SHAN YOU

## Shan You Wellness Community (SYWC) Food Rations Distribution Service

**BLK 3 Eunos Crescent #01-2593**
**SINGAPORE 400003, Tel: 6745 9216**

# REQUEST FORM 服务申请表格

Application Procedures 登记程序

- This form is used by our community partners to refer clients who need Food Rations services.
- Submit this form directly Shan You Wellness Community via email to: foodrations@shanyou.org.sg

### 1. BENEFICIARY'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: _____

Gender 性别: _____ DOB 出身日期: _____ 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: HDB/ Condo / Landed (Circle accordingly)
HDB / Condo - Number of room _____
For HDB (Rent 租用 / Purchase 购买) (Circle accordingly)

*Provide image of NRIC, front & back.

### 2. CASE MANAGER / SOCIAL WORKER'S NAME 社工姓名: _____

Agency 机构: _____Designation 职位: _____

Tel 电话: _____

Email 电邮:_____

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

_____

_____

_____

**(a) TYPE OF FOOD** : Halal 清真食品 **/** Vegetarian 素食 **/** Non-Vegetarian 非素食

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

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

**家庭成员人数** : Adult 大人 _____ Children 小孩 _____

**(d) DETAILS OF FAMILY MEMBER(S) 家庭背景**

| Name<br>姓名 | NRIC/ BC<br>身份证号码 | Age<br>年龄 | Gender性别 | Relationship to Applicant<br>与申请者关系 | Occupation<br>职业 | Tel.<br>电话 |
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***NOTE: FOR All SOCIAL WORKERS***

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

**4. BENEFICIARY'S 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 of application for Shan You Food Rations Distribution Service.

**Period to provide food ration : ☐ 3 months / ☐ 6 months / ☐ 1 year**

**Signature: _____**

**Name of Beneficiary: _____**

**NRIC: _____**

**Date: _____**

**Signature: _____**

**Name of Case Manager / Social worker :**

**_____**

**Date: _____**

**NOTES TO REFERRING AGENCIES:**

1. All applications for the month, form must be duly completed and signed. Form to reach SYWC by **10th of the month** or they will be considered in the following month as pending/rejected due to insufficient information.

2. First time recipient must complete this 'Request Form'. Submitting the wrong form may delay in the application.

3. For renewal cases, Case Manager / Social worker please email to foodrations@shanyou.org.sg. Please indicate beneficiary's name, NRIC, which month food ration will stop, and the next duration 3 months / 6 months / 1 year needed after your assessment.

4. Case Manager or Social worker will be informed by email on the third week of the month of the outcome of the application(s). He or she will have **to inform beneficiaries of the date of food ration collection or delivery time**. Rations will be automatically terminated if beneficiaries are not at home for 3 times.

5. If our quota of cases for that month has been filled, Case Manager or Social Worker will be informed that the application will be postponed to next month.

6. If food rations service is no longer needed during the period approved, Case Manger or Social Worker need to inform us via email of the termination.

7. SYWC will only liaise with Case Manager or Social Worker not the beneficiaries on all related food ration matters, please advise beneficiaries to contact their respective Case Manager or Social Worker and not SYWC if they have any feedback.