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| **C:\Users\quinhui\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\KO208OJ9\MSF_Logo_Vertical_4C.jpg** | **INTER-AGENCY REFERRAL FORM FOR**  **(a) FAMILY SERVICE CENTRES (FSCs) &**  **(b) STRENGTHENING FAMILIES PROGRAMME@FSCs (FAM@FSCs)** | | | | | | | | **fsc logo** |
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| This Inter-Agency Referral Form is to facilitate referrals from agencies to FSCs and FAM@FSCs. | | | | | | | | | |
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| **Instructions** | | | | | | | | | |
| 1. Fields in **red** are compulsory. 2. Referring agencies should complete Sections A and B. 3. Sections C and D are for use by FSCs and FAM@FSCs only, where applicable. 4. FSCs and FAM@FSCs should complete Sections E and F to acknowledge receipt of referral and update referring agencies respectively. | | | | | | | | | |
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| **Section A: Referral Details** | | | | | | | | | |
| Date of Referral: | | Enter Date of Referral | | | | | | | |
| Referring to: | |  | | | | | | | |
| Select Type of Agency | | | | | | | |
| Referred by: | | Name of Referring Agency: | | Enter Name of Referring Agency | | | | | |
| Name of Staff: | | Enter Name of Staff | | | | | |
| Staff’s Phone Number: | | Enter Staff’s Phone Number | | | | | |
| Staff’s Email Address: | | Enter Staff’s Email Address | | | | | |
| Reason(s) for Referral: | | Presenting Issue: | | Select Presenting Issue | | | | | |
| *(if “Others”, please specify:)* | | Enter Presenting Issue under “Others” | | | | | |
| Brief Description/Other Presenting Issue(s): | | Enter Brief Description | | | | | |
| Client’s Consent: | | Client consents to be referred for further assistance. | | | | | | | |
|  | | | | | | | | | |
| **Section B: Client’s Information** | | | | | | | | | |
| Name of Client: | | Enter Client’s Name | | | | | | | |
| NRIC Address: | | Enter NRIC Address | | | NRIC: | | Enter NRIC | | |
| Gender: | | Select Gender | | |
| Residential Address:  *(if different from above)* | | Enter Residential Address | | | Date of Birth: | | Enter Date of Birth | | |
| Marital Status: | | Select Marital Status | | |
| Citizenship: | | Select Citizenship | *(if non-SC, please specify nationality:)* | | | | Enter Nationality if non-SC | | |
| Race: | | Select Race | *(if “Others”, please specify:)* | | | | Enter Race under “Others” | | |
| Spoken Language: | | Select Language | *(if “Others”, please specify:)* | | | | Enter Other Language(s) | | |
| Contact Details: | | Mobile Number: | Enter Number | | | Home Number: | | Enter Number | |
| Email Address: | Enter Email Address | | | | | | |
| Any other information to note *(e.g. medical conditions, special needs, employment status)*: | | | | | | | | | |
| Enter Any Other Information | | | | | | | | | |
| Summary of actions taken by referring agency *(e.g. date of interview/sessions conducted, preliminary assessment)*: | | | | | | | | | |
| Enter Summary of Actions | | | | | | | | | |
| Further information in attached social report: | | | | | Select Yes/No | | | | |

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| **Section B: Client’s Information** *(continued)* | | | | | | | |
| Please indicate if client/family is known to other agencies: | | | | | | | |
| *Name of Agency* | | | | *Nature of assistance given* | | *Case Status* | |
| Enter Agency | | | | Enter Purpose of Referral | | Select Referral Status | |
| Enter Agency | | | | Enter Purpose of Referral | | Select Referral Status | |
| Enter Agency | | | | Enter Purpose of Referral | | Select Referral Status | |
| Enter Agency | | | | Enter Purpose of Referral | | Select Referral Status | |
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| **Section C: For use by FSC and FAM@FSC – Referral to HDB** *(if applicable)* | | | | | | | |
| Please indicate the referral reason(s): | | | | | | | |
|  | Application for rental flat | | | | | | |
|  | Appeal for rental flat | | | | | | |
|  | Mortgage loan issues *(e.g. deferment, rescheduling of loan term, repossession/compulsory acquisition of flat)* | | | | | | |
|  | Rental tenancy issues *(e.g. rental arrears, reduction of rent)* | | | | | | |
|  | Change of co-tenants at rental flats | | | | | | |
|  | Others, please specify: | | | Enter Other Issue(s)/Request(s) | | | |
| To attach (i) Social Report, or (ii) brief description below, of circumstances that led to above issues (include household composition, employment, and income details). | | | | | | | |
| Enter Brief Description | | | | | | | |
|  | | | | | | | |
| **Section D: For use by FSC and FAM@FSC – Acknowledgement of Referral**  *(To email and acknowledge receipt of the referral from referring agency)* | | | | | | | |
| Name of Case Officer: | | | Enter Name of Case Officer | | | | |
| Phone Number: | | | Enter Phone Number | | Email Address: | | Enter Email Address |
| Date: | | | Enter Date of Acknowledgement | | | | |
| Remarks, if any: | | | Enter Remarks | | | | |
|  | | | | | | | |
| **Section E: For use by FSC and FAM@FSC – Update of Referral Outcome**  *(To email and inform referring agency of referral outcome)* | | | | | | | |
| Date: | | | Enter Date of Update | | | | |
|  | | Accepted; follow-up action(s) taken: | | | Enter Follow-up Action(s) Taken | | |
|  | | Rejected; reason(s) for rejection: | | | Enter Reason(s) for Rejection | | |
|  | | Referred to other agencies; please specify: | | | Enter Details of Referrals | | |
| Remarks, if any: | | | Enter Remarks | | | | |
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