

**Application for Extension
of Emergency Placement Service for Elders**

(A duplicate of this form should be sent to Elderly Branch/SWD
[Attn: S(E)1] on Fax no. 2832 2936.)

To : Superintendent

(Name of Home)

Fax No. : _____

1. Name of Applicant : _____

2. Date of Admission : _____

3. Expected Date of Discharge : _____

4. Reason for extension and discharge plan:

5. Remarks (if any):

I shall be responsible for the welfare and discharge plan of the above-named applicant occupying the emergency placement.

Referring Social Worker

Countersigning Officer

Signature : _____

Signature : _____

Name : _____

Name : _____

Post : _____

Post : _____

Tel. No. : _____

Tel. No. : _____

Fax No. : _____

Fax No. : _____

Date : _____

Date : _____