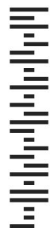


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BUSINESS REPLY SERVICE
PERMIT No. 08394



New Hope Community Services
Block 148 Yishun Street 11
#01-123
Singapore 760148

Vision

Giving *Shelter of Hope* to needy individuals and families.

Mission

Helping our clients with short-term accommodation.

Offering our clients with referrals and job placements.

Providing counseling and life-skill programmes.

Empowering our clients through skills upgrading and character development.

Our Registrations and IPC Information

New Hope Community Services is a Voluntary Welfare Organization (VWO), registered with the Registry of Societies on 16th Jan 2004 (registration no. 0333 of 2003) and the Commissioner of Charities on 13th Oct 2004 (registration no. 01825).

NHCS was admitted as a full member of NCSS on 1st November 2005.

我们非常感谢您对新希望社区服务的支持

我们的愿景

让有需要的个人及家庭拥有栖身之所的希望

我们的使命

为求助者提供短期住宿
为失业者介绍工作及配对工作
提供辅导及生活技能训练
协助他们提升技能及建立良好品格

新希望社区服务是一个志愿福利团体，于2004年1月16日及同年10月13日分别向社团注册局及慈善理事会注册（注册号码是0333/2003及01825）。

新希望社区服务也在2005年11月1日被国家福利理事会接受为会员。

Office: Block 148 Yishun Street 11, #01-123, Singapore 760148
Telephone: 6305 9620 Facsimile: 6755 3684
Email: info@newhopecs.org.sg Website: www.newhopecs.org.sg



NEW HOPE
COMMUNITY
SERVICES

A Shelter of Hope

For Needy Individuals and Families

New Hope's Core Services

SHELTER FOR DISPLACED FAMILIES

This shelter plays a important role in providing evicted families with temporary accommodations while they are given practical assistances to seek long-term housing, relevant referrals, programmes and emotional support through in-house social workers who will work with other relevant agencies.

Having a safe physical accommodation is one of the basic needs of an individual, let alone a family. Thus, this programme serves as an interim solution, enabling the parents/breadwinner to focus their energy and resources on more pressing problems/issues such as seeking employment, looking for a suitable and longer term accommodation etc. In addition, this project seeks to help the families get back on their feet again without having to risk breaking up the family due to the stress and tension that may arise from the circumstances they are in. Hence, the family nucleus would be preserved.

SHELTER FOR MEN-IN-CRISIS

Housing is one of the critical needs for an ex-offender upon his/her release from prison. Some ex-offenders might be rejected by their families for various reasons or do not have a safe and conducive home environment to return to. The Aftercare Residential Programme (ARP) is an alternative form of community-based programme as a temporary form of safe accommodation for ex-offenders while they work out other issues that facilitate their reintegration to the community.

The shelter aims to provide temporary residential services and aftercare support for a period of six months. The programme aims to facilitate the ex-offender to secure long-term accommodation and to be self-reliant in the long run, through the provision of services to support the ex-offender and his/her family and significant others.

新希望的核心服务

为离异家庭提供庇护所

这个庇护所为那些被赶出的家庭提供暂时住宿扮演一个非常重要的角色。他们不单获得寻找长期住宿的援助，也通过与政府相关机构携手合作的本社区义工，为他们作出推荐、提供培训及心理辅导。

拥有一个安全的栖身之所是每个人的基本需要之一，更何况是家庭。所以，这项服务只是一个临时的解决方案，好让一家之主能够集中精力解决更迫切的问题，如寻找工作或一个较妥当及长久的住宿等。同时，这项服务能够帮助有关家庭重新站立起来，不会被环境所迫而冒丢离子散的风险。因此，这个家庭核心将会受到保护。

为面临危机的人提供庇护所

一个出狱的前囚犯 不论是男女,最迫切的需要之一就是房子。一些前囚犯或许因某些原因而不被其家人接受,以致有家归不得或没有一个安全及适当的居住环境。在这个以社群生活为基础的计划下,他们将可以找到一临时栖所,然后设法解决问题,以便易于重新融入社会。

这个庇护所旨在提供为期六个月的临时住宿及援助，目的是要帮助他们找到长久的住宿，以及通过为他们的家人或亲属提供支援，让他们能够自力更生。

Do not staple. Glue all sides firmly.

APPLICATION FORM FOR INTERBANK GIRO

^ Date:	Name of Billing Organization: New Hope Community Services	
^ To: Name of Bank:	^ New Hope Community Services Donor's Name:	
^ Branch:	^ New Hope Community Services Donor's Reference: (NRIC No.)	
	^ Amount to be deducted monthly <input type="checkbox"/> \$10 <input type="checkbox"/> \$30 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Others _____ <input type="checkbox"/> Or a 1-time payment of \$_____ through bank deduction.	
(a) I/We # hereby instruct you to process New Hope Community Services instructions to debit my/our account. (b) You are entitled to reject New Hope Community Services debit instruction if my/our # account does not have sufficient funds and charge me/us # a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly. (c) This authorization will remain in force until terminated by your written notice sent to my/our # address last known to you or upon receipt of my/our # written revocation through New Hope Community Services. (d) It is New Hope Community Services responsibility to inform banks upon the expiry of this authorization and to ensure no deductions are made thereafter.		
^ My/Our # Name (s) as in Bank's record:	^ My/Our # Contact (Tel/Fax) Number (s):	
^ My/Our # Account Number:	^ My/Our # Company Stamp/Signature (s)/Thumbprint (s) *	

Do not staple. Glue all sides firmly

PART 2: FOR NEW HOPE COMMUNITY SERVICES COMPLETION

Bank	Branch	New Hope Community Services Account No.
7 1 7 1 0 1 5		0 1 5 9 0 0 7 7 6 6
Bank	Branch	Account Number To Be Debited

PART 3: FOR BANK'S COMPLETION

To: New Hope Community Services

This Application is hereby REJECTED (please tick) for the following reason (s):

- ☐ Signature/Thumbprint # differs from Bank's records
☐ Signature/Thumbprint # incomplete/unclear #
☐ Account operated by signature/thumbprint #
- ☐ Wrong account number
☐ Amendments not countersigned by customer/New Hope Community Services
☐ Others: _____

Name of Approving Officer	Authorized Signature	Date
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* For thumbprints, please go to the branch with this form and get the officer to witness.

Please delete where inapplicable

Do not staple. Glue all sides firmly.

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