

**Shan You Wellness Community
Food Rations Distribution Service**

**BLK 3 Eunos Crescent #01-2593
SINGAPORE 400003**

Tel: 6745 9216 Fax: 6745 9351

Application Procedures 登记程序

- This form is used by our community partners to refer clients who are in need of Food Rations services
- Submit this form directly to Social Care Team @ Shan You Wellness Community via email to: foodrations@shanyou.org.sg or fax: 6745-9351
- Include social report of the client.
- Please refer to the attached Notes to Referring Agencies for important information.

For Official Use:	
Month	
Seniors/Non-Senior	
Adults	
Children	
Income	
Social assistance	
Flat type	Room*(*Rent/ Purchase)
Medical problems	
Documents	<input type="checkbox"/> NRIC <input type="checkbox"/> BC <input type="checkbox"/> MC/MR <input type="checkbox"/> Payslip <input type="checkbox"/> Social Report
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Period	
<input type="checkbox"/> Extended	<input type="checkbox"/> Terminated (for review)
Reason(s)	

REQUEST FORM

服务申请表格

1. APPLICANT'S PERSONAL PARTICULARS 申请者个人资料

Name 姓名: _____

Address 地址: _____

_____ Singapore _____

Contact No. 联络号码: _____ NRIC 身份证号码: _____

Sex 性别: _____ DOB 出生日期: _____ Age 年龄: _____

Race 种族: _____ Spoken Languages 沟通语言: _____

Occupation 工作: _____ Marital Status 婚姻状况: _____

Type of Housing 住屋类型: _____-Room (* Rent 租用 / Purchase 购买)

2. Social worker's name 姓名: _____

Agency 机构: _____ Designation 职位: _____

Tel 电话: _____ Fax 传真: _____

Email: _____

Signature 签名: _____ Date 日期: _____

3. REASONS FOR APPLYING FOR FOOD RATIONS 申请粮食援助的原因:

(a) FOOD RATIONS PERIOD

粮食援助的时期 : from 由 _____ to 至 _____

(b) TYPE OF FOOD : Halal / Vegetarian 素食 / Non-Vegetarian 非素食

(c) DELIVERY : Need Delivery 送到府上 / Self Collection 自己领取

(d) TOTAL NO. OF FAMILY MEMBER(S) REQUIRING FOOD RATIONS

家庭成员须要这项服务 : Adult 大人 _____ Children 小孩 _____

(e) DETAILS OF FAMILY MEMBER(S) 家庭背景

Name 姓名	Age 年龄	Sex 性别	Relationship to Applicant 与申请者关系	Occupation 职业	Tel. 电话

Medical conditions of applicant/family members (if any) (Please provide medical certification/medical report for verification)

如有家庭成员因患病而无法工作 请详细注明; 请提供医生证明书

Name 姓名	Medical Condition 病症	Follow-up at hospital/clinic? 需要到医院/诊疗所复诊?

NOTE: FOR ALL SOCIAL WORKERS

Please inform SYCC if any recipient or recipient's family member suffers from infectious disease during the period of Food Ration. The recipient should contact his/her social worker directly.

Reasons for insufficient support from family members/next of kin
(家庭成员或亲属无法给予帮助的原因):

4. FINANCIAL STATUS 经济情况

MONTHLY INCOME 每月收入	\$	MONTHLY EXPENDITURE 每月开销	\$	TOTAL ARREARS 总欠债 \$
FROM SELF AND FAMILY MEMBERS 个人收入 或家人收入 :		Rent 租金		
		SCC 杂费		
		Electricity and Water bill 水电费		
		Telephone bill 电话费		
		Food & Sundry 粮食		
FROM VWOS/ CHARITIES/ RELIGIOUS GROUPS 慈善/宗教团体援助:		Transport 交通费 *(Taxi /Bus/ Others)		
Public Assistance 公共福利金 PA. No. 福利金号码:		Medical 医药费		
		EDUCATION 教育费		
		School fees 学费		
OTHER SOURCES 其他收入		Childcare fees 儿童托管费		
Savings 储蓄:		Books / uniforms 课本/校服		
CPF Savings 公积金:		Pocket money 零用钱		
Insurance 保险金:		OTHER EXPENDITURE 其他开销		
Pension 退休金:				
Collection of rent 租金:				
TOTAL INCOME 总收入		TOTAL EXPENDITURE 总开销		
		OUTSTANDING AMOUNT 不足数额		

REASON FOR ARREARS 欠债的原因:

ANY OTHER SIGNIFICANT INFORMATION REGARDING THE FAMILY'S FINANCIAL CIRCUMSTANCES? 申请援助之前的家庭经济来源/家庭经济来源的其他相关资料?

5. FOLLOW-UP ACTIONS by referring social worker 其他援助及后续工作:

6. CLIENT DECLARATION / CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION

I fully understand and agree that all the information which I have provided above is true and correct. The information will strictly be used and/or may be disclosed to other agencies and/or individuals for the purpose(s) stated below

(a) Application of Shan You Food Rations Distribution Service

(b) All other Shan You Food Rations Distribution Service related Activities

Signature: _____

Name of Client: _____

NRIC: _____

Date: _____

Signature: _____

Name of Staff: _____

NRIC: _____

Date: _____

(Note to VWO: this line is for clients who need translation; please delete if not applicable).

The information has been translated in _____ (language) to me by

_____ (staff's name and designation)

NOTES TO REFERRING AGENCIES:

ASSESSMENT CRITERIA

- 1) Low-income (monthly household income less than S\$600 per person).
- 2) For each household, we will assess that those who are fit to work are contributing to the family income. If retrenched, the client will have to produce letter of retrenchment and evidence of retrenchment benefits. Those who are excused from contributing to family income include:
 - a) Those of age ≤ 18
 - b) Those who are still schooling in polytechnic, junior college or university
 - c) Those of age ≥ 65
 - d) Those who are medically unfit for work (need medical certificate as proof), includes those who are physically and mentally disabled
 - e) Full-time caregivers
 - f) Mother of young children
- 3) All cases are assessed on a case-by-case basis with priority given to those who:
 - Staying in 1-2 rooms rental flats who are unable to work owing to old age, homebound, illness or unfavourable family circumstances;
 - With very young children in the family;
 - Have no means of subsistence and no family members to depend on;
 - Financial crisis - retrenchment, bankruptcy, sole-breadwinner met with sudden illness/accidents or imprisoned;
- 4) Other areas to consider in assessment:
 - a) Income against expenditure; reasonable explanation if expenditure is large beyond; any arrears?
 - b) If there is little or no income, explain how the family has been coping in the past? Any other sources of income?
 - c) If family staying in 4-5 rooms flat, they are expecting to rent out extra rooms, or to downgrade to smaller units.

PROCEDURE OF APPLICATION

1. One application per household.
2. Fill up the Food Rations Request Form.
3. Application **will not** be processed unless the photocopied document(s) are submitted:
 - (i) **NRIC of all adults in the family**
 - (ii) **Birth certificates of all dependents**
 - (iii) **Medical reports or medical certificates of client or dependents**
 - (iv) **Current Payslip by employer(s), if any**
4. It is **strongly encourage** that the following documents to be submitted to support the request
 - (i) Social Reports
 - (ii) Bank Statements / CPF Statements
 - (iii) Documents verifying other social assistance

PROCEDURE OF ASSESSMENT AND FOLLOW-UP WORK

1. All applications for the month must be duly completed with supporting documents and reach us by **10th of the month** or they will be considered in the following month/pending/rejected due to insufficient information.
2. First time recipient must complete the "Request for Food Rations" form. For recipient who had ever received rations from us, "**Review for Food Rations**" forms must be filled for regular review. Submitting the wrong forms may render delay in your application.
3. Case Manager or Social worker will be informed by email or fax in the third week of the month of the outcome of the application(s). He or she will have **to inform recipients of the date of food rations collection or delivery time**. Rations will be automatically terminated if recipients are not in for 3 times.
4. If our quota for the month has been filled, Case Manager or Social Worker will be informed that the application will be KIV till next month.
5. If food rations service is no longer needed during the period approved, we would appreciate it if Case Manager or Social Worker could inform us of the termination.
6. We would liaise only with Case Manager or Social Worker not the recipients on all related food ration matters, so please advise recipients to contact their respective Case Manager or Social Worker and not Shan You if they have a feedback.

If you need further clarification, please contact staff in charge Social Care Team @ 6745 9216