# REFERRAL FORM

**I AM AWARE THAT:**

- ☐ SNTC only provides services for Singaporeans and Permanent Residents who are Persons with Special Needs (PSNs).
- ☐ Referrals to SNTC can be made as long as the PSN is eligible for either SNTC Trust or Special Needs Saving Scheme (SNSS).
- ☐ There is no obligation for caregivers to sign up for SNTC services even after an initial appointment with a Case Manager. A beneficiary care plan will be completed during the appointment and caregivers are free to bring it home for consideration.
- ☐ SNTC does not provide monies to fund trust accounts. Caregivers are guided in earmarking their own assets (e.g. CPF savings, HDB flat) to fund the trust accounts for the long-term care needs of PSNs.
- ☐ In sending us the details of the referred persons to *contactus@sgenable.sg* , you confirm that we can disclose your name to them and you further confirm that you have obtained their consent for us to contact them via email, phone and/or SMS in accordance with the Personal Data Protection Act 2012.

**1 REFERRAL DETAILS** *(To proceed only if the above boxes are checked)*

| | | |
|---|---|---|
| Agency (if applicable) | | |
| Name | Designation | |
| Contact No. | Email Address | |

**2 PSN'S INFORMATION** *(To the best of your knowledge)*

| | | |
|---|---|---|
| Name | | |
| NRIC | Gender | Marital Status |
| Date of Birth | Race | Religion |

Type of Disability

| | | | |
|---|---|---|---|
| ☐ | Alzheimer's Disease / Dementia | ☐ | Autism Spectrum Disorder |
| ☐ | Cerebral Palsy | ☐ | Down Syndrome |
| ☐ | Intellectual Disability / Global Developmental Delay | ☐ | Physical Disability |
| ☐ | Learning Disability (Attention Deficit Hyperactive Disorder / Dyspraxia) | ☐ | Mental Health Conditions (eg: Schizophrenia / Bipolar Disorder) |
| ☐ | Multiple Disability, co-morbid conditions | ☐ | Others : ---------- |

**3 CAREGIVER'S INFORMATION** *(To the best of your knowledge)*

| | | |
|---|---|---|
| Name | | |
| NRIC | Gender | Marital Status |
| Date of Birth | Relationship to PSN | |
| Residential Address | Ownership of Property ☐ Owned ☐ Rented | |
| Educational Level | Employment Status / Occupation | |
| Health Condition | Monthly Household Income (Estimated) | |
| Mobile No.<br>Residential No:<br>Email: | Preferred Language Medium | |

**4 FOR OFFICIAL USE**

| | |
|---|---|
| Assessed by: | Appointment Date: |