

**REFERRAL FORM
to WE CARE Community Services Ltd**

Email to help@wecare.org.sg **Fax :** 6491 5338 **Tel:** 3165 8017

Referred by: _____ Date: _____
 Organisation: _____ Email: _____
 Designation: _____ Tel: _____

Information on Referred Person

Name of Person (as per NRIC) : _____		
Date of Birth: _____	Gender: M / F	Nationality: _____
Address: _____		
Contact Tel: _____	(Home/Other)	_____ (Mobile)
Education Level: _____		Marital Status: _____
Spoken language: English / Malay / Mandarin / Tamil / Others		
Primary Issue: Drugs / Alcohol / Gambling / Sex / Compulsive Behaviour / Shoplifting / Others		
Referral to (Tick or cross the boxes):		
<input type="checkbox"/> Support Group <input type="checkbox"/> Counselling <input type="checkbox"/> Programme <input type="checkbox"/> Others (_____)		
Remarks: _____		

To be completed by WE CARE: *(To reply to referring agency within 5 working days)*

Received referral on: _____ Attended by Counsellor/RSO: _____

Outcome of Referral: _____

Updated 17 Jul 2020