

Caregiver Referral Form

A Caregiver/ Family Details

1. Name of Caregiver: _____
2. NRIC of Caregiver (last 4 digit): _____ Residential status: SG / PR / Foreigner
3. Email (compulsory for CaringSG membership registration): _____
4. Phone number: _____ (home) _____ (Mobile)
5. DOB (DD/MM/YYYY): _____
6. Postal code: _____
7. Gender: Female / Male
8. Role of Caregiver: Mother/ Father/ Sibling/ Grandparent/ Others, Specify _____
9. Spoken Language: Chinese/ Malay/ English/ Others, Specify _____
10. Marital status: Single/ Married/ Divorced/ Separated, Specify _____
11. Dependent's name/s and age/s: _____

12. Dependent's residential status: Singaporean / PR / Foreigner
13. Dependent's suspected/confirmed diagnosis: _____
14. Please indicate an estimated household monthly income per person.

Household monthly income per person is the total gross household monthly income divided by total number of family members living together. Gross monthly income refers to your basic employment income, trade/self-employed income, overtime pay, allowances, cash awards, commissions, and bonuses.

- Below \$1200 / CHAS Blue
- Between \$1201 - \$2000 / CHAS Orange
- Between \$2001 - \$5000
- Between \$5001 - \$10000
- More than \$10000

B. Referral Source

15. Date of Referral (DD/MM/YYYY): _____
16. Source of Referral:
 - Grassroots/CAREkaki (please circle)
 - SSA/ SSO/ FSC/others (please circle), Specify _____

Physician, Specify clinic _____

Others, Specify _____

17. Name of referring person: _____

18. Phone number (Mobile, Office): _____

19. Email: _____

C. Reason for Referral

20. What are the areas of concerns/help needed?

Concerns about/help needed for the caregiver

Describe:

Concerns about/help needed for the dependent

Describe:

21. What help has the caregiver or dependent received so far for the areas of concerns/
help described above?

22. What support would the caregiver want CaringSG to provide?

Help to find a support group

Provide peer support for caregiver through CAREbuddy program

Provide interim service coordination through CAREwell program

Others, please describe: _____

D. Consent for Referral to CaringSG

I, _____ (name of caregiver)
consent to _____ (name of referring person)
sharing personal information of myself, my dependent and my family as stated above with
CaringSG Ltd. I also agree to the terms and conditions as stated on page 3.

Signature of caregiver

Date (DD/MM/YYYY)

Terms and conditions

1. In compliance with the Personal Data Protection Act (“PDPA”), CaringSG Ltd, (“CaringSG”), seeks your consent to use and/or disclose your child’s and/or your family members’ personal information for the purpose of providing a relevant service to you and your family.
2. CaringSG will also collect and use your personal data to provide you with relevant services provided by CaringSG, engaging services provided by other agencies/vendors, publicity matters, or media coverage, events and programs organized by CaringSG and its partners, or charitable purposes as required by Government agencies.
3. At CaringSG we will be collecting:
 - the personal data needed for referral into CaringSG programs and
 - any additional personal data disclosed to us during our intake interview (if any) and
 - any personal data disclosed to us during any consultation/therapy services that we arrange for your child and
 - any personal data disclosed to us during any other services provided to your child and/or your family by us and
 - any personal data disclosed to us during any CaringSG program or event in which your child and /or your family members may participate and
 - any personal data provided to us during any social work assistance we provide to your child and /or your family
4. CaringSG respects your privacy and assures that your personal data will be kept securely according to PDPA.
5. By signing this form, you hereby give your acknowledgement and consent to CaringSG to use your personal data for the aforesaid purposes and services listed above.

6. In the event that you have registered Singapore telephone numbers(s) with the Do Not Call Registry and wish to withhold or withdraw your consent to CaringSG in respect of receiving telephone calls and/or SMS, you will endeavor to provide sufficient notice to CaringSG of such as soon as reasonably practicable. You further agree to indemnify CaringSG against any financial penalties imposed by the Personal Data Protection Commission or any court of law in Singapore as a direct or indirect result of your failure to inform CaringSG of your registration with the Do Not Call Registry.
7. You agree to be registered as a free member of CaringSG.
8. You also agree that your consent will remain in place until your withdrawal by officially notifying CaringSG in writing or email to contact@caring.sg.