

**REFERRAL FORM**  
**to WE CARE Community Services Ltd**  
(updated as at 24/03/2025)  
Email to: [help@wecare.org.sg](mailto:help@wecare.org.sg) / Tel: 3165 8017

Referred by: _____	Date: _____
Organisation: _____	Email: _____
Designation: _____	Tel: _____
<input type="checkbox"/> I/we declare that we have obtained consent to the collection, use and disclosure of the referred person's personal data, and/or assess that this disclosure is in the interests of the referred person, for evaluative purposes for receiving services from WE CARE Community Services.	
Signature: _____	

**Information on Referred Person**

Name of Person (as per NRIC) : _____		
Date of Birth: _____	Gender: M / F	Nationality: _____
Address: _____		
Contact Tel: _____	(Home/Other)	_____ (Mobile)
Education Level: _____		Marital Status: _____
Spoken language: English / Malay / Mandarin / Tamil / Others		
Primary Issue: Drugs / Alcohol / Gambling / Sex / Compulsive Behaviour / Shoplifting / Others		
<b>Referral to</b> (cross the boxes):		
<input type="checkbox"/> Support Group <input type="checkbox"/> Counselling <input type="checkbox"/> Programme <input type="checkbox"/> Others ( _____ )		
<b>Remarks:</b> _____		
_____		
_____		

**To be completed by WE CARE:** (To reply to referring agency within 5 working days)

Received referral on: \_\_\_\_\_ Attended by Counsellor/RSO: \_\_\_\_\_

Outcome of Referral: \_\_\_\_\_

\_\_\_\_\_