

REFERRAL FORM FOR CARE@HOME SERVICES

Client/family has agreed to disclosure the enclosed information to facilitate the application. Yes No

CLIENT / SENIOR'S PERSONAL PARTICULARS

Name (as per NRIC): _____ D.O.B: _____
 NRIC: _____ Height: _____ (cm) Weight: _____ (kg) Gender: Male Female
 Service Address: _____ Postal Code _____

SERVICES REQUIRED (Please tick as appropriate)

- Social Home Care (Home Personal Care)**
- Companionship
 - Meals Preparation
 - Errands Service & Grocery Shopping
 - Others _____
 - Assist in Exercises
 - Personal Hygiene (Shower / Bed Bath)
 - Medical Escort

Preferred Service Days:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Preferred Time-slot: 8am to 11 am 1pm to 3pm 4pm to 6pm Others _____

Preference for Senior Care Assistant (subject to availability): Local Foreign No preference

Preferred Start Date: _____ ***Require Barthel Assessment:** Yes No
 (To determine no. of eligible subsidized hours per week)

- Home Nursing** **Home Therapy** **Home Medical**
 Interim Caregiver Service **Caregiver Training**

Caregiver Name & Contact No: _____

Remarks: _____
 (Please indicate details of referral, if any)

REFERRAL SOURCE (Person putting up this referral)

Name: _____ Contact No: _____
 Organization & Dept: _____ Date of Referral: _____
 Email: _____ Signature: _____

DOCUMENTS REQUIRED (Please submit all documents within 2 working days from date of referral)

- Completed Care@home Registration Form
- Client's Identity Card (photocopied)
- Barthel Assessment Form
 (* Please indicate if client requires a Barthel Assessment to be conducted by NTUC Health - FOC)
- Discharge Summary / Medical Report
- Annex A – AIC Assessment Tool
- National Means Test System (NMTS) Form
 (If available)

Please submit the completed forms and supporting documents to us at care-home@ntuhealth.sg.