

RESTRICTED



From: _____
 (Name of Responsible Worker / Referring Worker)

To: LDS Office

 (Name of Office / Home)

Tel No.
 2961 7237

Our Ref.: _____

Fax No.
 2891 6922

Tel. No.: _____

Fax No.: _____

2838 9444

Date: _____

Application for Transfer of Resident to Infirmiry Unit in C&A Home

(A) Name of Applicant: _____ Sex /Date of Birth : _____

HKID / COE No.: _____ LDS Serial No.: (if any) _____

Name of Home in which Applicant is residing: _____ (Subvented/EBPS)

Home Address: _____

Tel. No.: _____ CSSA No. (if applicable) : _____

(B) Name of Contact Person: (Mr/Mrs/Ms) _____

Address: _____

Tel. No.: _____ Relationship with Applicant: _____

I confirm that the above-named applicant (*pl. ✓ in the box as appropriate*):

- (i) has not currently been registered for the purpose of receiving Infirmiry Care Supplement, and
- (ii) has been assessed by the CGAT and waitlisted in HA for Infirmiry Service, or
 has been assessed by CGAT to be not in need of infirmiry service but assessed by SCNAMO(ES) with MDS-HC assessment result indicating service option as 'beyond nursing home'

Copies of documents attached (*pl. ✓ in the box as appropriate*):

- (i) LDS Form HA 12 'Result of Assessment by Community Geriatric Assessment Team', or
- (ii) LDS Form HA 12 'Result of Assessment by Community Geriatric Assessment Team', MDS-HC and LDS Form 4 'Notification of Assessment Result'

Name of Responsible Worker / Referring Worker: _____

Signature: _____ Date: _____

Name of Supervisor / Superintendent: _____

Signature: _____ Date: _____

Confirmation of Registration for Transfer of Resident to Infirmiry Unit in C&A Home

(to be completed by the LDS Office / Elderly Branch)

Registration No.: _____ Date of registration: _____