Please return completed form via email to enquiries@sntc.org.sg or fax to 62707936

REFERRAL FORM FOR ORGANISATIONS

1 REFERRAL DETAILS

Referring agency (working with PSN or Caregivers of the PSN)

**Persons with Special Needs*

Referring person	Designation
Contact No	Email Address

2 REASONS FOR REFERRAL

- ☐ My client has assets intended for the PSN and wants to know how to safe keep the assets for the future use of the PSN
- ☐ My client is concerned about the care needs of PSN and hopes to find someone to assist in care planning and managing the care aspects
- ☐ My client has CPF funds and wish to know how to provide CPF funds for the future use of the PSN
- ☐ Other related needs, please specify

3 INFORMATION ON PSN

Please provide to your best knowledge more information below about the PSN:

Name	NRIC
Date of Birth	Gender
Residential Address	
Mobile No	Home Tel No
Email Address	

4 NATURE OF DISABILITY OF PSN

- ☐ Alzheimer's Disease / Dementia
- ☐ Cerebral Palsy
- ☐ Intellectual Disability / Global Developmental Delay
- ☐ Learning Disability (Attention Deficit Hyperactive Disorder / Dyspraxia)
- ☐ Multiple Disability, co-morbid conditions

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- ☐ Autism Spectrum Disorder / Asperger's Syndrome
- ☐ Down Syndrome
- ☐ Physical Disability
- ☐ Mental Disorder (Schizophrenia / Obsessive Compulsive Disorder / Bipolar Disorder)
- ☐ Others :

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5	CAREGIVER INFORMATION	
	Please provide to your best knowledge more information below about the caregiver of PSN:	
	Name	NRIC No
	Date of Birth	Gender
	Residential Address	Type of Property ☐ HDB ☐ Private Property
	Mobile No	Home Tel No
	Email Address	Relationship of caregiver to PSN
	Educational Level	Preferred Language Medium
	Occupation	Monthly Household Income (Estimated)

6	FOR OFFICIAL USE			
	Date assessed	Assessed by case manager		
	Please state preferred appointment date	☐ 1st appt date	☐ 2nd appt date	☐ 3nd appt date
	Outcome of Referral	☐ Accepted	☐ Rejected	☐ Non contactable ☐ Pending
	Rejected Reason	☐ Does not meet criteria	☐ Client is not interested	☐ Others, please specify
	Additional information to be obtained from referring organisation /client			

In sending us the details of the referred persons by email (to enquiries@sntc.org.sg) or fax (to 62707936), you are confirming that we can disclose your name to them and you further confirmed that you have obtained their expressed or implied consent for us to contact them via email, phone and/or SMS.

You can be assured that the above information provided to us will not be shared with parties outside of SNTC. Please be assured that we are not soliciting for business but the purpose of our contact with your referrals is to share our services for the community of persons with special needs.