

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: <input type="checkbox"/> Case management and supportive counselling services <input type="checkbox"/> Senior Engagement Programme (For seniors who are interested to participate in social activities) <input type="checkbox"/> Provisions/Grocery Vouchers Assistance Scheme <input type="checkbox"/> Home Personal Care Services (For seniors who require assistance with their activities of daily living or require companionship) <input type="checkbox"/> Home Monitoring Service – Sensors	2. Family Caregiver Support: Caregiver Support Programme <input type="checkbox"/> Caregiver Support Group <input type="checkbox"/> Caregiver Engagement Programme (E.g. Talks and workshops) 3. Others (specify): _____

Part 5: Current Living Arrangement
<input type="checkbox"/> Alone <input type="checkbox"/> With spouse <input type="checkbox"/> With family <input type="checkbox"/> With friend(s) <input type="checkbox"/> With flatmate(s)
<input type="checkbox"/> With relatives (specify): _____ <input type="checkbox"/> Others: _____
Caregiver's Contact _____ (HP) _____ (H/O)

Part 6: Brief Background of the Case (Social Report) (Please attach separate sheet, if necessary)

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