

To: Social Work Officer (Elderly)1
Elderly Branch
Social Welfare Department

Fax: 2832 2936

Notification of Admission to Emergency Placement for Elders

1. Name of Home : _____
2. Name of Applicant : _____
3. HKIC No. _____
4. Gender : M / F* Age : _____
5. Type of Placement : Home-for-the-Aged (H/A)
(please tick as appropriate) Care-and-Attention (C&A) Home
 Nursing Home (NH)
6. Date of Referral : _____
7. Date of Admission : _____
8. Type of Accommodation : Domestic Home /
before admission (if Hospital /
known) Others*(Please specify): _____
9. Referring Office : _____

Signature : _____

Superintendent : _____
(in block letters)

Tel. No. : _____

Date : _____

* Please delete as appropriate