

**Application Form for Emergency Placement Service for Elders**

To : Superintendent  
\_\_\_\_\_ (Name of Home)  
Fax No. : \_\_\_\_\_  
Date : \_\_\_\_\_

**Part I : Personal Information**

**(1) Particulars of applicant**

Name of applicant: \_\_\_\_\_ ( ) Sex: M / F  
HKIC No.: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Tel.: \_\_\_\_\_  
Religion: \_\_\_\_\_ Native Place: \_\_\_\_\_ Dialect Used: \_\_\_\_\_

**(2) Particulars of care-giver**

Name: \_\_\_\_\_ ( ) Sex: M / F Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Tel.: \_\_\_\_\_ Mobile/Pager: \_\_\_\_\_

**(3) Particulars of family members and relatives (please fill in if information is available)**

| Name | Relationship with applicant | Sex | Age | Occupation | If not living with applicant, give address & telephone number |
|------|-----------------------------|-----|-----|------------|---|
|      |                             |     |     |            |   |
|      |                             |     |     |            |   |
|      |                             |     |     |            |   |

**For emergency contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
Address: \_\_\_\_\_



- Mobility:  Independent  
 Self-ambulatory with walking aid or wheelchair  
 Always need personal escort  
 Bedridden

**(6) Activities of daily living**

|                     | <u>Fully Capable</u>     | <u>Partially Dependent on Others</u> | <u>Totally Dependent on Others</u> |
|---------------------|--------------------------|--------------------------------------|------------------------------------|
| Marketing           | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Cooking             | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>           |
| House-cleaning      | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Tidying up the room | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Simple laundry      | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Bathing             | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Dressing            | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Feeding             | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Washing face/hands  | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Toileting           | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>           |

**Part III : Application for Emergency Placement Service**

**(7) Type of emergency placement service applied and recommended**

(Please ✓ appropriate item)

- Home for the Aged       Care-and-Attention Home       Nursing Home

**(8) Period of emergency placement service requested**

From \_\_\_\_\_ to \_\_\_\_\_

**(9) Main reason for application (Please ✓ appropriate items and specify where necessary)**

- Homeless  
 Eviction  
 Discharged from hospital without caregivers  
 Relationship problem at existing residence  
 Suspected elder abuse

- Unforeseeable absence of care-givers
  - Others
- (Please specify: \_\_\_\_\_ )

**(10) Remarks**

(Please put down any other relevant information worth drawing the attention of care-givers, e.g. significant events, risk factors, etc.)

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**(11) Referring Agency**

Name of agency: \_\_\_\_\_

Address: \_\_\_\_\_

Reference No.: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

I shall be responsible for the welfare and discharge plan of the applicant being referred for emergency placement.

Referring Social Worker

Countersigning Officer

Signature : \_\_\_\_\_

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Post : \_\_\_\_\_

Post : \_\_\_\_\_

Tel. No. : \_\_\_\_\_

Tel. No. : \_\_\_\_\_

Date : \_\_\_\_\_

Date : \_\_\_\_\_

The personal data collected will be used for the purpose of referral for an emergency placement in residential care home for the elderly or nursing home and may be disclosed to parties concerned on a need-to-know basis. The applicant may request access to and correction of their personal data, except when the data has been erased after fulfilling the purpose of collection and necessary retention period.