**REFERRAL FORM for PROJECT HOMEWORKS**

**At Project HomeWorks, we work with vulnerable persons and families in Singapore who need help to transform their homes into a safe and sanitary state.**

Depending on the need, Project HomeWorks assists homeowners in one or more of following ways:

* Eliminating pest infestation
	+ Professional pest control
	+ Replacing pest-infested furniture (basic items only, e.g. beds)
* Painting for badly stained/ peeling wall and ceilings, and rusty front gates
* Intensive cleaning & re-organising

***\*Please note that we do not provide light or regular house-keeping.***

We achieve this through intensive clean-up sessions led by staff, powered by volunteers. Each session usually runs from 9am till about 2pm, sometimes even later like 3pm, depending on the extent of the work needed. The majority of issues can usually be solved within one session, but we may arrange more sessions accordingly to the need.

**Our guidelines for case selection:**

**Home Environment**

* Lives in 1- or 2-room HDB flats under the Public Rental Scheme (for applicants living in purchase flats, only those under ComCare Assistance will be considered).
* Home environment is in need of major improvement/ rehabilitation works.

**Financial/Social Situation**

* Lacks financial means for the home rehabilitation works needed.
* Has little or no support from able family members.

**Personal Motivation & Ability**

* Willing and able to work with our staff and volunteers for sustainable transformation
* Please note that we are unable to assist homeowners with a history of verbal abuse or physical

assault, or if they have substance addiction or infectious health conditions.

**Our Referral Process (This process spans across 3 to 6 weeks depending on our case load)**

**Step 1: Initial Assessment |** Upon receiving your partnership request or referral

**Step 2: Joint home visit |**Detailed assessment of the household and their needs

**Step 3: Book services |** Prepare and schedule needed services

**Step 4: Confirm schedule|**Agree on date/time and list of works.

**Step 5: Execute Project |**Execute the Project HomeWorks session(s)

**Step 5: Post-Session |**Debrief on outcome and any needed follow-up.

**To refer a case, please complete this form and attach in an email to:** **info@habitat.org.sg**

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| **Referrer Information** |
| **Referral Date:** |   | **Referring Organisation:** |   |
| **Contact Info of Referring Person:** |   Name of Referring Person  Designation   Email   Office No.  Mobile No.  |

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| **Your Client’s Personal Information** |
| **Name:** |  | **NRIC** | (need last 4 digits only): |
| **Address:** |     Block Street Name Unit No. Postal Code |
| **Contact:** |    Home Mobile  | **DOB**: |    DD MM YYYY |
| **Marital Status:** | [ ]  Single [ ]  Widowed [ ]  Married[ ]  Divorced/Separated  | **Gender:** | [ ]  Male [ ]  Female |
| **Languages/****Dialects spoken** | [ ]  English [ ]  Mandarin [ ]  Malay [ ]  Tamil[ ]  Hokkien [ ]  Teochew [ ]  Cantonese [ ]  Other:       |
| **Income Sources:** | [ ]  ComCare Long-term [ ]  ComCare Short-term[ ]  Savings/ CPF [ ]  Allowance from family [ ]  Salary[ ]  Other: *Please type description here* | **Income per Month:** |  |
| **No. of Children:** |   | **No. of Siblings:** |   |

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| **YOUR CLIENT’S Functional AbilitY & resources** |
| **Physical ability:****Mental ability:** **Emotional state:** | [ ]  Good [ ]  Some impairment [ ]  Severe impairment[ ]  Good [ ]  Confused/ forgetful [ ]  Diagnosed with mental disability [ ]  Good [ ]  Moody/ unmotivated [ ]  Diagnosed with depression |
| **List Medical Conditions/ Ailments affecting your client’s ability to manage the household:***Please type description here* |
| **Community Services Currently Received:** | [ ]  Housekeeping [ ]  Home medical/ nursing[ ]  Laundry [ ]  Daycare[ ]  Befriending [ ]  Counselling[ ]  Other(s):       |

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| **Housing & Financial Information of household** |
| **HDB Type:** | [ ]  1-room [ ]  2-room [ ]  3-room [ ]  Other:       |   [ ]  Rental flat [ ]  Purchased flat |
| **Living** **Arrangement:** | [ ]  Live alone [ ]  With flatmate/ friend[ ]  With family [ ]  Other:        | **No. of Pax living together:** |  |
| **List occupants (name, age and relationship with main client):***Please type description here* |

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| **Your Recommendations for our assistance** |
| **1. Pest Control Service** | [ ]  Yes [ ]  No [ ]  Maybe/ Unsure |
| **Type(s) of pests identified:** *Please type description here**Guide to identifying bed bugs:* [*https://www.epa.gov/bedbugs/how-find-bed-bugs*](https://www.epa.gov/bedbugs/how-find-bed-bugs) |
| **2. Decluttering/** **Re-organising Service** | [ ]  Yes [ ]  No [ ]  Maybe/ Unsure |
| **Current clutter level (based on most severe area of house):**[ ]  Light (1 to 3) [ ]  Medium (4 to 6) [ ]  Extreme (7 to 9) *Rating based on:* [*http://www.hoardingconnectioncc.org/Hoarding\_cir.pdf*](http://www.hoardingconnectioncc.org/Hoarding_cir.pdf) |
| **3. Painting** *(for stained/ peeling/ rusty walls & surfaces only*) | [ ]  Yes [ ]  No [ ]  Maybe/ Unsure |
| **Area(s) of house:** *Please type description here* |
| **Current paint condition (based on most severe area of house):**[ ]  Good [ ]  Some stains [ ]  Badly stained/ peeling |
| **4. Intensive Cleaning** | [ ]  Yes [ ]  No [ ]  Maybe/ Unsure |
| **Area(s) of house:** *Please type description here* |
| **Describe your client’s home environment and the challenge(s) that he/she is facing in managing the works needed:***Please type description here* |
| **For the works needed, have you managed to secure agreement from your client’s family members (especially adult children) to support:****Financially:** [ ]  Yes [ ]  N/A (no family members) [ ]  No (why:      ) **Physically:** [ ]  Yes [ ]  N/A (no family members) [ ]  No (why:      )  |
| **Your assessment on your client and his/her family & household’s financial ability for the needed works:***Please type description here* |

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| **ALTERNATIVE CONTACT PERSON (MEMBER OF FAMILY/ HOUSEHOLD)** |
|    Name  Relationship Age  Home No.  Mobile No. |

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| **Please attach photos of general living conditions****Photos are required. We will not be able to process any referrals without photos.** |
| **Living Hall** | **Bedroom/ Bed Area** |
| **Kitchen** | **Toilet** |

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| **Other Areas of House:** *Please type description here* | **Other Areas of House:** *Please type description here* |
| **Other Areas of House:** *Please type description here* | **Other Areas of House:** *Please type description here* |