

Client Assessment Form

Part 1: Referral Source		
Organisation:		
Address:		S ()
Contact Person:		Designation:
Office Tel:	Mobile:	Email:
Signature:		Date of Referral:

Part 2: Particulars of Client		
Name (According to NRIC):		
NRIC (Last four digits):	Gender: M / F	
Address:		S ()
Tel:	Mobile:	
Occupation (Optional):	Date of Birth/Age:	
Dialect Spoken: <input type="checkbox"/> Hokkien <input type="checkbox"/> Teochew <input type="checkbox"/> Cantonese <input type="checkbox"/> Hainanese <input type="checkbox"/> Others: _____	Spoken Language(s): <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others: _____	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabiting	Citizenship: <input type="checkbox"/> Singaporean <input type="checkbox"/> Others: _____ <input type="checkbox"/> Permanent Resident	
Ethnicity: <input type="checkbox"/> Malay <input type="checkbox"/> Eurasian <input type="checkbox"/> Chinese <input type="checkbox"/> Others: _____ <input type="checkbox"/> Indian	Education: <input type="checkbox"/> No formal education <input type="checkbox"/> ITE/NITEC <input type="checkbox"/> Primary <input type="checkbox"/> Pre-U / JC <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Others: _____	Religion: <input type="checkbox"/> Islam <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Hinduism <input type="checkbox"/> No religion <input type="checkbox"/> Buddhism <input type="checkbox"/> Others: _____ <input type="checkbox"/> Christianity
Housing Type: <input type="checkbox"/> Rental <input type="checkbox"/> Purchased <input type="checkbox"/> Temporary Accommodation <input type="checkbox"/> Homeless <input type="checkbox"/> Others (please specify): _____		
If HDB, _____ -room Lift Landing: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part 3: Current Source of Financial Support

Client's own income/savings: \$ _____

Contributions from family members: \$ _____/month

CPF Payout: \$ _____/month

ComCare (please specify type & amount): _____

Other Sources (please specify type & amount): _____

Part 4: Referral For (please tick accordingly)

1. Client Support:

- ☐ Case management and supportive counselling services
- ☐ Senior Engagement Programme
(For seniors who are interested to participate in social activities)
- ☐ Provisions/Grocery Vouchers Assistance Scheme
- ☐ Home Personal Care Services
(For seniors who require assistance with their activities of daily living or require companionship)
- ☐ Home Monitoring Service – Sensors

2. Family Caregiver Support:

Caregiver Support Programme

- ☐ Caregiver Support Group
- ☐ Caregiver Engagement Programme (E.g. Talks and workshops)

3. Others (specify):

Part 5: Current Living Arrangement

☐ Alone ☐ With spouse ☐ With family ☐ With friend(s) ☐ With flatmate(s)

☐ With relatives (specify): _____ ☐ Others: _____

Caregiver's Contact _____ (HP) _____ (H/O)

Part 6: Brief Background of the Case (Social Report)

(Please attach separate sheet, if necessary)

Part 7: Family Genogram

Part 8: Other Support		
Name of Agency/Worker	Contact No.	Remark (e.g., relationship/ assistance received)

Part 9: Referral Status
9a) Has the client been informed of this referral and he / she has given clear and unambiguous consent for CWA to contact him / her via phone, text, or email to follow up on the above matters (as indicated in Part 4)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9b) Is the consent recorded or evidenced in some accessible form? (For example, referrer's client's case notes, emails / internal documentations) If so, please attach a copy of the evidence. <input type="checkbox"/> Yes <input type="checkbox"/> No

Part 10: Assessment and Recommendation (Please attach separate sheet, if necessary)

FOR OFFICIAL USE: Caregiving Welfare Association	
Officer assigned:	
Date assigned:	
Actions to be done:	
Signature:	Date: