



# CHURCH OF ST MARY OF THE ANGELS

PARISH VISION: TO KNOW CHRIST + TO LOVE CHRIST + TO SERVE CHRIST

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<h2 style="margin: 0;">Registration Form</h2> <h1 style="margin: 0;">Family Support Services</h1> <p style="margin-top: 10px;">This form should be submitted to the SMOTA Outreach Office, after that we would contact you for further details or a face to face interview when required.</p>	<b>For Official Use Only</b>
	Case ID :  Referred by :  Date of Submission : (DD/MM/YYYY)

**To be eligible for support & services, you would be assessed base on your financial and non-financial situations. Hence, you may be asked to share related information and provide evidence to support the information provided.**

Eligibility Criteria	Please Self Check	Copy of Required Documents	Please Self Check
1. Singapore citizen, Permanent Resident, Work Permit, Special Employment Pass holders.	<input type="checkbox"/>	a (i) Front and back copy of personal document (e.g. NRIC, FIN, passport, driver’s license, etc)	<input type="checkbox"/>
		a (ii) Proof of residence via latest utilities or mobile bills indicating address of applicant	<input type="checkbox"/>
2. Household income with gross monthly income of ≤\$3,000 or a gross monthly per capita income of ≤\$850	<input type="checkbox"/>	b. Relevant documents indicating employment & income or recent payslip less than 3 months. Applicant’s name and company name clearly indicated	<input type="checkbox"/>
3. If you qualify for any government grants, you would have made applications with them first. For those who do not qualify for any government grants, please note point b.	<input type="checkbox"/>	c. Any relevant documentation or letter if you have applied, or already receiving government grants.	<input type="checkbox"/>
4. There shall be only one application per household.	<input type="checkbox"/>		
If you have met the 4 criteria, submit this form and the required documents to process with the application.			

**IMPORTANT NOTICE**

Please complete all sections below. Sign this form and submit it together with copies of the required documents to the parish office. Applications will be attended to on a first-come-first-served basis. Your application will only be processed when the completed set of form and documents have been received. By your submission of this application, you consent to disclose personal information to the Church of Saint Mary of the Angels for the purpose of corroboration, assessment, audits, and all correspondence relating to this application only. Where necessary or appropriate, you consent for us to make a referral to helping agencies.

<b>A. Information on applicant / household members</b> <i>(Please circle accordingly)</i>							
Full Name: (as in official documents)				NRIC/ FIN/ Passport #:			
				Gender M/F			
Occupation				Age			
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Others: (pls indicate)		
Full Name of Spouse				Age			
Ethnicity: (as in official documents)	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Eurasian		Date of Birth		
	<input type="checkbox"/> Malay	<input type="checkbox"/> Others: (pls indicate)					
			D	D	M	M	Y
Nationality:	<input type="checkbox"/> Singapore Citizen		<input type="checkbox"/> Singapore PR		<input type="checkbox"/> Others: (pls indicate)		
Religion:	<input type="checkbox"/> Roman Catholic		If so, are you from SMOTA?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Buddhist		<input type="checkbox"/> Hindu		<input type="checkbox"/> Muslim		<input type="checkbox"/> Others:(pls indicate)
	<input type="checkbox"/> Christian		<input type="checkbox"/> Taoist		<input type="checkbox"/> Sikh		
Mobile HP:				Email:			
Home Tel:				<b>Important:</b> Email is our main mode of communication with you. Please verify.			
Address of Residence				HDB : <input type="checkbox"/> 1 / <input type="checkbox"/> 2 / <input type="checkbox"/> 3 / <input type="checkbox"/> 4 / <input type="checkbox"/> 5			
				<input type="checkbox"/> Rented	<input type="checkbox"/> Owned	<input type="checkbox"/> Shared	
Household Size:	Total number in household		Household members include the applicant, spouse, children, domestic helper, and relatives staying at the same residential address.				
<p>Are you, your household members, currently being covered by any funding, support and services provided by</p> <p>(i) Church of St Mary of Angels (ii) Fei Yue Family Service Centre (iii) other government &amp; non-government organisations (iv) others</p> <p> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please list down the Name of the funding, support, services <b>that you have applied / or are receiving now</b> (i.e. ComCare, Workfare Special Payment, SSO, MUIS, SINDAS, CDAC, school pocket money fund, ... etc)</p> <p> _____</p>							

<b>B. Health Status of applicant ( Physical / Mental )</b>
Please circle if you have been diagnosed :
<input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Kidney <input type="checkbox"/> Liver <input type="checkbox"/> Asthma <input type="checkbox"/> Heart <input type="checkbox"/> Cancer <input type="checkbox"/> Depression
<input type="checkbox"/> Others (Please specify for yourself and household members where applicable) :  

<b>C. Details of Household members</b>				
S/N.	Name	Age	Relationship	Employment Status (Employed/ unemployed/ student)
1				
2				
3				
4				
5				
6				
7				
8				

<b>D. Remark on the situation in the family seeking help ( For Official Use Only)</b>
(Interviewer please describe the family’s situations past 3 months & the needs in coming 6 months) - points form     

<b>E. Monthly Household Income Expenditure ( For Official Use only )</b>				
<b>Income</b>		<b>\$</b>	<b>Expenditure</b>	<b>\$</b>
Husband's gross income			Housing loan / Rental fee	
Wife's gross income			Service & conservancy	
Other's gross income			Utilities	
Other sources of income			Phone	
Other sources of grant, support			Internet	
			Food	
			Sundry	
			Work expenses	
			School pocket money	
			Milk powder	
			Diaper	
Total Gross				
<b>Total Nett Income</b>			<b>Total Expenditure</b>	
<b>Income less expenditure:</b>			<b>Household Income per capita</b>	
<b>Assessed by / Date</b>				
<b>Relevant documents to submit (Circle which applicable)</b>				
<input type="checkbox"/>	Spouse NRIC	<input type="checkbox"/>	Update bank statements / Account book	
<input type="checkbox"/>	Children's BC / NRIC	<input type="checkbox"/>	Grant support letters	
<input type="checkbox"/>	Marriage certificate	<input type="checkbox"/>		
<input type="checkbox"/>	Payslips / CPF statements			
<b>Reported by:</b>				<b>Date:</b>

<b>F. Declaration and Personal Data Protection Notice</b>	
<p>a. I declare that the information provided in my application is true to the best of my knowledge, information and belief.</p> <p>b. This is the only application made by my household.</p> <p>c. I understand that any wilful omission or suppression of information may result in the rejection of the application with immediate effect.</p> <p>d. I allow the parish of St. Mary of the Angels to collect and use my household members’ and my personal information, for the purpose of assessing eligibility of and outreach support services and activities.</p> <p>e. The duration of support services would be reviewed every 6 months and extended on case by case basis.</p>	
Applicant’s Full Name and Signature or Thumbprint	Date

<b>G. Recommendation &amp; Approval (For Official Use Only)</b>													
<p>1. Milk Powder Formula <input type="checkbox"/></p> <p>2. Diapers <input type="checkbox"/></p> <p>3. Dry Rations <input type="checkbox"/></p> <p>4. Services <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>Recommended by : _____</p> <p>Date : _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: left; padding: 5px;"><b>For Official Use Only</b></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Case ID</td> <td style="padding: 5px;">:</td> </tr> <tr> <td style="padding: 5px;">Interviewed by</td> <td style="padding: 5px;">:</td> </tr> <tr> <td style="padding: 5px;">Effective Start Date</td> <td style="padding: 5px;">:</td> </tr> <tr> <td style="padding: 5px;">Date next review</td> <td style="padding: 5px;">:</td> </tr> <tr> <td style="padding: 5px;">Approved by</td> <td style="padding: 5px;">:</td> </tr> </tbody> </table>	<b>For Official Use Only</b>		Case ID	:	Interviewed by	:	Effective Start Date	:	Date next review	:	Approved by	:
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