

Assessment Form

(To Be Completed By the Interviewer Only)



**Social Concern Fund
LIVING HOPE METHODIST CHURCH**

Details of Applicant

Name of Applicant:

Age:

IC number:

Details of Family members:

<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Occupation</u>

Assessment Form

(To Be Completed By the Interviewer only)



Social Concern Fund LIVING HOPE METHODIST CHURCH

TYPE OF APPLICATION:

New / Repeat (Delete where relevant)

CASE REF NO: _____

1. AVERAGE MONTHLY HOUSEHOLD INCOME AND EXPENDITURE

INCOME (net)	AMT (\$)
Salary (full-time employment)	
Salary (part-time employment)	
Public / Financial Assistance	
Contributions from family members	
Alimony	
Scholarship / Bursaries	
Insurance Claim	
Other (e.g Food rations)	
Total	

EXPENDITURE	AMT (\$)
Rent / House installation	
PUB	
Telephone charges	
Food / Marketing	
School Fees	
Children Allowance	
Transport	
Medical	
Loans	
Miscellaneous	
Others (please specify)	
Total	

ARREARS / Outstanding	AMT (\$)
HDB (a/c)	
PUB (a/c)	
Property Tax (a/c)	
Medical	
Loan	
Other (please specify)	
Total	

Updated: 07 / 2011

Assessment Form

(To Be Completed By the Interviewer only)

2. MEDICAL CONDITION OF FAMILY MEMBERS

			Fitness For Work (Tick the boxes & state the period of each category... to be supported by doctor's certification where applicable)		
Name of Family Members	Type of Illness	Hospital / Clinic	Normal Duties	Light Duties	Unfit for Work

3. PLANS OF ACTION

What are the immediate and future plans to improve the financial situation of this household?

Who will take action for change and the time needed?

**(Please attach relevant documents to verify the above information
I/We hereby certify that the information given by me/us is true and correct.**

Date

Signature of Applicant

Name of Interviewer

Signature of Interviewer

For Official Use

Amount of assistance needed / frequency
(Determined by Pastor / Preacher / Social chair) : _____

Name of Signature of Pastor / Finance Chair / Social Chair : _____

Date : _____