

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

Fax: 2832 2936

Notification of Discharge from Emergency Placement for Elders

1. Name of Home : _____
2. Name of Applicant : _____
3. HKIC No. : _____
4. Gender : M / F* Age : _____
5. Date of Admission : _____
6. Date of Discharge : _____
7. Total Number of Days of Occupancy : _____
8. Type of Accommodation after discharge (if known) : Domestic Home / Hospital / Subvented Home / Private Home / Others*(Please specify): _____

Signature : _____

Superintendent : _____
(in block letters)

Tel. No. : _____

Date : _____