

## Transitional Shelter Application Form

<b>Quick Reference</b>	Applicant contact no:	
Main Applicant's Name:	File ref:	

Updated: Apr 2025      *This form is developed by MSF for use by referring agencies for admission into Transitional Shelter. Form should be filled in 'restrict editing' mode to enable access to the drop-down menus.*

<b>Section A: Admission criteria</b>	
<i>Referring agencies should assess that applicant and family members, if applicable, meet the admission criteria and check below where applicable.</i>	
Transitional Shelter	<input type="checkbox"/> Allkin Transitional Shelter (Jalan Bukit Merah) <input type="checkbox"/> Allkin Transitional Shelter (Yio Chu Kang) <input type="checkbox"/> AWWA Transitional Shelter @ Lengkok Bahru <input type="checkbox"/> AWWA Transitional Shelter @ Jalan Tenteram <input type="checkbox"/> New Hope Community Services Transit Point @ Jalan Kukoh <input type="checkbox"/> New Hope Community Services Transit Point @ Yio Chu Kang
<b>Do the applicant and all members of the family (if applicable) fulfil the following?</b>	
<input type="checkbox"/>	Singapore Citizen or Permanent Resident (if applying as a family, at least one member of the family must be a Singapore Citizen)
<input type="checkbox"/>	Is the main applicant 21 years old and above?
<input type="checkbox"/>	If applying as a family unit, is the partner legally married to the main applicant?
<input type="checkbox"/>	If not legally married, is the partner aged 21 years old and above?
<input type="checkbox"/>	Currently or at risk of being homeless
<input type="checkbox"/>	Exhausted all other means of accommodation (e.g. rental housing, open market rental, living with other family members/friends)
<input type="checkbox"/>	Facing financial difficulties
<input type="checkbox"/>	Requires social work intervention to secure appropriate housing option and/or reconciliation with family
<input type="checkbox"/>	Be willing to work with the Transitional Shelter on case goals and intervention plan, and be motivated to be self-reliant
<input type="checkbox"/>	<span style="color: blue;">[Applicable to families at AWWA TS @ Jalan Tenteram only]</span> Assessed as unsuitable to co-share a shelter unit due to large family size or special needs/medication conditions/practices that would cause inconvenience or impact the safety and well-being of the clients and/or their co-tenant.
<input type="checkbox"/>	Not active substance or alcohol abusers
<input type="checkbox"/>	Not suffering from serious infectious diseases that may be easily transmitted in a communal setting
<input type="checkbox"/>	Not suffering from serious medical conditions that require nursing care or close supervision (e.g. for medication compliance, mitigate fall risk)
<input type="checkbox"/>	Not suffering from diagnosed and unstable/unmanaged psychiatric conditions, requiring psychiatric rehabilitation and care
<input type="checkbox"/>	Not posing high risk of harm to self (e.g. ongoing suicide ideation) and/or others
<b>If any of the above criteria are not met, please state brief reason(s) to support this application below and elaborate in social report</b>	

<b>Section B: Particulars of main applicant</b>			
Name:		NRIC No:	
Date of Birth (Age):		Citizenship:	
Sex:		Race:	If Others, to indicate:
Marital Status:	If Others, to indicate:	Religion:	If Others, to indicate:

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Language(s) spoken:		Highest education level:	If Others, to indicate:
Employment status:		Employment type:	If Others, to indicate:
Occupation:		Monthly Salary:	
Duration of employment:	From            to	<i>If unemployed, to indicate the last occupation, average monthly salary and duration of last employment.</i>	
Contact No:			

### Section C: Particulars of immediate family members applying for shelter admission

*To add a new row as necessary for additional family members by clicking '+' at bottom right of the row*

S/N	Name	Sex	DOB (Age)	Relationship to main applicant	Citizenship	Occupation / Income or School / Level
1						
2						
3						
4						

### Section D: Housing History

*Type of flat: To indicate whether HDB public rental or HDB BTO/SBF or HDB resale flat, or renting 1-bedroom from open market (eg. 2R public rental, 3R BTO, 4R resale)*

*To add a new row as necessary for additional housing history by clicking '+' at bottom right of the row*

S/N	Type of Flat	Address	Owner/Tenant or Occupier	Reason for Exit	Duration of Stay
1					to
2					to
3					to
4					to

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<b>Section E: Debarment</b>			
<i>Leave blank if not relevant to the applicant and/or family members</i>			
Type of debarment / reason for debarment:			
Name(s) of person with debarment:			
Debarment period:		Start date of debarment:	

<b>Section F: Current Housing Situation</b>			
Current/most recent address			
Source of accommodation			
Start date		Estimated date to leave	

<b>Section G: Main presenting issues</b>			
<i>To indicate presence of risks and main presenting issues per your assessment of applicant/family members, and to elaborate in the social report</i>			
Reason for homelessness <i>(eg. bankruptcy resulting in losing purchase flat)</i>			
Main presenting issue: <i>(excluding accommodation needs; if not available on drop-down, to briefly describe)</i>	If others, to indicate:		
Secondary presenting issue:	If others:	If others:	If others:
To indicate if applicant/family members have mental health concerns and/or medical issues	Names:	Describe briefly:	
To indicate if applicant/family members have prior incarceration or drug abuse background	Names:	Describe briefly:	
To indicate if there are any other risks to alert the TS			

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### Section H: Information to be included in Social Report

Please ensure you have provided the below information for the main applicant and family members applying for shelter admission in the accompanying social report. If similar information has been provided in other sections of this form, you may omit it from the social report. You may also use the social report to provide additional details of the applicant / family members.

S/N	Description												
1	<p><b>Presenting Issues</b> Please describe and elaborate on the issues that resulted in the need for shelter e.g. loss of home ownership, financial instability, family conflicts etc.</p>												
2	<p><b>Family Background</b> Please provide a genogram and ecomap and describe the interactions and involvement with systems. Please attach relevant supporting documents e.g. police reports, PPO/DEO, court documents etc. where applicable.</p> <p><u>Genogram:</u></p> <p><u>Ecomap:</u></p>												
3	<p><b>Housing</b> <b>(a) Timeline of housing history</b></p> <p><b>(b) Current housing situation and attempted efforts to resolve housing issue</b> Please describe the applicant's efforts to resolve housing issue e.g. approaching informal systems or utilising savings.</p> <p><b>(c) Housing plans and challenges faced</b> Please describe the applicant's long-term housing plans (e.g. renting a flat under Joint Singles Scheme, other HDB options) and challenges faced (e.g. ongoing divorce proceedings). <u>If applicable (to provide details):</u></p> <ul style="list-style-type: none"> <li>- Applied to HDB on (date) but rejected on (date)</li> <li>- Applied to HDB on (date) but pending outcome</li> <li>- Applied to HDB on (date), awaiting allocation (to attach documentation from HDB)</li> </ul>												
4	<p><b>Employment and Financial Assistance</b></p> <p><b>(a) Employment</b> Please provide details on current employment, income, period of employment.</p> <p><b>(b) Financial Assistance</b> Please provide details on current financial assistance received by applicant and family members.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Name of Agency</th> <th style="width: 30%;">Assistance Amount \$</th> <th style="width: 40%;">Period of Assistance</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of Agency	Assistance Amount \$	Period of Assistance									
Name of Agency	Assistance Amount \$	Period of Assistance											
5	<p><b>Risks of applicant and family members</b> (e.g. safety concerns and risk behaviours) Please provide details on risk factors including severity, frequency, triggers and safety plans.</p>												
6	<p><b>Needs of applicant and family members</b> (e.g. relationships, physical and mental health, caregiving ability)</p>												
7	<p><b>Assessment and Recommendation</b> Please provide an assessment of the client's housing issues and long-term recommendations for intervention. To elaborate how shelter placement will benefit the applicant and family members.</p>												

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<b>Section I: Checklist for supporting documents</b>			
<i>Please provide the following supporting documents with your application.</i>			
<input type="checkbox"/>	NRIC of applicant, family members applying for admission, BC of children (without NRICs)	<input type="checkbox"/>	Marriage certificate, divorce certificate, deed of separation, or proof of divorce proceedings
<input type="checkbox"/>	CPF statement of applicant and all family members above 18 years old (such as transaction history statement and contribution history for past 15 months)	<input type="checkbox"/>	Breakdown of cash proceeds (for previous homeowners)
<input type="checkbox"/>	I&E statement	<input type="checkbox"/>	Employment letters, payslips or other indicators of income for last 3 months
<input type="checkbox"/>	Relevant letters from HDB (sale of flat, correspondence on HDB appeals, etc)	<input type="checkbox"/>	Medical certificates/memos on physical/mental health (where relevant)

<b>Section J: Referring agency</b>			
Date:	DD/MM/YYYY	Case ref (if any):	
Name of Agency:		Name of Social Worker:	
Contact No:		Email:	
Type of services rendered to client being referred		How long have you been working with client?	
Have you informed the applicant on the following?			Remarks
<i>Shelter stay, if approved, for a maximum of 6 months</i>		<input type="checkbox"/>	
<i>Shelter stay will involve co-sharing of the designated shelter unit</i>		<input type="checkbox"/>	
<i>Payment of shelter fees and co-sharing of utility costs during shelter stay</i>		<input type="checkbox"/>	
<i>Admitted families/individuals must work with the TS on their housing and other needs</i>		<input type="checkbox"/>	
<b>Will you be present for the intake interview?</b>		<input type="checkbox"/>	
<b>Do you agree to transfer the case to TS for case management?</b> <i>(If no, please provide reasons)</i>		<input type="checkbox"/>	
<b>Will you continue to render other services to the client (e.g. group work)?</b>		<input type="checkbox"/>	
<b>Did client give consent for application to be made to TS?</b>		<input type="checkbox"/>	
<b>Did you refer client to another TS? (If yes, to indicate)</b>		<input type="checkbox"/>	

<b>Section K: Acknowledgement of submission</b>			
<i>TS to acknowledge the application within 3 days of submission.</i>			
File ref:		Date of receipt:	
Received by:		Assigned to:	