

**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

Fax No. : \_\_\_\_\_ (Name of Home)

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 : \_\_\_\_\_