

# Referral to Wicare Support Group

Please complete and email to: [wishine@wicare.org.sg](mailto:wishine@wicare.org.sg). For enquiries, please call 6354 2475 / 9616 5091/ 8979 0078

|                                |  |                    |  |       |
|--------------------------------|--|--------------------|--|-------|
| Name of referring Organisation |  | Name / Designation |  |       |
| Contact No.                    |  | Email              |  | Date: |

## Information about client

|                                  |  |                                                                 |  |
|----------------------------------|--|-----------------------------------------------------------------|--|
| Full Name                        |  |                                                                 |  |
| Address                          |  |                                                                 |  |
| Email Address                    |  |                                                                 |  |
| Contact No                       |  | Date of Birth                                                   |  |
| Occupation                       |  | Nationality                                                     |  |
| When did she experience her loss |  | Languages spoken<br>English / Mandarin / Malay / Tamil / Others |  |
| How many children does she have  |  | How old are they?                                               |  |

## Background of her loss

## Family background

## Financial situation (if applicable)

## Support Required

|                                                                                                                                             |                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Grief Counselling<br><input type="checkbox"/> Care and Connect Group<br><input type="checkbox"/> Emotional support | <input type="checkbox"/> Social support / activities / friendship<br><input type="checkbox"/> Others – please specify |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|