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| Registration Form  **Family Support Services**  This form should be submitted to the St Mary’s Outreach Office  Email: intake.stmary@catholic.org.sg  We would contact you for further details and a face to face interview when required. | | | | | | | | For Official Use Only | | | |
| Case ID | : | M&D | |
|  | | | |
| Referred by | : |  | |
|  | | | |
| Date of Submission | : | (DD/MM/YYYY) | |
|  | | | |
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|  | | | | | | | | | | | |
| **To be eligible for support & services, you would be assessed base on your financial and non-financial situations. Hence, you may be asked to share related information and provide evidence to support the information provided.** | | | | | | | | | | | |
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| **Eligibility Criteria** | | | Please  Self Check | **Copy of Required Documents** | | | | | | | Please Self Check |
| 1. | Singapore Citizen, Permanent Resident, Work Permit, Special Employment Pass holders. | |  | a (i) | | | Front and back copy of personal document (e.g. NRIC, FIN, passport, driver’s license, etc) | | | |  |
| a (ii) | | | Proof of residence via latest utilities or mobile bills indicating address of applicant. | | | |  |
| 2. | Household income with gross monthly income of ≤$3,800 **and** a gross monthly per capita income of ≤$850 | |  | b. | | | Relevant documents indicating employment & income or recent payslip of less than 3 months old. Applicant’s name and company name need to be clearly indicated. | | | |  |
| 3. | If you qualify for any government grants, you would have made applications with them first. For those who do not qualify for any government grants, please note points b, c. | |  | c. | | | Any relevant documentation or letter if you have applied, or already receiving government grants. | | | |  |
| 4. | There shall be only one application per household. | |  |  |  |  | | | | |  |
| 5. | | Home address postal code starts with 65,66,67,68 |  |  |  |  | | | | |  |
| **IMPORTANT NOTICE** | | | | | | | | | | | |  |  |
| Please complete Pages 1 to 5 of this form. Sign this form and submit it together with copies of the required documents to the St Mary’s Outreach Office. Applications will be attended to on a first-come-first-served basis. Your application will only be processed, when the completed set of form and documents have been received. By your submission of this application, you consent to disclose personal information to the Church of Saint Mary of the Angels for the purpose of corroboration, assessment, audits, and all correspondence relating to this application and where necessary or appropriate, you consent for us to make a referral to other helping agencies. | | | | | | | | | | | |  |  |
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| **A. Information of applicant / household members** | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name:  (as in official documents) |  | | | | | | | | | | | NRIC/ FIN/ Passport #: | | | | |  | | | | | | |
| Gender M/F | | | | |  | | | | | | |
| Occupation |  | | | | | | | | | | | Age | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Marital Status: | Single | Married | | | Divorced | | | | Widowed | | | | | | Others:  (pls indicate) | | | | | | | | |
| Full Name of Spouse |  | | | | | | | | | | | | | | Age | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Ethnicity:  (as in official documents) | Chinese | | Indian | | | | Eurasian | | | | | | Date of Birth | | | | | | | | | | |
|  | |  |  |  |  |  | | |  |  |
| Malay | | Others:  (pls indicate) | | | | | | | | | |
| D | | D | M | M | Y | Y | | | Y | Y |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality: | Singapore Citizen | | | | Singapore PR | | | | | | Others: (pls indicate) | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Religion: | Roman Catholic | | | If so, are you a  Parishioner of St Mary of the Angels? | | | | | | | | | | | | | Yes | | | | No | | |
| Buddhist | | | Hindu | | | | | | | Muslim | | | | | | Others:(pls indicate) | | | | | | |
| Christian | | | Taoist | | | | | | | Sikh | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile HP: |  | | | | | | | Email: | |  | | | | | | | | | | | | | |
| Home Tel: |  | | | | | | | **Important:** Email is our main mode of communication with you. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Address of Residence |  | | | | | | | | | | | | | HDB :  1 /  2 /  3 /  4 /  5 | | | | | | | | | |
| Rented | | | Owned | | | Shared | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Household Size: |  | | | | | Household members include the applicant, spouse, children, domestic helper, and relatives staying at the same residential address. | | | | | | | | | | | | | | | | | |
| Total number in household | | | | |
| Are you, your household members, currently being covered by any funding, support and services provided by  (i) Church of St Mary of Angels (ii) Fei Yue Family Service Centre (iii) other government & non-government organisations (iv) others  YES  NO  If YES, please list down the Name of the funding, support, services that you have applied / or are receiving now (i.e. ComCare, Workfare Special Payment, SSO, MUIS, SINDAS, CDAC, school pocket money fund, … etc) | | | | | | | | | | | | | | | | | | | | | | | |

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| **B. Health Status of applicant / household members ( Physical / Mental )** | | |
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| Please select relevant boxes if **you** have been diagnosed with any of these :  Diabetes  Hypertension  Kidney  Liver  Asthma  Heart  Cancer  Depression | | |
|  |  |  |
| (Please specify for **yourself and household members** where applicable): | | |
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| --- | --- | --- | --- | --- |
| **C. Details of household members** | | | | |
| S/N. | Name | Age | Relationship | Employment Status  (Employed/ unemployed/ student, etc) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **D. Monthly Household Income Expenditure ( Fill in as complete as possible)** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Income** | | | | **$** | | **Expenditure** | | | | **$** |
| Husband’s gross income | | | |  | | Housing loan / Rental fee | | | |  |
| Wife’s gross income | | | |  | | Service & conservancy/Utilities | | | |  |
| Other’s gross income | | | |  | | Phone / TV | | | |  |
| Other sources of income | | | |  | | Internet | | | |  |
| Other sources of grant, support | | | |  | | Food | | | |  |
|  | | | |  | | Sundry | | | |  |
|  | | | |  | | Other expenses transport | | | |  |
|  | | | |  | | School expenses transport | | | |  |
|  | | | |  | | Milk powder | | | |  |
|  | | | |  | | Diapers | | | |  |
|  | | | |  | |  | | | |  |
|  | | | |  | |  | | | |  |
|  | | | |  | |  | | | |  |
|  | | | |  | |  | | | |  |
| Total Gross | | | |  | |  | | | |  |
| **Total Nett Income** | | | |  | | **Total Expenditure** | | | |  |
|  | | | | | | | | | | |
| **Income less expenditure:** | | |  | | | **Household Income per capita** | | |  | |
|  | | | | | | | | | | |
| **Relevant documents to submit** | | | | | | | | | | |
|  | Spouse NRIC | | | | |  | Update bank statements / Account book | | | |
|  | Children’s BC / NRIC | | | | |  | Grant support letters | | | |
|  | Marriage certificate | | | | |  | Payslips or Income records | | | |
|  | Payslips / CPF statements | | | | |  |  | | | |
| **Income Expenditure**  **Declared by:** | |  | | | **Date:** | | |  | | |

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| **E. Declaration and Personal Data Protection Notice** | | |
| a. | I declare that the information provided in my application is true to the best of my knowledge, understanding and belief. | |
| b. | This is the only application made by my household. | |
| c. | I understand that any wilful omission or suppression of information may result in the rejection of the application with immediate effect. | |
|  |  | |
| d. | I allow the parish of St. Mary of the Angels to collect and use my household members’ and my personal information, for the purpose of assessing the eligibility and for carrying out the outreach support services provided herein. | |
| e. | The duration of support services would be reviewed every 6 months and extended case by case basis. | |
|  | |  |
| Applicant’s Full Name and Signature or Thumbprint | | Date |

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| --- |
| **F. Report by Interviewer about situation in the family seeking help ( For Official Use Only)** |
|  |
| (Interviewer please describe the family’s situations during past 3 months, and their needs in coming 6 months)  Financial  Needs  Stress |

|  |  |
| --- | --- |
| **G. Recommendation & Approval (For Official Use Only)** | |
| 1. Milk Powder Formula 2. Diapers 3. Dry Rations 4. Services   Remark:  Recommended by:  Date: | Case ID: M&D  Interviewer by:  Effective Start Date:  Next Review Date: |