

Office of the Commissioner
For the Maintenance of Parents
8 Lengkok Bahru #02-01
Family Link@Lengkok Bahru
Singapore 159052

For enquiries, please contact Duty Officer:
Tel: 6471 6313
Fax: 6479 6573
Email: msf-enquiry_cmp@msf.gov.sg

REFERRAL

Case Reference: _____ Referral Agency: _____

Name of Caseworker: _____ Tel (DID): _____ Fax: _____

Email: _____

Case Known to Agency since: _____

Date of Referral: _____

Note: Please attach a social report with this referral as in Annex A.

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Section 12(7) of the Maintenance of Parents Act requires the Commissioner to try to resolve a parent's claim for maintenance through conciliation with his/her children. If there is no settlement following conciliation, the parent can opt to file an application at the Tribunal for the Maintenance of Parents.

Please consider the following factors before referring the parent to the Commissioner:

- The parent needs to give his/her consent unless there is mental incapacity.
- The parent has to be needy, i.e. he/she is unable to maintain himself/herself with his/her limited means or he is totally without means;
- Children may be able to support the parent but are not forthcoming or responsive to the social service agency's attempts to mediate

Please also attach a copy of the following documents with your referral:

- Parent's NRIC;
- Parent's bank account details i.e. *the page with the account number*;
- Parent's social report;
- Parent's CPF statements (*if any*);
- Parent's Divorce Certificate (*if applicable*); &
- Parent's Medical Memo if below 60 years old.

1. PARENT'S PERSONAL PARTICULARS

Name (as in ID): _____ Source of Referral (eg Self, MP, HDB, SSO etc): _____

ID: _____ ID Type: S/Pink / S/Blue / Others: _____

Citizenship: _____ Contact Address: _____

Tel. (H) : _____ (O) _____ (HP) _____ Email Address: _____

Date of Birth: _____ Gender: Male / Female ____ Race: Malay/Chinese/Indian/Others _____

Marital Status: Single/ Married/ Divorced/ Widowed / Separated / Others _____

Religion: _____ Level of Education attained: _____ Occupation: _____

Gross Income (per month) _____ Language Proficiency (Spoken): English / Mandarin /

Malay / Tamil / Dialect(s): _____ (Written): English / Mandarin / Malay / Tamil

2. FAMILY BACKGROUND

Accommodation Type

- HDB 1 or 2 room flat
- HDB 3 room flat
- HDB 4 room flat
- HDB 5 room flat
- Sheltered/ Nursing Home
- Private Flat (Condominium, Executive Condominium)
- Private House (Terrace, Semi-detached, Detached)
- Homeless
- Rented Room from the Open Market
- Others (e.g. Shop house)

Accommodation Status

- Owned
- Rented
- Free Accommodation

Living Arrangement

- Alone
- Homeless
- Living with spouse & children
- Living with spouse
- Living with children
- Living with relatives
- Living with non-family members (e.g. friends)
- Living in institutions (e.g. hospital/aged home)

No. of persons in household: _____ Household composition to be reflected in the genogram (If applicable)

Name	NRIC/ BC	D.O.B	Relationship	Occupation	Highest Educational Level	Income (Gross)
Total Household Monthly Income :						

3. ASSISTANCE RECEIVED

Type of Assistance	Agency/Family/Others	Duration of Assistance (from date to date)	Amount (\$)

4. SEEKING MAINTENANCE FROM CHILDREN AND THE AMOUNT NEEDED

Name	IC No.	Occupation	Amount Required (\$)

SOCIAL REPORT

ANNEX A

1. Family Background/Situation

** To include the parent's relationship with the child/ren and his or her support network*

2. Employment History

3. Medical Status

4. Assessment

5. Follow-up Action & Outcome*

** To state what has been done to assist the parent (e.g. home visits, contact with children, conflict resolution sessions, alternative solutions, etc) and the outcome of the sessions, including other welfare issues of the parent.*

6 Recommendation to the CMP*

** To state recommendation for follow-up work. Also to indicate if a final report will be furnished to the Commissioner.*

Report submitted by _____

Dated _____