



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

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-Tertiary Level)

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	
Occupation:	Monthly Gross Salary:
Referral Source: Meet-the-People Session / FSC / Walk-in / Others: _____	

Family Members' Particulars						
No	Name	NRIC	Date of Birth	Relationship	Occupation	Gross Salary
1						
2						
3						
4						
5						
6						
Monthly Household Income:				Family Composition:		
Income Per Capita:				Below 20: _____		
				21 - 59 years old: _____		
				60 years old & above: _____		

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		
Other Outstanding Expenses (ie. Banks loans, installments, money or money owed) _____ _____		

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	

Medical Ailments

- | | | |
|---|---|---|
| <input type="checkbox"/> Hight Blood Pressure | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Spinal Issues |
| <input type="checkbox"/> Heart Issues | <input type="checkbox"/> Leg Issues | <input type="checkbox"/> Mental Health Issues |
- Please Specif: _____
- Others - Specify: _____

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

*Delete accordingly

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"/> Latest Medical Certificate (for all adults in household, if any) stating its duration and if they are unfit for work
<input type="checkbox"/> Latest Utilities Bill	<input type="checkbox"/> Other relevant supporting documents (Latest Service and Conservancy Bill, HDB statements, etc)

