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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. |
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| **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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