

Supported Accommodation Placement Form

Intake Criteria:

- Individuals **18 years of age and above**, with a diagnosis of mental illness.
- Not acutely ill, and **able to participate in structured daily vocational and work activities at the centre.**
- Not currently **abusing drugs or alcohol**, or in need of physical detoxification.
- Willing to collaborate with care/support staff, voluntarily participate in activities, and live harmoniously with other residents.
- Not currently **dangerous** to self or others.
- Not having any **serious physical disability or chronic medical condition** that may interfere with the rehabilitation process.
- Currently **under the care of registered professionals** in a mental health care facility.

Referral process

Referrals for the service can be made by family members **(with evidence of on-going care in a recognised mental health service)**, and mental health professionals.



Name of Person:

Age:

Gender:

Female Male

Marital Status:

Person's Qualifications, Vocations & Interests:

Hospital the Person is Attending:

Name of Consultant I/c:

Name of Next of Kin/Sponsor:

Residential Address of Next of Kin/Sponsor:

Telephone Number of Next of Kin:



Reason(s) for the supported accommodation placement request:

**Activities of Daily Living Certifications:
(please read and complete carefully)**

Can person take care of his/her personal hygiene with/without prompting?

Yes No

Can person take care of his immediate environment e.g. tidy his bed, clean his room and immediate surrounding with/without prompting?

Yes No

Is person able to prepare or vend for his meals with/without assistance?

Yes No

Can person take his/her medications willingly and safely with/without prompting/supervision?

Yes No

Is person considered dangerous to self or others ?

Yes No



Person's Medical Follow up plan:

(e.g. Date and frequency of clinic visits)

Current Medications, Dosages & Frequency of use.

Next of kin/sponsor

Print name

Signature

Date

Resident

Print name

Signature

Date

Supporting MH professional(optional)

Print name

Signature

Date

Kindly attach the passport photo onto the document.

Please save the file before sending it.

