

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

Name of applicant: _____ Sex / Age: _____

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

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

Home Address : _____

I confirm that the above-named applicant:

- (i) has not currently been registered for the purpose of receiving Infirmiry Care Supplement,
- (ii) a. has been assessed by the CGAT and waitlisted in HA for Infirmiry Service, or
- b. 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:

- (i) LDS Form 13 'Consent for Admission to Long Term Care Services'
- (ii) a. LDS Form HA 12 'Result of Assessment by Community Geriatric Assessment Team'
- b. 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: _____