

COMMUNITY CASE MANAGEMENT SERVICE (CCMS)

REFERRAL FORM

Agency for Integrated Care
5 Maxwell Road, #10-00
Tower Block,
MND Complex
Singapore 069110



Please email the completed referral form to **CCMS Service Provider (refer to Annex A)**
and cc AIC (careconsultant@aic.sg)

Documents to be attached (if applicable): ☐ Latest doctor's memo/Discharge Summary ☐ Social Report

1. CONSENT (PLEASE ✓)

☐ The Client and/or Caregiver has consented to be referred to CCMS and to the disclosure of enclosed information* to Agency for Integrated Care (AIC) and relevant agencies/service providers to facilitate the application and evaluation of the service?

**The client and/or caregiver has been informed that all information including individual's Personal Data, financial, medical or social information, and any other information that is provided or allowed to access is subject to AIC's Data Protection Policy (<https://www.aic.sg/data-protection-policy>).*

2. REFERRAL SOURCE INFORMATION

Date of referral:	Referring organisation:
Referral Person:	Designation:
Contact No:	Email:

3. ELIGIBILITY CRITERIA

The eligibility criteria for CCMS are:

Elderly (aged 60 and above) and

- Meet at least 2 items from Domain A; or
- 1 item from Domain A and 1 item from Domain B; or
- 1 item from Domain A and 1 item from Domain C

Exclusion criteria:

- Need 24 hours care (e.g. bedbound) and have no caregiver
- Uncontrolled psychiatric disorders and/or behavioural problems
- Already enrolled into other case management programmes

Please ✓ the number of item(s) met for each eligibility domain below:

Domain A: Psycho-social impairment

- ☐ No caregiver/caregiver issues (e.g., caregiver unable to cope, caregiver is unable to care for client); or
- ☐ Family/ domestic issues (e.g., neglect, mistreated, abused); or
- ☐ Social isolation/ low mood (e.g. withdrawal from interest and family, anxious, depressed or self-injurious ideation); or
- ☐ Require review on environmental safety/ unstable housing arrangement (e.g. hoarding, cluttering, needs home improvement).

Domain B: Complex medical issues

- ☐ Poorly controlled chronic condition(s)¹ or advanced disease(s)², which requires assistance and monitoring.

Domain C: Functional impairment

- ☐ Physical, mental or cognitive impairment affecting Activities of Daily Living (ADL) and/or Instrumental Activities of Daily Living (IADL) or behaviour, which require coordination of services to remain in the community.

Reasons for referral to CCMS:

¹ "Poorly controlled chronic condition(s)" refers to chronic disease(s) that has (have) not met acceptable treatment targets which resulted in active symptoms affecting the well-being or general condition of the person; or that may result in long term complications.

² "Advanced disease(s)" refers to disease(s) at later phases of the disease trajectory whereby typically there is a high symptom burden, functional loss and/or poor prognosis. E.g. end-stage organ failure, late-stage neurological disorder like dementia.

4. CLIENT'S PARTICULARS

Full Name:		NRIC:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (dd/mm/yyyy)	Age:	Citizenship: <input type="checkbox"/> Singapore <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others: _____
Residential Address: Postal Code:		Contact No: <input type="checkbox"/> Home: <input type="checkbox"/> Mobile:	
Home Ownership: <input type="checkbox"/> Rental <input type="checkbox"/> Purchased <input type="checkbox"/> Lodging			
Housing Type: <input type="checkbox"/> HDB No of Rooms <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Others: <input type="checkbox"/> Private			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			
Race <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Eurasian <input type="checkbox"/> Others: _____			
Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others: _____			
If client is hospitalised at the point of referral, please indicate estimated hospital discharge date:			

5. HEALTH INFORMATION (Attach doctor's memo or discharge summary if available)

(May include summary of medical conditions/problems, functional status, investigations and management to date etc.)

Visual Impairment: ☐ Yes ☐ No

If Yes, Specify: _____

Hearing Impairment: ☐ Yes ☐ No

Using Hearing Aid: ☐ Yes ☐ No

Any Behavioural Issues (e.g. violent, aggressive, hallucination)? ☐ No ☐ Yes (Specify): _____

Current Mental State: ☐ Rational ☐ Confused ☐ Unable to respond ☐ Others: _____

Does client currently have any active infectious disease?

☐ Unsure ☐ No ☐ Yes (specify): _____ **Precaution:** ☐ Standard ☐ Contact ☐ Others _____

Are there any other precautions to be taken or conditions that would require close monitoring?

☐ Unsure ☐ No ☐ Yes (specify): _____

6. SOCIAL INFORMATION (Attach social report if available)

(May include info such as family set-up, social support and issues, caregiver, living arrangement, main spokesperson, significant family dynamics and genogram etc.)

7. FINANCIAL INFORMATION

Assistance Type:

☐ None ☐ PA ☐ ComCare ☐ Medifund

☐ Medical Fee Exemption Card (MFEC)

☐ Others: _____

Other Sources of Financial Support:

E.g. Family, Religious Groups, Foundations, etc.

Source: _____

Household Means Test Completed (Non-Residential MOH ILTC) : ☐ Yes ☐ No ☐ N/A

If Yes, please state Subsidy Level : _____ Valid until: _____

8. EXISTING COMMUNITY SUPPORT

At present, is the client receiving any kind of community support?

(State agencies or individuals supporting the senior E.g. neighbours, friends, meals delivery, medical escort, Active Ageing Centres, Centre-based care, Home Care, etc.)

☐ No ☐ Yes (specify):

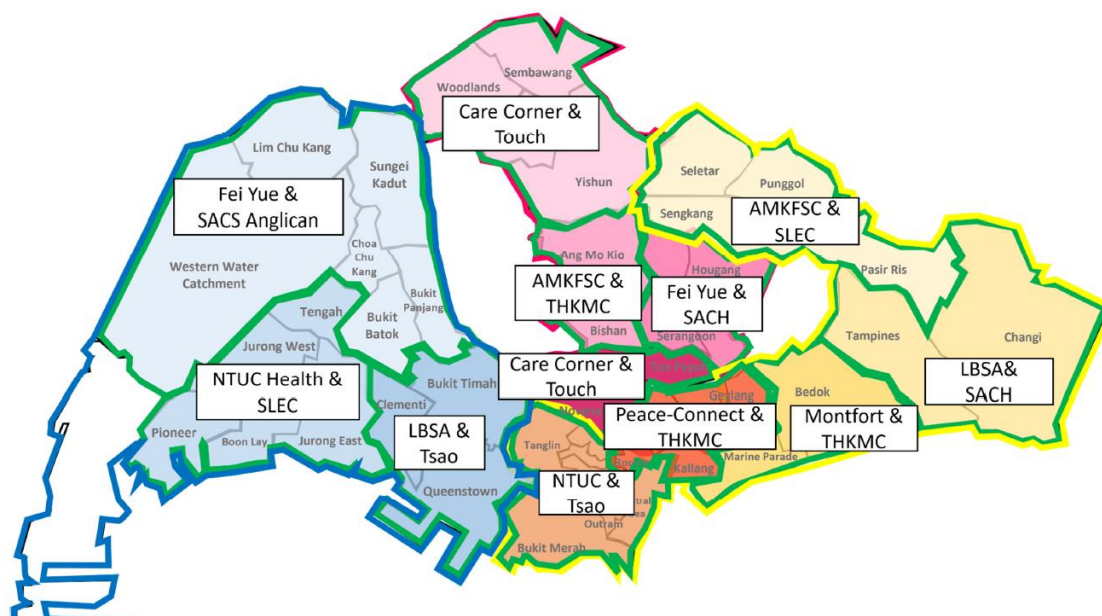
9. NEXT OF KIN OR CAREGIVER'S PARTICULARS

Name:	Relationship to Client:
Contact No: <input type="checkbox"/> Home: <input type="checkbox"/> Mobile:	Language Spoken:

10. OTHER RELEVANT INFORMATION

Additional Information:

ANNEX A: List of CCMS providers, service boundaries and contact details



Service Boundaries (URA Planning Areas)	CCMS Service Provider	Contact Details
<ul style="list-style-type: none">▪ Bukit Batok▪ Bukit Panjang▪ Choa Chu Kang	<ul style="list-style-type: none">▪ Lim Chu Kang▪ Sungai Kadut	<ul style="list-style-type: none">▪ Email: feiyue_ccms@fyfcs.org▪ Contact: 6380 9155
	<ul style="list-style-type: none">▪ Western Water Catchment	Singapore Anglican Community Services (SACS)
<ul style="list-style-type: none">▪ Boon Lay▪ Jurong East▪ Jurong West	<ul style="list-style-type: none">▪ Pioneer▪ Tengah	<ul style="list-style-type: none">▪ Email: ccms@slec.org.sg▪ Contact: 9740 5030
		NTUC Health Co-Operative Ltd
<ul style="list-style-type: none">▪ Bukit Timah▪ Clementi▪ Queenstown	Tsao Foundation	<ul style="list-style-type: none">▪ Email: hmccms@tsaofoundation.org▪ Contact: 6593 9595
	Lions Befrienders Service Association (LBSA)	<ul style="list-style-type: none">▪ Email: ccms.west@lb.org.sg▪ Contact: 6681 4020
<ul style="list-style-type: none">▪ Mandai▪ Sembawang▪ Woodlands▪ Yishun	Care Corner Seniors Services Ltd	<ul style="list-style-type: none">▪ Email: ccms.north@carecorner.org.sg▪ Contact: 6570 3919
	TOUCH Community Services Limited	<ul style="list-style-type: none">▪ Email: CCMS@touch.org.sg▪ Contact: 6481 5031
<ul style="list-style-type: none">▪ Ang Mo Kio▪ Bishan	AMKFSC Community Services Ltd	<ul style="list-style-type: none">▪ Email: refer2comnet@amkfsc.org.sg▪ Contact: 6451 0898 / 6385 0260
	Thye Hua Kwan Moral Charities Limited (THKMC)	<ul style="list-style-type: none">▪ Email: thkccms-amk@thkmc.org.sg▪ Contact: 6556 4833
<ul style="list-style-type: none">▪ Hougang▪ Serangoon	St Andrew’s Community Hospital (SACH)	<ul style="list-style-type: none">▪ Email: gp_sasccms@sasc.org.sg▪ Contact: 6291 4672/ 6291 1861
	Fei Yue Community Services (FYCS)	<ul style="list-style-type: none">▪ Email: feiyue_ccms@fyfcs.org▪ Contact: 6380 9155
<ul style="list-style-type: none">▪ Novena▪ Toa Payoh	Care Corner Seniors Services Ltd	<ul style="list-style-type: none">▪ Email: ccms.central@carecorner.org.sg▪ Contact: 6258 6601
	TOUCH Community Services Limited	<ul style="list-style-type: none">▪ Email: CCMS@touch.org.sg▪ Contact: 6352 0277
<ul style="list-style-type: none">▪ Geylang▪ Kallang▪ Rochor	Peace-Connect Cluster Operator (PeCCO)	<ul style="list-style-type: none">▪ Email: aco_pecco@sacs.org.sg▪ Contact: 6291 2491
	Thye Hua Kwan Moral Charities Limited (THKMC)	<ul style="list-style-type: none">▪ Email: thkccms-geylang@thkmc.org.sg▪ Contact: 6846 1228
<ul style="list-style-type: none">▪ Bukit Merah▪ Downtown Core▪ Newton▪ Orchard	<ul style="list-style-type: none">▪ Outram▪ River Valley	<ul style="list-style-type: none">▪ Email: hmccms@tsaofoundation.org▪ Contact: 6593 9595
	<ul style="list-style-type: none">▪ Singapore River▪ Tanglin	NTUC Health Co-Operative Ltd
<ul style="list-style-type: none">▪ Bedok▪ Marine Parade	Montfort Care	<ul style="list-style-type: none">▪ Email: Goodlife-CCMS@montfortcare.org.sg▪ Contact: 6242 3306
	Thye Hua Kwan Moral Charities Limited (THKMC)	<ul style="list-style-type: none">▪ Email: thkccms-bedok@thkmc.org.sg▪ Contact: 6241 8171
<ul style="list-style-type: none">▪ Changi▪ Tampines	St Andrew’s Community Hospital (SACH)	<ul style="list-style-type: none">▪ Email: gp_sasccms@sasc.org.sg▪ Contact: 6291 4672/ 6291 1861
	Lions Befrienders Service Association (LBSA)	<ul style="list-style-type: none">▪ Email: ccms.east@lb.org.sg▪ Contact: 6681 4939
<ul style="list-style-type: none">▪ Pasir Ris▪ Punggol▪ Seletar▪ Sengkang	AMKFSC Community Services Ltd	<ul style="list-style-type: none">▪ Email: refer2comnet@amkfsc.org.sg▪ Contact: 6451 0898 / 6385 0260
	St Luke’s Eldercare Ltd (SLEC)	<ul style="list-style-type: none">▪ Email: ccms@slec.org.sg▪ Contact: 9740 5030