**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**](mailto: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 (Public Assistance)  Savings  CPF  Allowance from family  Salary  Other *(any other financial assistance scheme e.g. CommCare Interm/ Short-term, Silver Support, etc)*: *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 mental illness | |
| **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* |