

**Conversion of Self-care Hostel and Home for the Aged Places
into Care and Attention Places Providing Continuum of Care**

Indication of Interest

PART I

Home name & address:

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Agency:

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Current capacity:

	<i>Total no. of places (including agency quota places, infirmary unit places and emergency places, if any)</i>	<i>No. of agency quota</i>
C&A		
H/A		
S/C		
Total		

Total no. of S/C and/or H/A vacancies as of **31 May 2005**:

	<i>No. of vacancies outside agency quota (excluding vacancies of emergency places, if any) (a)</i>	<i>No. of vacancies within agency quota (b)</i>	<i>Total no. of vacancies (a) + (b)</i>
H/A			
S/C			
Total			

Of (b) above, no. of vacant agency quota places to be filled: H/A _____ S/C _____

Proposal: [Please tick **one** of the following.]

- A. Plan to convert in-situ all existing S/C and/or H/A places of the home into C&A places providing continuum of care. [*For homes fulfilling the eligibility criteria, please complete **PART II-VII** below according to **the Guide**.*]
- B. Plan to merge the aforesaid home with _____ (which is/are also eligible for conversion) and convert all existing S/C and/or H/A places into C&A places providing continuum of care. [Please complete **PART VI-VII** below and submit a brief proposal according to **the Guide**.]
- C. Plan to phase out all existing S/C and/or H/A places. [Please complete **PART VI-VII** below and submit a brief proposal according to **the Guide**.]
- D. Others. [Please complete **PART VI-VII** below and *specify* by submitting a brief proposal with justifications for alternative plans.]

NB. Please consult ***the Guide to Applications*** before completing this form; and refer to **Appendix** below for the requirements on supplementary submissions.

PART II

Physical Readiness:

a. Call bell installed for each bed in dormitories:

All beds; **OR** _____ out of _____ beds

b. Wheelchair accessible toilet and bathroom available within dormitories:

All dormitories; **OR** _____ out of _____ dormitories

c. Wheelchair accessible communal toilet and bathroom:

_____ in total on _____ number of floor(s)

d. Physiotherapy/exercise room and equipment: Yes No

e. Elevator:

- Not applicable, the home is on single floor
- Yes, on all floors
- Yes, on ____/F, ____/F, ____/F (the home occupies ____/F to ____/F)
- Not available
- Not available but alternative means is available for climbing stairs, e.g. electric climber

f. The year in which the last major physical renovation was carried out:

Year: _____ Source of funding: _____

Upon completion of Conversion, the Home will provide -

Total number of _____ subsidised LTC places; AND

Total number of _____ self-financing residential care places; AND/OR

Total number of _____ self-financing day care places

Please provide the following information and elaborate separately where necessary:

Existing room types:	<i>Number of dormitories</i>	<i>Sub-total of no. of places</i>
1-person room		
2-person room		
3-person room		
4-person room		
5-person room		
6-person room		
-person room		
-person room		
-person room		
Total:		
<i>Breakdown of no. of existing places –</i>	<i>Male:</i>	
	<i>Female:</i>	

Proposed room types for subsidised LTC places upon completion of conversion:

Proposed room types	<i>Number of dormitories</i>	<i>Sub-total of no. of places</i>
1-person room		
2-person room		
3-person room		
4-person room		
5-person room		
6-person room		
-person room		
-person room		

Total:

Breakdown of no. of converted places –

	Male:
	Female:

Note: Please attach (i) layout plan(s), 1:100 in scale and with dimensions of the home *as of now*; and (ii) a preliminary layout plan, 1:100 in scale and with dimensions, showing the set-up of the home and bed layout upon completion of conversion, with clear indication of the areas designated for the self-financing section, if any; and a brief comparison of the proposed schedule of accommodation to the one at Annex 1.

PART III

Estimated lead-time to complete physical renovation of the minimal number of dormitories and bathrooms for shared use, where necessary, for admitting elders to the first batch of C&A places with continuum of care as converted from S/C and/or H/A vacant places:

- Physically ready *as it is*.
- Minor renovation required, to be completed in _____ months
 Estimated cost for Fitting-out Works : \$ _____
- Funding source: Self-financed LF Minor Grant required
- Estimated cost for Furniture and Equipment : \$ _____
- Funding source: Self-financed LF Minor Grant required

Note: Please attach the Minor Grant application (Annex 5.1 of the Lotteries Fund Manual) if necessary according to *the Guide*. Layout plan(s) of 1:100 in scale and with dimensions, the proposed renovation works in the affected area(s) to be carried out with the minor grant and detailed plan(s) of 1:50 scale and with dimensions to show more details of such proposed renovation works if carried out in toilet cum shower rooms of the home upon completion of conversion are required when submitting this Indication of Interest.

PART IV

Agency quota of C&A places to be returned to SWD upon completion of conversion (optional):

_____ out of _____ existing C&A agency quota

PART V Proposal for Self-financing Services

A. Proposal for Self-financing Residential Care Services for the Elderly

Upon completion of Conversion, the Home will provide -

Total number of _____ subsidised LTC places; AND

Total number of _____ self-financing residential care places.

Proposed Layout#

Please provide the following information regarding the self-financing residential care places and elaborate separately where necessary:#

Room types:	<i>Number of dormitories</i>	<i>Sub-total of no. of places</i>
1-person room		
2-person room		
3-person room		
4-person room		
5-person room		
6-person room		
-person room		
-person room		
-person room		
Total:		

Please clearly indicate the areas designated for the self-financing section in the preliminary layout plan showing the set-up of the home upon completion of conversion.

AND/OR

B. Proposal for Self-financing Day Care Services for the Elderly

Upon completion of Conversion, the Home will provide -

Total number of _____ subsidised LTC places; AND

Total number of _____ self-financing day care places.

Proposed Layout#

Estimated usable floor area of the entire home upon completion of conversion:

_____ sq m

Estimated floor area designated for the provision of self-financing day care places:

_____ sq m

Please clearly indicate the areas designated for the self-financing section in the preliminary layout plan showing the set-up of the home upon completion of conversion.

PART VI List of supplementary submissions: [Please *serialise*.]

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PART VII Undertaking/declaration:

On behalf of the agency, I undertake –

- (a) to implement the proposal set out in this Indication of Interest; and
- (b) to consult staff and residents of the aforesaid home about the plan for conversion.

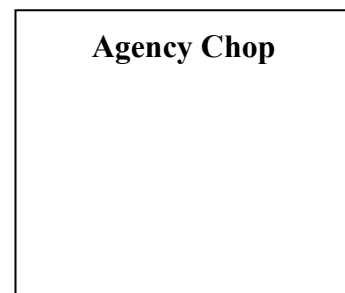
Name and signature of authorised person of the agency:

Name:

Title:

Tel.:

Date: / / 2005



NB. All homes are required to submit this Indication of Interest to Elderly Branch, Social Welfare Department, **by 15 September 2005** in order to be considered for Stage One of the conversion exercise.

For enquiry, please contact Mrs Gloria LEE, Senior Social Worker Officer (Elderly)5, Social Welfare Department at 2892 5509 (e-mail: sse5@swd.gov.hk).

Checklist of Submissions

I. For RCHEs with 15 or more long term vacancies

A. Operators should complete and submit five sets of hard copies of -

- IoI (with Part I to Part VII completed, where applicable); and
- Survey on Staff Training (i.e. Annex 8 of *the Guide*)

B. Eligible homes should also attach the following documents, where applicable -

1. Minor Grant Application (*optional for eligible homes that require the funding to kick-start the conversion works*) which should be accompanied by:

- (i) an existing layout plan, 1:100 in scale and with dimensions, of the entire RCHE premises;
- (ii) a proposed layout plan(s), 1:100 in scale and with dimensions, of the entire premises highlighting the proposed renovation works in the affected area(s) to be carried out with the minor grant *and* detailed plan(s) of 1:50 scale and with dimensions to show more details of such proposed renovation works if carried out in toilet cum shower rooms;
- (iii) a preliminary layout plan, 1:100 in scale and with dimensions, showing the set-up of the home and bed layout upon completion of conversion, with clear indication of the areas designated for the self-financing section, if any; and a brief comparison of the proposed schedule of accommodation to the one at Annex 1; and
- (iv) a completed application form for LF (minor grant) with the requisite details for fitting-out works and purchase of F&E (please refer to Annex 5.1 of *The Lotteries Fund Manual*).

2. Proposal for merging two or more homes which should include information on:

- (i) a preliminary plan stating which homes will be involved in the merging and among which will eventually be closed upon completion of merging;

- (ii) the number of subsidised LTC places as well as the number of any self-financing places to be provided in each of the home(s) involved upon completion of merging and in-situ conversion of them, including information on the proposed room types and number of dormitories of subsidised LTC places and self-financing places; and
- (iii) a preliminary plan on the proposed disposal and timetable regarding home(s) involved in the merging that will eventually cease providing subsidised residential care places, and a statement explaining why the premises concerned are not feasible for in-situ conversion because of structural constraints or inherent building problems.

3. Proposal for phasing out all existing self-care hostel and/or home for the aged places which should include information on:

- (i) a preliminary timetable for gradual phasing out its places; and
- (ii) a tentative proposal on the staff and residents arrangements at the final stage of wrapping up its operation.

4. Proposal for reprovisioning or redevelopment which should include information on:

- (i) a statement explaining why the premises concerned is not feasible for in-situ conversion because of structural constraints or inherent building problems; and
- (ii) in the case of proposal for redevelopment, a preliminary plan and timetable of the scale and scope of redevelopment, the overall cost estimates, sources of funding, and arrangements for existing residents.

II. For RCHEs with less than 15 long term vacancies

Operators should submit three sets of hard copies of -

- IoI (with at least Part I, Part II and Part VII completed; other parts are optional);
and
- Survey on Staff Training (i.e. Annex 8 of *the Guide*)