

CONFIDENTIAL



LOVING HEART MULTI-SERVICE CENTRE (JURONG)
Block 316, Jurong East St 32, #01-279 Singapore 600316
Tel: 6567 4166 Fax: 6569 7957
Website: www.lovingheartj.org

CASE MANAGEMENT FORM

1. Personal Particulars		
Name (as in NRIC):		<input type="checkbox"/> Male <input type="checkbox"/> Female
NRIC:	Nationality: Singaporean / PR / Others: _____	Date of Birth: / /
Race: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Eurasian <input type="checkbox"/> Others: _____		Age:
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:						



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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	From	To	Comments
SSO				
ComCARE				
MUIS				
SPMF				
Medifund				%
Others:				
2. Are you receiving food ration from any organization: Yes / No				
Agency	From	To	Comments	

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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: _____		

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 (My Statement, Transaction History & Contribution History for past 12 months; for all adults in household, if any)	<input type="checkbox"/> Updated Bank Passbook / Statement showing all pages / Balance Enquiry Slip (for all members in household)
<input type="checkbox"/> Latest Employment / Termination Letter	<input type="checkbox"/> Latest HDB Statements / Letter stating monthly payments arrears
<input type="checkbox"/> Latest Power Supply Bill	<input type="checkbox"/> Latest Service and Conservancy Charges Bill
<input type="checkbox"/> Latest Medical Certificate (for all adults in household, if any) stating its duration and whether they are currently unfit for work	<input type="checkbox"/> Any other relevant supporting documents

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7. 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 any purpose 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.
- iii) I fully understand and agree that the personal information which I have provided may be disclosed to other agencies or individuals for fundraising, case referrals as well as public relations and publicity purposes. I trust that the information will strictly be used for the purposes stated. (If you wish to opt out, you may indicate your preference at any time to our officers.)

Under the Personal Data Protection Act,

- iv) LHMSC(J) collects, uses and discloses personal data for the purpose of providing services to our clients, engaging volunteers and donors, working with partners, reporting to proper authorities and other relevant and reasonable work that are necessary to facilitate and enhance our services.
- v) 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

 Name of LHMSC(J) Staff

 Signature / Date

 Signature / Date

RECOMMENDATION

Date Received : / / 20 Date Assessed: / / 20 Reference No: LH_____

Food Gift, if any: Rejected One-off 3 months FG 6 months FG 1 year FG

Free Tuition Free TCM Clinic Other in-house activities:_____

Referral to Organisation

Reason for Referral

Name of Staff : _____

Verified By : _____

Remarks : _____

Signature : _____

Signature : _____
