: (i.e. Rental) |
| Highest Educational Qualification: <input type="checkbox"/> Pri Level <input type="checkbox"/> 'N' Level <input type="checkbox"/> 'O' Level <input type="checkbox"/> 'A' Level <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters <input type="checkbox"/> Other: _____ | |
| Referral Source: Meet-the-People Session / FSC / Walk-in / Others: _____ | |

| 2. Family Members' Particulars | | | | | | |
|---------------------------------------|------|------|-----|---|------------|--------------|
| No | Name | NRIC | Age | Relationship | Occupation | Gross Salary |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| Monthly Household Income: | | | | <input type="checkbox"/> Monthly Household Income < \$3,500 or <input type="checkbox"/> Monthly Income Per Capita < \$875 | | |
| Income Per Capita: | | | | | | |

CASE MANAGEMENT FORM

| 3. Household Expenditure | | |
|--|---------------------|--------------------------------------|
| Expenses | Monthly Amount (\$) | Outstanding Amount & Period (if any) |
| Water & Electricity | | |
| Telephone | | |
| Service Conservancy | | |
| HDB / Rent (if any) | | |
| Food | | |
| Transport | | |
| Children's Schooling Expenses | | |
| Medical _____ _____ | | |
| Outstanding Loans (ie. Banks) _____ _____ | | |
| Others: _____ | | |

| 5. Other Assistance Received | | | | |
|---|-------------------------|-------------|-----------------|-----------------|
| 1. Are you receiving any financial assistance from these organization: Yes / No | | | | |
| Assistance | Amount per month | From | To | Comments |
| SSO | | | | |
| ComCARE | | | | |
| MUIS | | | | |
| SPMF | | | | |
| Medifund | | | | % |
| Others: | | | | |
| 2. Are you receiving food ration from any organization: Yes / No | | | | |
| Agency | From | To | Comments | |
| | | | | |
| | | | | |

6. Medical Ailments

- | | | |
|--|---|---|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Wheelchair bound |
| <input type="checkbox"/> Heart Issues | <input type="checkbox"/> Leg Issues | <input type="checkbox"/> Spinal Issues |
| Specify: _____ | Specify: _____ | Specify: _____ |
| <input type="checkbox"/> Others - Specify: _____ | | |

7. Services Applying For

- | | |
|---|--|
| <input type="checkbox"/> Food Gift+ Programme | <input type="checkbox"/> Free Tuition Programme (for Primary 1-Secondary 4) |
| <input type="checkbox"/> Medical Escort & Transport | <input type="checkbox"/> Meal & Transport Scheme (for Primary 1-Secondary 4) |

8. Declaration

- i) I declare all the information I have provided is true and accurate to best of my knowledge.
- ii) I agree for Loving Heart Multi-Service Centre (Jurong) [LHMSC(J)] to contact me for purposes related to the programmes or services LHMSCJ is providing or had provided me with, and/or on matters which I have an ongoing relationship with the organization.
- i) I fully understand that LHMSC(J) collects, uses, and discloses personal data for the purpose of case referrals, engaging volunteers and donors, working with partners, reporting to proper authorities and publicity purposes that are necessary to facilitate and enhance our services.
- ii) We will retain your personal data for a reasonable period for the purposes as cited, or as required by law. You may request in writing for access to your personal information. If there is any need to update or revise your personal data, you can do so in writing to us with documentary proof.

Name of Client/ Caregiver

Signature / Date

Please prepare the following documents to help us assess your financial situation.

- | | |
|--|---|
| <input type="checkbox"/> NRIC (for all adults in household) | <input type="checkbox"/> Birth Certificate (for all children in household) |
| <input type="checkbox"/> Latest Pay Slip / CPF Statements (all adults in household for past 12 months, if any) | <input type="checkbox"/> Updated Bank Passbook / Statement showing all pages / Balance Enquiry Slip (for all members in household) |
| <input type="checkbox"/> Latest Utilities Bill | <input type="checkbox"/> Latest Medical Certificate (for all adults in household, if any) stating its duration and if they are unfit for work |
| <input type="checkbox"/> Other relevant supporting documents (Latest Service and Conservancy Bill, HDB statements, etc) | |

Case Manager's Notes

| RECOMMENDATION | | |
|--|-----------------------------|------------------------|
| Date Received : / / 20 | Date Assessed: / / 20 | Reference No: LH _____ |
| Food Gift, if any: <input type="checkbox"/> Rejected <input type="checkbox"/> One-off <input type="checkbox"/> 3 months FG <input type="checkbox"/> 6 months FG <input type="checkbox"/> 1 year FG | | |
| <input type="checkbox"/> Free Tuition <input type="checkbox"/> Free TCM Clinic <input type="checkbox"/> Other in-house activities: _____ | | |
| Referral to Organisation | Reason for Referral | |
| | | |
| | | |
| Name of Staff : _____ Signature : _____ | Remarks : _____ _____ | |