**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 including professional pest control services and replacing pest-infested furniture (basic items only, e.g. beds)
* Intensive cleaning & re-organising
* Painting for badly stained/ peeling wall and ceilings, and rusty front gates

Each Project HomeWorks session usually runs from 9am till about 2pm, and is led by staff, powered by volunteers. **Please note that we do NOT provide light or regular housekeeping.**

**OUR GUIDELINES FOR CASE SELECTION**

**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.

**Home Environment**

* Lives in 1- or 2-room HDB flats under the Public Rental Scheme (for applicants living in purchased flats, priority will be given to those under ComCare Assistance).
* 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.

**For cases involving hoarding issues and/or persons with mental disabilities, we will require the client’s social worker/case manager/counsellor to be onsite during the sessions.**

**UPHOLDING OUR HOMEOWNERS’ PRIVACY**

Habitat for Humanity Singapore respects your client's privacy. We will never share their personal details with unauthorised parties and will only selectively disclose information on a need-to-know basis. We strictly adhere to guidelines of the Personal Data Protection Act under the laws governing Singapore. As your client's security is important to us, we take reasonable steps to protect their personal information against risks such as theft, loss, unauthorised access, destruction, use, modification and disclosure. The personal information collected in this form will only be used and disclosed with related third parties for the purpose(s) for which it was collected, namely to facilitate the intensive cleaning operations in their home with the help of staff and volunteers, manage relationships with them, reporting to our donor or sponsors and comply with any requirements by law.

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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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| **HOMEOWNER’S PRIVACY CONSENT** |
| By submitting the form, you (the referrer) hereby confirmed that:* Your client has been notified of the purpose and has consented to the collection, use, and disclosure of their personal data by Habitat for Humanity Singapore.
* You will be able to show proof of your client’s consent if required by the authority.
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| Please state type of consent obtained from client: | [ ]  Written [ ]  Oral [ ]  Other:       |

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| **Your Client’s Personal Information** |
| **Name:** |  | **NRIC:** |  (need last 4 digits only) |
|  **Gender:** | [ ]  Male [ ]  Female |  **Birth** **Year:** |  YYYY | **Contact Number:** |   |
| **Languages/****Dialects spoken:** | [ ]  English [ ]  Mandarin [ ]  Malay [ ]  Tamil [ ]  Hokkien [ ]  Teochew [ ]  Cantonese [ ]  Other:       |
| **Address:** |     Block & Street Name Unit No. Postal Code |
|  **HDB Type:** | [ ]  1-room [ ]  2-room [ ]  3-room[ ]  Other:       |  [ ]  Rental flat [ ]  Purchased flat |
|  **Income** **Sources:** | [ ]  ComCare Long-term (Public Assistance) [ ]  Savings [ ]  CPF [ ]  Allowance from family [ ]  Salary [ ]  Others *(e.g. ComCare Short-term, Silver Support, etc)*: *Please type description here*  | **Amount received per Month:** |  |
| **Marital Status:** | [ ]  Single [ ]  Widowed [ ]  Married [ ]  Divorced/Separated  | **No. of Children:** |   |  **No. of**  **Siblings:** |   |
| **Describe how the children/siblings are supporting the client (financially/socially):***Please type description here* |

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| **Housing & Financial Information of household** |
| **Living Arrangement:** | [ ]  Lives alone [ ]  With flatmate/friend[ ]  With family [ ]  Other:        |  **Total No. of Pax** **living together:**(*Including client*) |   |
| **List occupants (name, age and relationship with main client):***Please type description here* |

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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 |
| **Community Services Currently Received:** | [ ]  Housekeeping [ ]  Home medical/nursing[ ]  Laundry [ ]  Daycare[ ]  Befriending [ ]  Counselling[ ]  Other(s):       |
| **Please advise if the Community Services are still ongoing or have they been suspended due to the home condition?***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:**  | [ ]  Bedbugs [ ]  Cockroaches [ ]  Other: *Please type description here*  |
| *Guide to identifying bedbugs:* [*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 |
| *Refer to Clutter Image Rating Scale:* [*http://www.hoardingconnectioncc.org/Hoarding\_cir.pdf*](http://www.hoardingconnectioncc.org/Hoarding_cir.pdf) |
| **Current clutter level (based on most severe area of house):**[ ]  Light (1 to 3) [ ]  Medium (4 to 6) [ ]  Extreme (7 to 9)  |
| **3. Intensive Cleaning** | [ ]  Yes [ ]  No [ ]  Maybe/ Unsure |
| **Area(s) of house:** *Please type description here* |
| **4. 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 |
| **Describe the challenge(s) that your client is facing in managing the condition of the house (include any medical conditions/ailments):***Please type description here* |
| **Have you/your client previously approached other organisations/ services for the works needed?** | [ ]  Yes  | **Please state name of organisation and type of services requested/received:** *Please type description here* |
| [ ]  No  | **Please state why:** *Please type description here* |
| **Have you managed to secure agreement from your client’s family members (especially adult children) to support the works needed:****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* |
| **Describe your long-term care plan for the client to upkeep the condition of their house after Project HomeWorks has been completed:***Please type description here* |

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

**Please attach photos of general living conditions IN THE NEXT PAGE**

Photos are required. We will not be able to process any referrals without photos.

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

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

**TIP: To prevent delay to the referral process, please ensure your form is fully completed before emailing it to** **info@habitat.org.sg**

**Our Referral Process (This process spans across 4 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 6: Post-Session |**Debrief on outcome and any needed follow-up.