Disability Case Management Programme (DCMP) Application Form

Instructions to Referring Agencies

1) Use the checklist in Section A to determine if the DCMP Team should be the Case Lead. Check the relevant boxes and ensure that the admission criteria are met.
2) Identify the DCMP Service Provider based on client's residential address (as per NRIC). In Section B, indicate the service provider and the URA Planning Area[1] client resides in.
3) Provide the information required in Sections C to F.
4) Send the completed application form, together with the social report (compulsory), NRIC of client and caregiver (if possible), and other supporting documents[2] (if any) to the DCMP Service Provider identified via the following email address:
    a. MINDS: dcmp@minds.org.sg
    b. Rainbow Centre: aes@rainbowcentre.org.sg
5) DCMP Team will acknowledge receipt of the submission within 1 to 2 working days.

Quick Reference	
Main Client's Name:	

Section A: Admission criteria (Check the relevant boxes)	
(i) Does client fulfil all the following?	
☐	Is a Singapore Citizen or Permanent Resident with at least one immediate family member who is a Singapore Citizen
☐	Aged 60 and below
☐	Is a person with disability with complex needs, i.e. diagnosed / suspected intellectual disability and/or autism with high behavioural needs or communication barriers
(ii) Indicate if client is facing any of the following:	
☐	**High Behavioural Needs or Communication Barriers**: client with communication barriers or high behavioural needs that are intense, frequent or challenging to the point that they interfere significantly with their daily functioning, safety (i.e. aggression, self-injurious behaviours, etc.) or ability to participate in community or care settings
	Elaborate (if indicated):
☐	**Challenging Family Circumstances**: client whose caregiving arrangements have broken down, or are at risk of breaking down and thus require urgent support. These challenges may manifest as caregiving stress and/or tension, which can interfere with the family's ability to provide a safe and stable environment for the client.
	Elaborate (if indicated):
☐	**Need for Multidisciplinary Interventions**: client requires multi-disciplinary intervention and/or mental health support by disability-trained professionals and/or cannot be supported by generalist case workers.
	Elaborate (if indicated):

[1] Can be identified by entering client's postal code into the search bar on this website: https://www.ura.gov.sg/maps/index.html

[2] Examples (non-exhaustive) include medical report(s), educational report(s) and certificate(s).

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(iii) For the below scenarios, the DCMP team would <u>not</u> be the default Case Lead – they may co-manage the case if required. Please indicate if:	
☐	Client is involved in violence/abuse (whether as victim or perpetrator) – such cases should be referred to the violence specialist agencies
☐	Client is enrolled in a government-funded disability service (that is resourced with social workers) – the service provider would be the natural touchpoint and should serve as the Case Lead
If the criteria in (i) is not met but you would like to refer client to DCMP still, please indicate the reason(s) below and elaborate in the social report.	

Section B: DCMP Service Provider (Check the relevant boxes)		
☐	**MINDS**	☐ **East** Region *(Bedok, Changi, Changi Bay, Pasir Ris, Paya Lebar, Tampines)* ☐ **North-East** Region *(Ang Mo Kio, Hougang, North-Eastern Islands, Punggol, Seletar, Seng Kang, Serangoon)* ☐ **Central** Region (<u>selected</u> Planning Areas only) – please check the box accordingly: ☐ Bishan ☐ Geylang ☐ Marine Parade ☐ Toa Payoh
☐	**Rainbow Centre**	☐ **West** Region *(Boon Lay, Bukit Batok, Bukit Panjang, Choa Chu Kang, Clementi, Jurong East, Jurong West, Pioneer, Tengah, Tuas, Wester Islands, Western Water Catchment)* ☐ **North** Region *(Central Water Catchment, Lim Chu Kang, Mandai, Sembawang, Simpang, Sungei Kadut, Woodlands, Yishun)* ☐ **Central** Region (<u>selected</u> Planning Areas only) – please check the box accordingly: ☐ Kallang, Marina East, Marina South, Museum, Novena, Rocher, Straits View ☐ Bukit Timah, Queenstown ☐ Bukit Merah, Downtown Core, Marina East, Marina South, Newton, Orchard, Outram, River Valley, Singapore River, Southern Islands, Straits View, Tanglin

Section C: Particulars of main client (Fill in as much as possible)			
Name*:		Full NRIC No*:	
Date of Birth (Age)*:		Citizenship*:	
Sex*:		Race:	If Others, to indicate:
Disability*:		Highest education level:	If Others, to indicate:
Language(s) spoken:		Attended SPED school?	If yes, to indicate:
Employment status/ details:		Contact No:	(Please indicate if this is the number of the client or caregiver)
Home Address:			

Required fields

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Section D: Particulars of caregiver(s)						
To add a new row as necessary for additional caregiver by clicking '+' at bottom right of the table						
S/N	Name	Sex	Age	Relationship to main client	Citizenship	Occupation
1						
2						

Section E: Main presenting issues	
To indicate presence of risks and main presenting issues per your assessment of client/caregiver(s), and to elaborate in the social report	
Summary of client's current caregiving arrangement	
Main presenting issue:	
Secondary presenting issue(s) (if any):	
To indicate if client/caregiver(s) has mental health concerns and/or medical issues and describe briefly	
To indicate if there are other risks that the DCMP team should be aware of	

Section F: Referring agency			
Date: (DD/MM/YYYY)		Case ref (if any):	
Name of Agency:		Name of Staff:	
Contact No:		Email:	
Type of services rendered to client:		How long have you been working with client?	
Will you be present for the intake interview?			
Did client/caregiver(s) give consent for application to be made to DCMP?			

Section G: Case Assignment (For DCMP Team's Internal Reference)			
File ref:		Name of Reviewer:	
Outcome:		Reason(s):	
Assigned to:		Date of case assignment:	
HOD's comments (if any):			

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