**Transitional Shelter Social Report Template**

**1. Referring Agency Details**

Referring Agency:

Referring Worker:

Designation:

|  |  |  |
| --- | --- | --- |
| 1 |  | Singapore Citizen or Permanent Resident (if applying as a family, at least one member of the family must be a Singapore Citizen) |
| 2 |  | Free from serious infectious diseases that may be easily transmitted in a communal setting (e.g. MRSA, CP-CRE, MDR-TB, VRE, etc.) |
| 3 |  | Not suffering from serious psychotic disorders, and/ or serious behavioral problems, and/ or serious medical conditions requiring close supervision or nursing care |
| 4 |  | Not active substance or alcohol abusers |
| 5 |  | Attempted to explore alternative accommodation and have exhausted other means of accommodation (including family and friends) (e.g. S3P, hostels, open market rental, etc.) |
| 6 |  | Willing to work with the Transitional Shelter on case goals and intervention plan |
| 7 |  | Display self-reliance to address housing barriers and other social issues |

**2. Client’s Particulars**

**(For families, please add more tables for each family member / caregiver who is intending to stay in the Transitional Shelter)**

|  |  |
| --- | --- |
| Name of Client |  |
| Gender |  |
| NRIC No. |  |
| Date of Birth & Age |  |
| Nationality |  |
| Race |  |
| Language(s) Spoken |  |
| Address |  |
| Contact Information |  |
| Occupation |  |
| Schooling Status\*  (e.g. regular attendance) |  |

\*For families with children

**3. Presenting issues**

[Issues that client had faced that resulted in the need for a shelter]

**4. Family Background**

[Genogram – 3-generation, including relationship lines and involvement of systems / ecomap]

[For abuse/violence issues, police reports, PPO/DEO, court documents to be attached]

**5. Housing Situation**

[Housing history in chronological order and attempts to resolve housing issues]

[Use of sales proceeds of previously owned housing if applicable]

[Housing plans, application status, approval status]

[Relevant housing documentation to be attached]

**6. Employment and Financial situation**

[Add in more rows as needed]

|  |  |  |  |
| --- | --- | --- | --- |
| Period of Employment | Role | Salary | Work Schedule (e.g. Full-time/ Part-time/ Ad-hoc) |
|  |  |  |  |

[Employment plans]

|  |  |  |  |
| --- | --- | --- | --- |
| **ASSETS & LIABILITIES** | | | |
| **Assets** | **$** | **Liabilities** | **$** |
| Saving Balance |  | HDB Arrears |  |
| CPF Balance  *OA:*  *SA:*  *MA:*  *RA:* |  | Town Council Arrears |  |
| Insurance Claims |  | Utility Arrears |  |
| Others (please specify): |  | Telecom Arrears |  |
|  |  | Renovation Loans |  |
|  |  | Other Loans / Debts |  |
|  |  | Hire-Purchase / Instalments |  |
|  |  | Others (please specify): |  |
|  |  |  |  |
| ***Total Assets*** |  | ***Total Liabilities*** |  |
| **MONTHLY INCOME & EXPENDITURE** | | | |
| **Income** | **$** | **Expenditure** | **$** |
| Client’s Gross Income |  | Housing Rental (Cash) |  |
| Other Gross Income |  | Housing Loan (Cash) |  |
| Rental Income |  | Utilities and / or Gas |  |
| Social Service Office (SSO) |  | Service & Conservancy Charge (SCC) |  |
| Contribution from Family Members / Relatives / Friends |  | Mobile and Internet Services |  |
| Maintenance (Regular/Irregular) |  | Marketing & Toiletries |  |
| Other Financial Assistance (MUIS, SINDA, etc.) |  | Transportation |  |
| Insurance Claims, Compensations, etc |  | Food Expenses |  |
| Others (please specify): |  | Medical Expenses |  |
|  |  | Others (please specify): |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Total Gross Income*** |  | ***Total Expenditure*** |  |

[6 months CPF statements, contributions, transactions, investments, payslips and bank statements to be attached]

**7. Medical/Psychiatric History**

[Diagnosis, prognosis, prescriptions, dosage, compliance, ADL/IADL status]

[Medical memo, discharge summary and relevant medical documentation to be attached]

**8. Forensic History**

[In chronological order, length of incarceration and bail status (if applicable) for and all charges/offenses to be listed]

[Bail documentation to be attached]

[For pending police cases, First Information Report/Charge Sheet/Cautioned Statement to be attached]

**9. Risk and Safety Concerns**

[Onset, severity, frequency, triggers, safety plans]

**10. Attempted Solutions by Referral Agency**

[Work done to address client’s needs]

**11. Assessment and Recommendation**

[Clinical assessment on client’s housing issue]

[State how the referral will be helpful for the client in the long term]

**[\*NOTE: Referring Agency to keep the case open throughout the intake process, until admission. Further co-managing of case/client will be discussed on a case-by-case basis.]**

|  |  |
| --- | --- |
| Report by: | Vetted and Approved by: |
| [Signature] | [Signature] |
| [Name & Designation] | [Name & Designation] |
|  |  |
| [Date of Report] |  |