



HIRA SOCIETY

Toward Visionary Family

UEN : T13SS0039E



TEDUHAN KASIH Application Form

HIRA
TEDUHAN KASIH

Applicant Information

Name:		Marital Status:	
Date of Birth:	NRIC:		Religion:
Mobile Phone:	Race:		

RESIDENT RULES AND RESPONSIBILITIES

- 1) The shelter is not responsible for any personal items left during the day.
Personal belongings will be disposed of 24 hours after a resident leaves the shelter.
- 2) Residents do not need to pay any fee while staying at Hira Teduhan Kasih.
- 3) All residents/supervisees will have to attend all Hira scheduled programmes.
- 4) No sexual activity is allowed. At no time are women to be in the men's dorm.
- 5) No smoking at the shelter or at the entrance of the building, smoking is allowed below the apartment or 100m from the shelter..
- 6) Residents who are caught to take drug will be send to IMH for the first timer and terminate without notice on the second time.
- 7) Residents are given only 3 to 6 months staying based on the conduct and approval from the authority.
- 8) No handphone is allowed and all credit cards are to be given to office.
- 9) Make sure the shelter is clean and secured at all times.
- 10) Residents need to participate volunteering work at any events organized by Hira Society.

RESIDENT ACKNOWLEDGEMENT

I, _____, NRIC-No. _____ have read above resident rules and responsibilities and understand that failure to comply subjects my behavior, or lack thereof, to disciplinary procedures or dismissal from the program.

Signature of Applicant:

Date:



Blk 539 Bedok North Street 3, #01-527 (Level 2) Singapore 460539
Tel: 66363265

HIRA SOCIETY
Special Recovery Centre

Registration Number: 110001881 and 110001882

ADMITTANCE AND INDEMNITY FORM

To TEDUHAN KASIH – HIRA SOCIETY

Temporary sheltered home cum help centre for recovering addict and ex-convicts.

Name: _____

Nric No: _____

Address: _____

Next of Kin: _____

Contact: _____

Reason for Admittance: _____

Referred by: _____

Medical information, allergies and concerns: _____

_____ Nric No. _____

Here by voluntarily admitted myself to TEDUHAN KASIH – HIRA SOCIETY

Residential short stay (3 months – 6 months)

Residential long stay (6 months onwards)

Drop In (from 9pm till 9pm)

Counselling

Others _____

Please agree to and comply with the following:

All persons enter the admittance and evaluation facility at their own risk. Entirely and fully at their own risk! Neither management, landowner nor staff or any trustee will be liable in any way for any reason whatsoever.

All new persons must supply a verifiable identity and/or allow for police check.

All persons must hand in all medication and make a full disclosure of medical conditions. Medication will be dispensed as prescribed. We strongly recommend a doctor's report and we accept no liability in the event of health problems or death.

GENERAL RULE WHEN LIVING TOGETHER

These are rules which set out how we all live together in the house and govern the standards of acceptable behaviour and hygiene. They are necessary to ensure that the house is safe and comfortable to all clients.

It is important that you confront each other on the state in which the house is left. (This means that if there are messes in one of the rooms try to find out who made it and ask them to clean up). This would assist in your housemate's therapeutic process and will ensure that the house is kept neat and clean.

Any contravention of these rules will result in specific consequences (for example you may be required to do certain duties or be exempt of certain privileges), and may further result in verbal warnings or written warnings leading to expulsion.

BATHROOM

- Ensure that the bath tub is washed after you have taken a bath.
- Make use of towels or mats to ensure that no water is left on the floor after bathing or showering.
- Personal toiletries should not be left in communal bathrooms.
- Ensure that the bathroom is clean and tidy prior to leaving same.

BEDROOMS

- No males are permitted in the female bedrooms and no female are permitted in the male bedrooms.
- No visitors are permitted in bedrooms.

I _____ understand and agree to the above terms and conditions and indemnify of Teduhan Kasih – Hira Society or any person associated with this Sheltered Home of any liability as stated herein. I declare that I understand and I am of sound mind and that I am not intoxicated in any way. (Briefed and Explained in.....ENGLISH or MALAY)

Name: _____

Signature: _____ Date (in full): _____

Nric No _____ DOB: _____

Address: _____

Admitted by staff on duty Name _____

:Signature: _____ Date (in full) _____

