



CONFIDENTIAL

PERSATUAN DAYBREAK INTAKE FORM

Source of Referral

Reference No.

Date of Referral

Application For

Registration No.

Date of Admission

Date of Discharge

Photo

SOURCE OF INFORMATION

	Date	Description
<input type="checkbox"/> Referral Document		
<input type="checkbox"/> Collateral Contact		
<input type="checkbox"/> Family Members		
<input type="checkbox"/> Applicant		
<input type="checkbox"/> Others		

IDENTIFYING DATA

Full Name :	Gender :	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth :	NRIC :	
Marital Status :	Religion :	
Address :		

PARENTS / LEGAL GUARDIAN

Full Name :	Relationship :
NRIC :	Age :
Occupation :	Approximate Income p.m./p.d. :
Education Level :	Gender : <input type="checkbox"/> M <input type="checkbox"/> F

Correspondence Address :	
Email Address :	
Telephone No. (Home) :	Office :
Mobile No :	

FAMILY COMPOSITION				
Full Name	Date Of Birth	Relationship	Gender	Remarks Occupation & Income/ Grade School Fees

EMERGENCY CONTACT PERSON			
Full Name :			Relationship :
Telephone No.(Home) :	Office No :	Mobile No :	
Address :			

SOCIAL WELFARE SERVICES RECEIVED BY APPLICANT	
	Organization
	Reference No.
(a) Disability Allowance	
(b) Counseling	
(c) Social & Recreational Activities	
(d) Special Transport	
(f) Others. Specify :	

MAJOR DISABILITIES

1. Physically Disabled No Yes If "Yes" please Specify:

2. Mentally Handicapped No Yes If "Yes" please Specify:

3. Hearing No Yes If "Yes" please Specify:

4. Vision No Yes If "Yes" please Specify:

5. Others :

SELF CARE ABILITIES

	Without Help	With Help	Not At All	Remarks	Rehab aid Used
Self Feeding					
Self Dressing					
Self Grooming					
Self Bathing					
Mobility					
Toileting					
Medication					

COMMUNICATIVE ABILITIES

Receptive Ability Able to Unable to

Occasionally follow simple instructions

Expressive Ability Facial expressions Simple words

Gestures Sounds

Intelligible speech

SCHOOLING, TRAINING AND EMPLOYMENT RECORD

Education Level No education Tertiary education

Primary education Special School

Secondary education Others. Specify ...

Training	Name of Organization	Date of Admission	Date of Discharge	Reason for Discharge
1. Vocational Training Centre				
2. Supported Employment				
3. Sheltered Workshop				
4. Day Activity Centre				
5. Home Based Training				
6. Others. Specify ...				

OPEN EMPLOYMENT				
Occupation	Employer	From	To	Reason for Leaving

ENDORSEMENT			
Date	Entry	Name / Signature	Remarks
	Application form Administration Department		
	Social Enquiry Form - CBR Officer		
	Occupational Therapist		
	Training Officer		

REVIEWS AND RECOMMENDATIONS

1. Application form

Accept

Reject

2. Health Assessment form

Accept

Reject

3. Social Enquiry form

Accept

Reject