

Central Referral System for Rehabilitation Services

Subsystem for Disabled Pre-schoolers
(CRSRehab-PS)

Manual of Procedures

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INTRODUCTION

About this manual

1 The purpose of this manual is to provide a general depiction on the operation of the Central Referral System for Rehabilitation Services – Subsystem for Disabled Pre-schoolers (CRSRehab-PS). It provides all the relevant information about the operational procedures with regard to application and wait-listing for pre-school rehabilitation services, placement procedures, admission to services units, priority placement and discharge.

2 This manual is designed and developed for the following types of readers and it will be reviewed regularly and modified to ensure the objectives of the CRSRehab-PS can be achieved:

- ♦ **referrers** of Social Welfare Department (SWD), Non-governmental Organizations (NGOs) and Hospital Authority (HA).
- ♦ **service operators** of pre-school rehabilitation service units.

Objectives of the CRSRehab-PS

3 The CRSRehab-PS, formerly known as the Co-ordinated Referral System for Disabled Pre-schoolers, was established by the Social Welfare Department in 1987 to waitlist and match disabled children for pre-school rehabilitation services. The main objectives of CRSRehab-PS are to:

- (a) ensure uniformity of the referral procedures and the admission criteria of services by centralizing referrals and placements;
- (b) ensure effective utilization and management of resources, thereby minimizing the waiting time and wastage of resources; and
- (c) provide information and statistical data on enrolment and waiting list for demand assessment and planning purposes.

Scope of the CRSRehab-PS

4 The CRSRehab-PS covers all pre-school rehabilitation services for

children with disabilities as follows:

- (a) Early Education and Training Services Centre (EETC);
- (b) Special Child Care Centre (SCCC);
- (c) Integrated Programme in Kindergarten cum Child Care Centre (IP in KG cum CCC) ; and
- (d) Residential Child Care Centre (RSCCC)

5 The above pre-school rehabilitation services are having different service objectives and are serving different user groups. Readers of this Manual should refer to the Handbook on Rehabilitation Services (October 2004) published by the Social Welfare Department for details of the services available and the admission criteria.

Enquiries

6 The operating hours of CRSRehab-PS are from 9 a.m. to 1 p.m. and 2 p.m. to 6 p.m. from Monday to Friday (except Public Holidays). For enquiries, referrers and service operators may contact CRSRehab-PS by telephone (numbers: **2892 5139/2892 5569**) or by fax (fax numbers: **2119 9035/2893 6983**).

PART I

Referral Procedures

Basic Rules

1.1 All applications for pre-school rehabilitation services for disabled children managed under CRSRehab-PS shall observe the rules guiding applications for pre-school rehabilitation services as follows:

- (a) All **applications** must be accompanied by a recommendation certifying the applicants' disabilities and the type of pre-school rehabilitation services required issued by a pediatrician or clinical psychologist within 6 months;
- (b) The latest recommendation issued by pediatrician or clinical psychologist will supersede the former one on the same applicant;
- (c) Applicants will be wait-listed for one single service only in accordance with the recommendation of the pediatrician or clinical psychologist ;
- (d) Placement will be allocated according to the priority of the applicants' date of application on the waiting list;
- (e) The applicants' date of application on the waiting list for pre-school rehabilitation services under CRSRehab-PS will cease to be effective after the application is closed;
- (f) Upon admission to service, application for the same type of service is not allowed; and
- (g) For service users' confirmed to have need for other service type, their application date for the existing service will be adopted as basis for matching the services required.

Assessment by Qualified Professionals

1.2 Before making an application to CRSRehab-PS, the referrer should make sure that the applicant has already been assessed by medical officer of Child Assessment Centre, pediatrician/clinical psychologist of Hospital Authority or in private practice with recommendation on the type of pre-school rehabilitation services meeting the applicant's need.

1.3 If the applicant does not possess a valid assessment and/or recommendation on the type of pre-school rehabilitation services, the referrer should arrange the applicant for assessment.

Application for Services

1.4 Parents/guardians are usually in distress on learning their children's disabilities. The referrer should provide counseling to the parents/guardians to ease their mental stress, followed by explanation on the recommendation of the pediatrician/clinical psychologist and the whole range of pre-school rehabilitation services to facilitate them to choose the most suitable service type for their children.

1.5 Application for pre-school rehabilitation services can be made by using the *CRSRehab-PS Form 1 "Central Referral System for Rehabilitation Services System for Disabled Pre-schoolers Registration Form"*. Before submitting application, the referrer should explain to the parents/guardians the wait-listing procedures, the rules guiding applications and obtain the parents' consent for data collection and transferring of data to concerned parties for the purpose of application for services. A copy of the "*Notes of Application for Pre-school Rehabilitation Services*" (*Appendix 1*) should be shown to the parents/guardians who are required to acknowledge understanding by signing the lower portion of the Notes. The signed notes is to be retained on case file for record purpose.

1.6 The completed CRSRehab-PS Form 1 can be forwarded to CRSRehab-PS by fax or by mail. The applicants' **date of application** for pre-school rehabilitation services will be the date on which CRSRehab-PS receives the completed CRSRehab-PS Form 1.

Transitional EETC Placement

1.7 EETC service, which serves disabled children from aged 0 to 6 and has a shorter waiting time, may be offered to the following applicants as stop-gap measures, if available, according to the priority of the applicant's date of application:

- (a) SCCC applicants not receiving IP or EETC service; or
- (b) IP in KG cum CCC applicants who are below age 2.

1.8 To facilitate allocation of transitional EETC placement, if available, the applicants listed in Para. 1.7(a) & (b) are allowed to indicate in the CRSRehab-PS Form 1 also their location preference for EETC when submitting the form.

Case Registration

1.9 On receiving the duly completed CRSRehab-PS Form 1, CRSRehab-PS will register the case on the waiting list of respective service type in **7 working days** and return the original CRSRehab-PS Form 1 together with the “*Confirmation of Registration*” *CRSRehab-PS Form 1A and 1B*.

1.10 Referrers should verify the information in the CRSRehab-PS Form 1A and 1B. Any amendment or updating should be raised to CRSRehab-PS as soon as possible. A copy of the cleared CRSRehab-PS Form 1B should be passed to the parents immediately for reference.

1.11 In case the referrer fails to receive reply from CRSRehab-PS **within 2 weeks** from the day submitting the CRSRehab-PS Form 1, he/she should contact CRSRehab-PS to enquire the progress of the application.

Updating of Information

1.12 Whenever there are changes of information concerning the application, such as personal particulars, disability type, locational preference, referrer etc, the referrer shall inform CRSRehab-PS by using the “*Data Updating Form*” *CRSRehab-PS Form 3*. CRSRehab-PS will reply to the referrer with a fresh CRSRehab-PS Form 1A together with the original CRSRehab-PS Form 3 **within 7 working days**.

1.13 In case the pediatrician/clinical psychologist has recommended more than 1 service type, the parents may indicate change of service type after making initial application. Such request should be made as soon as possible, preferably within 2 months. CRSRehab-PS will reply to the referrer with a fresh CRSRehab-PS Form 1A and 1B together with the original CRSRehab-PS Form 3 **within 7 working days**. Request for change of service type after a placement is offered will not be accepted.

Location Preference

1.14 Parents may indicate preference in order of priority - by region, district, individual SCCC/EETC/IP or a combination of them. Placement will be offered according to the preferences of the applicant. In case vacancies are available from more than one of the preferences at the time when the applicant is selected for placement, placement will be offered in accordance with the parents' stated priority with vacancy available.

1.15 There would be a possibility of applicants with an earlier date of application being by-passed because of no vacancy available in their indicated preferences. Therefore, the wider the choice of centre and/or location, the sooner the applicant gets the service. Referrer should explain such to the parents and assist them to access to information of individual SCCC/EETC/IP¹ to facilitate them to make choices.

Removal of cases from CRSRehab-PS

1.16 Except for transitional EETC placement, the applicants who are admitted to the pre-school rehabilitation service will be closed in CRSRehab-PS and be removed from the waiting list.

1.17 Removal of cases from the waiting list for pre-school rehabilitation services is also applicable under the following circumstances and CRSRehab-PS will issue "*Removal from Waiting List*" *CRSRehab-PS Form 4* to referrers to notify case removal:

- (a) the parents request for withdrawal;
- (b) the parents decline a placement offer of his/her indicated preference(s);
- (c) the case does not respond to CRSRehab-PS even after reminder(s) are sent; or
- (d) expiry of the non-active period as stipulated in para. 2.5.

1.18 Except for service users confirmed to be having need for another type of service as stipulated in para. 1.1(g) above, closed cases in need of pre-school rehabilitation services again can make a fresh application by submitting through the referrers. The date of application of such cases will

¹ The Directory of IP in CCCs (01/2004) and Directory of SCCC and EETC (10/2006) published by SWD provide comprehensive information of individual pre-school service centres.

be counted anew.

PART II

Placement Procedures

Offer of Placement

2.1 Applicant on the waiting list will be selected for admission to pre-school rehabilitation services according to the priority of their dates of application. When the applicant is selected for admission, CRSRehab-PS will notify the referrer by “*Selection for Placement*” *CRSRehab-PS Form 6* and the concerned service centre a “*Notification of Case Selection to Rehabilitation Unit*” *CRSRehab-PS Form 6A* to facilitate early communication between parties concerned.

2.2 Upon receiving the Form 6, the referrer should, **within 3 weeks**, contact the parents to confirm if they would accept the placement offer followed by informing CRSRehab-PS the parents’ decision vide “*Reply to CRSRehab-PS on Selection for Placement*” *CRSRehab-PS Form 7*. If the parents accept the offer, the referrer should contact the service centre concerned direct for necessary arrangement, such as transfer of relevant case information, i.e. copies of CRSRehab-PS Form 1 and 2.

2.3 If the parents decline the placement offer, the applicant will be removed from the waiting list.

2.4 For parents who accept or decline the offer of transitional EETC placement, their children’s application for SCCC or IP in KG cum CCC will remain intact on the waiting list.

2.5 If the applicant has been admitted to hospital and is not expected to be discharged within 2 weeks, the placement offer will be cancelled and the application will become non-active for 3 months. The referrer should review the applicant’s service need periodically and inform CRSRehab-PS either to reactivate the application or to extend the non-active period for another 3 months vide CRSRehab-PS Form 3. The application will be closed if request for activation or extension of non-active period is not received by end of the 3-month non-active period. Should the applicant require the service again when he/she is discharged from hospital, a fresh application with a new date of application is needed.

Reminder to Referrers

2.6 CRSRehab-PS will issue reminders to referrer in case :

- (a) the referrer fails to reply upon case selection **within 3 weeks**;
- (b) the referrer fails to submit request for case activation or extension of non-active period by the end of the non-active period as stipulated in para. 2.5 above.

2.7 Reminders will be issued vide “*Reminder to Referrers*” *CRSRehab-PS Form 7A* with a copy to the concerned Assistant District Social Welfare Officers for SWD units or agency heads for NGOs. If the reminders are still unanswered or without final decision on the placement offered **within another 2 weeks**, the case will be removed from the waiting list automatically.

PART III

Service Admission and Discharge

Reporting Vacancies

3.1 Service providers are required to inform CRSRehab-PS by phone immediately should any vacancy or anticipated vacancy identified followed by written confirmation vide *“Report of Immediate Vacancies” CRSRehab-PS Form 5* **within 3 working days**. CRSRehab-PS will then arrange for case matching and the applicant selected will be sent to the service centre concerned vide *“Notification of Case Selection to Rehabilitation Unit” CRSRehab-PS Form 6A*. Service centre should contact the referrer concerned for the required information and the CRSRehab-PS forms as mentioned in para. 2.2 and to start the intake process as soon as possible.

3.2 Services providers are also required to assess and report the number of vacancies to be available by the coming new school year vide *“Report of Anticipated Vacancies in the New School Year” CRSRehab-PS Form 5a* as at 31 January each year.

Case Intake

3.3 Service providers are required to complete the intake process and admit the applicants **within 6 weeks** from the date of issue of CRSRehab-PS Form 6A and reply CRSRehab-PS vide *“Report of Intake/Discharge” CRSRehab-PS Form 9*. If no reply is received from the concerned services centre within 6 weeks after the date of issue of Form 6A, CRSRehab-PS will issue a reminder *“Reminder to Rehabilitation Unit” CRSRehab-PS Form 9A* to the service centre with copies to the agency head concerned, requesting them to return the CRSRehab-PS Form 9 **within 2 weeks**.

Changing Service Needs of Service Users

3.4 The service provider shall provide service, monitor progress and review service needs of their service users. In case the service user is observed to have need for other type of pre-school rehabilitation service either due to improvement or deterioration, the service provider should discuss with the parents, and if necessary, refer the service user to the referrer concerned for arrangement of re-assessment by pediatrician/clinical psychologist together with the following documents:

- (a) the case summary prepared by the centre; and
- (b) progress report(s) prepared by therapists, e.g. OT, PT and ST etc.

3.5 On receiving the referral from the service provider, the referrer should arrange the disabled children to attend re-assessment by pediatrician/clinical psychologist. For cases follow-up by pediatrician/clinical psychologist of HA, re-assessment should be arranged through the assistance of MSW concerned. In case the disabled children prefer follow-up consultation/re-assessment by private practicing pediatrician/clinical psychologist, the referrer should advise the parents to approach the concerned pediatrician/clinical psychologist direct and obtain from the parents the recommendation afterwards.

3.6 If the service user is confirmed to have need for other type of pre-school rehabilitation service by pediatrician/clinical psychologist, the referrer may apply for the appropriate type of service for the service user according to procedures in Para. 1.4 to 1.6. The service users can continue with the existing service while waiting for the service applying for. To facilitate the service users to obtain the service most suitable, *the date of application of existing service will be recognized for the purpose of matching of appropriate service type.*

3.7 In case the service user refuses the new service matched according to his/her stated preference, his/her date of application of existing service will not be recognized if in future he/she applied for the new service again..

Change of Service Centre

3.8 Disabled children admitted to service are considered having his/her need met and will not be allowed to apply for the same type of service. In case the service user encounters difficulties requiring change of service centre, such as home removal to other districts, the parents may raise a written request for changing of service centre with justifiable reasons and supporting documents to CRSRehab-PS through the referrer. If the request is considered justified, CRSRehab-PS will arrange change of service centre for the service user as soon as placement is available.

Case Swapping

3.9 Two service users in service centres of the same type of service may sometimes want to swap their places because of, say, the location of the units is so far away from home that their parents have difficulties in taking them to the centre. Normally, swapping between agencies on the same type of service within the same district will not be allowed. The service centres concerned may submit written request to CRSRehab-PS vide “*Application for Swapping of Case*” *CRSRehab-PS Form 12* with reason for the swapping together with the consent letters of the parents. If the request is considered justified, CRSRehab-PS will issue a written reply vide “*Outcome of Application for Swapping of Case*” *CRSRehab-PS Form 12A* to endorse the arrangement within **7 working days**. Any swapping without formal approval from CRSRehab-PS will not be recognized.

Discharge from Service

3.10 Service users will be discharged from pre-school rehabilitation service centre under the following circumstances:

- (a) self-withdrawal;
- (b) over age 6 or attending primary education;
- (c) condition improved and no longer in need of pre-school rehabilitation service;
- (d) availability to service user other service/service type;
- (e) away from service for more than 30 days (e.g. as a result of long-term hospitalization).

3.11 The service provider should review the progress and service needs of service user regularly and consider discharging service user if his/her condition meets any of the condition stipulated in paragraph 3.15 above. When the service user is discharged, service provider should inform CRSRehab-PS vide CRSRehab-PS Form 9 **within 3 working days**.

3.12 Service user already discharged from service should apply for the service again with an application date anew, if needed the service again.

PART V

Priority Placement

Purposes

4.1 Priority placement is a measure to meet urgent needs of applicant for services. Those approved for priority placement will be put on the top of the waiting list and accorded priority in allocation of service.

Criteria

4.2 Priority will only be granted on an exceptional basis for applicant with strong justifications for urgent services. The referrer should consider individual situation case by case, including exploring the alternative services in the community and seek their supervisors' views when drawing up the recommendations for priority placement.

4.3 The following are some of the examples that may warrant urgent services:

- (i) The parents are suffering from health/mental problem and are unable to continue assuming the role of a carer;
- (ii) The applicant is facing moral/physical danger or abuse by family member(s);
- (iii) The applicant is homeless and have no relatives/carers to look after him/her;
- (iv) The applicant is a Ward of DSW/High Court; or
- (v) The applicant is already aged 5.

Application Procedures

4.4 The referrers are required to submit to CRSRehab-PS completed CRSRehab-PS Form 1 together with the *CRSRehab-PS Form 10-Application for Priority Placement*, with the endorsement of:

- (a) Assistant District Social Welfare Officer (for SWD service units);
- (b) Service Coordinators (for NGO service units);
- (c) Departmental Managers (for MSSU/HA);

4.5 As the applicants applying for priority placement are in need of urgent services, any preference on service units or location will not be considered, except those with compelling grounds.

Approval of Applications

4.6 Approval of the applications will be given by CRSRehab-PS. If there are areas of doubt, CRSRehab-PS will seek clarification with the referrers concerned. CRSRehab-PS will issue *CRSRehab-PS Form 10A-Outcome of Application for Priority Placement* to inform the referrers of the result of the applications **within 2 weeks**.

4.7 The procedures for placement offer and admission to priority placement are the same as set out in Part II & III above. If the parents decline the placement offer under priority placement, they will be removed from the waiting list immediately.

Summary of the Operational Procedures

Step	Action	Responsible Parties	Time Frame	Form Used
Assessment				
1.	To check whether valid assessment is available	Referrer	As appropriate	
Application and Registration				
2.	To provide counseling to parents and to assist them to apply service	Referrer	As soon as possible	Form 1
3.	To register application on waiting list	CRSRehab-PS	7 working days	Form 1A and Form 1B
Updating of Information				
4.	To verify Form 1A/review case and raise updating request	Referrer	As soon as possible	Form 3
5.	To register the change of information of the applicant	CRSRehab-PS	7 working days	Form 1A and Form 1B
Offer of Placement				
6.	Service matching for applicants on the waiting list according to the priority of the date of application	CRSRehab-PS	As soon as vacancy available	Form 6 to referrer Form 6A to service provider
7.	To reply CRSRehab-PS whether the applicant accept or decline the offer	Referrer	3 weeks	Form 7
8.	To remind referrer to reply CRSRehab-PS whether the applicant accept or decline the offer	CRSRehab-PS	3 weeks after upon case selection if there is no reply from referrer	Form 7A
Service Admission and Discharge				
9.	To inform CRSRehab-PS availability of immediate vacancies	Service Provider	As soon as possible	Form 5
10.	To inform CRSRehab-PS anticipated vacancies	Service Provider	On or before 31 January each year	Form 5a
11.	To complete intake process and admission procedures	Service Provider	Within 6 weeks from the date Form 6A is issued	Form 9
12.	To inform CRSReh-PS discharge of user	Service Provider	Within 3 days after user's discharge	Form 9
Changing Service Need of Users				
13.	To review case progress and discuss with parents if need for change of service is observed	Service Provider	As appropriate	
14.	To prepare case summary and progress report(s) and refer users to referrers for re-assessment by qualified	Service Provider	As appropriate	

	professional			
15.	To arrange user to attend re-assessment and apply appropriate service for user if need for other service type is confirmed	Referrer	As soon as possible	Form 1 for application of service
Case Removal				
16.	To remove applicant from waiting list, if (a) the parents request for withdrawal; (b) the parents decline a placement offer of his/her indicated preference(s) (c) the case does not respond to CRSRehab-PS even after reminder(s) are sent; or (d) expiry of the non-active period	CRSRehab-PS	As appropriate	Form 4

Appendices

- N : No
- Y : Yes
- S : Suspected

2.7 Others Diagnosis:

- No
- Yes (please tick the following boxes)
 - Borderline Developmental Delay / Developmental Delay (Yes Suspected)
 - Global Developmental Delay / Significant Delay (Yes Suspected)
 - Attention Deficit Hyperactivity Disorder (ADHD) (Yes Suspected)
 - Fine Motor Delay (Yes Suspected)
 - Gross Motor Delay (Yes Suspected)
 - Others, please specify: _____ (Yes Suspected)

3. Service(s) Recommended by Paediatrician / Clinical Psychologist

- Early Education & Training Centre
- IP in KG-cum-CCC
- Special Child Care Centre
- Special Child Care Centre (Hearing impaired)
- Special Child Care Centre (Visually impaired)
- Residential Special Child Care Centre

4. Placement(s)/Preference(s)

*An applicant can only choose ONE type of pre-school rehabilitation services, i.e. EETC or SCCC or IP in Part I. All services provide choices at region, district and centre levels and a maximum of 3 choices **in order of priority (No.1 as the most favourite one and No. 2 and 3 in descending order)** are accepted.*

PART I: Placement Applied
Service Type
<input type="checkbox"/> Early Education and Training Centre
<input type="checkbox"/> Integrated Programme in KG-cum-CCC
<input type="checkbox"/> Special Child Care Centre
<input type="checkbox"/> Special Child Care Centre (Hearing impaired)
<input type="checkbox"/> Special Child Care Centre and / Special Child Care Centre (Visually impaired)
<input type="checkbox"/> Residential Special Child Care Centre
<input type="checkbox"/> Residential Special Child Care Centre and / Residential Special Child Care Centre (Visually impaired)
Location Preference(s) with order of priority
<input type="checkbox"/> No
<input type="checkbox"/> Yes (please indicate preference(s) below in order of priority)
1. _____
2. _____
3. _____

Please also complete Part II, if applicant is:

- *Applying IP in KG-cum-CCC and aged below 2*
- *Applying SCCC and not receiving EETC / IP service*

CRSRehab-PS Form 1B

社會福利署
康復服務中央轉介系統
申請康復服務登記書

敬啓者：

下列申請經已於社會福利署康復服務中央轉介系統內登記，詳情如下：

姓名：

出生證明書／豁免身份

證明書號碼：

申請日期：

申請輪候的康復服務：

輪候狀況：

申請人編號：

倘若你獲得編配所申請的服務，康復服務中央轉介系統將會透過你的社工／轉介者與你聯絡，安排接受有關服務。爲令各方面保持緊密聯絡，若果你的聯絡地址、電話或所需的服務已轉變，請盡快通知個案社工／轉介者，以便他／她將有關資料轉達本系統。

如你對以上的申請有任何查詢，請與你的社工／轉介者聯絡：

社工／轉介者姓名：

機構名稱：

辦工室地址：

聯絡電話（內線）：

此致

康復服務申請人

（經個案社工／轉介者轉交）

社會福利署
康復服務中央轉介系統

年 月 日

Notification of Registration for Rehabilitation Services
Central Referral System for Rehabilitation Services

Social Welfare Department

(Date)

To: Applicant
(via Referring Social Worker)

The following application has been registered in the Central Referral System for Rehabilitation Services with details listed as below:

Name of Applicant: _____
HKBC/Travelling Document
No: _____
Date of Application: _____
Rehabilitation
Service(s) Applying for: _____
Status on Waiting List: _____
CRSRehab No.: _____

Once you are selected for a placement in rehabilitation unit, the Central Referral System for Rehabilitation Services will request you via the referring social worker to prepare for acceptance of placement offer. For maintaining good contacts among all parties concerned, please inform the referring social worker as early as possible if you have changes in your address, telephone number or rehabilitation services required, so that information may be updated at the Central Referral System for Rehabilitation Services.

Should you have any enquiry on the above application, you may contact your referring social worker:

Name of Social Worker: _____
Centre: _____
Office Address: _____
Tel. No.: _____

Notes of Application for Rehabilitation Services for Pre-school Children

1. Applications must be accompanied by a recommendation certifying the applicants' disabilities and the type of pre-school rehabilitation services required issued by a pediatrician or clinical psychologist within 6 months;
2. Applicants will be wait-listed for one single service only in accordance with the recommendation of the pediatrician or clinical psychologist ;
3. Placement will be allocated according to the priority of the applicants' date of application on the waiting list;
4. The applicants' date of application on the waiting list for pre-school rehabilitation services under CRSRehab-PS will cease to be effective after the application is closed;
5. Upon admission to service, application for the same type of service is not allowed;
6. Service users assessed to be in need of a change of service by qualified professionals could use their application date of existing service as their application date for the new type of service.
7. An applicant will receive the confirmation of application for rehabilitation service (*Form 1B*) issued by the Central Referral System for Rehabilitation Services (CRSRehab) from the referring caseworker.
8. An applicant who indicates no preference in location will be given a day placement in his/her residential district whereas residential services placement will be arranged on a territory-wide basis.
9. An applicant who has no preference in location will wait for a shorter period than those who indicate preference. However, in case there is a genuine need, the applicant may indicate preference(s) by region(s)/district(s)/service unit(s) with order of priority. If indicating cross district preference, please state reason: _____.
10. Change of location preference will not affect the application date.
11. The application will be removed from the waiting list when the applicant declines a placement offered which matches with his/her indicated preference.

After explanation by the Caseworker, I, _____, the applicant/parent/guardian* of _____, understand the content of the "Notes of Application for Rehabilitation Services" and agree to be waitlisted for the service(s) in accordance with the rules and regulations therein. I hereby give my consent to CRSRehab for releasing the personal information of the applicant to relevant Departments/Non-Governmental Organizations for processing of the application.

Signature: _____

(Applicant/Parent/Guardian)

(Name of Caseworker)

(Name of Agency)

* Delete whichever is inapplicable

Date: _____

申請弱能兒童學前康復服務須知

- (一)所有申請，必須附有由兒科醫生或臨床心理學家六個月內發出的評估報告，證明申請人的殘疾和獲推薦的服務。
- (二)申請人只可以根據兒科醫生或臨床心理學家的推薦，申請一項服務。
- (三)康復服務中央轉介系統將根據申請人的申請服務日期在服務輪服務冊的次序來編配服務。
- (四)申請人在服務輪候冊的申請在結束後，其申請服務日期將一併失效。
- (五)申請人在進入服務後，不能申請該項正在使用的服務。
- (六)服務使用者如被兒科醫生或臨床心理學家確診為需要轉變服務，其正在使用服務的申請日期會被保留作為申請轉變服務之用。
- (七)康復服務中央轉介系統會透過轉介個案工作人員，向每一位申請人派發一份康復服務申請登記書（表格 1B）。
- (八)申請人在申請康復服務時如無指定任何中心/地區/區域，康復服務中央轉介系統將按申請人居住的地區作出日間服務的編配，而住宿服務的申請則會被電腦隨機編配往有空缺的中心。
- (九)在一般的情況下，申請人如沒有指定的中心/地區/區域，其輪候的時間會比有選擇的申請為短。倘若有實際需要，申請人可以以優先次序選擇指定的服務中心/地區/區域。若是跨區選擇，請列出原因：
-----。
- (十)申請人在未被安排所需的服務前，可隨時更改其中心/地區/區域的選擇。
- (十一)康復服務中央轉介系統將根據申請人的指定選擇編配服務。如申請人不接受所編配之中心，則該項申請會在輪候冊上被刪除。

本人_____，為*申請人/_____的家長/監護人*，經個案工作人員解釋《申請康復服務須知》後，已明白有關內容，並願意根據所列之細則輪候服務。本人同意康復服務中央轉介系統向提供服務的政府部門／非政府機構透露申請人的資料，以便處理有關的申請。

簽署： _____
(服務申請人/家長/監護人)

(個案工作人員姓名)

(服務機構)

* 刪去不適用者

日期： _____

社會福利署

康復服務中央轉介系統

二零零六年十二月

RESTRICTED

Application Form for Placement in Centres for Disabled Pre-schoolers

Part A : Assessment (to be completed by medical officer[#]/clinical psychologist)

Name of Child/ Sex/ D.O.B./ B.C. No./ Case Reference No.

Address/ Telephone

Date of Assessment/ Age at Assessment

1. Medical
Diagnosis: _____

2. Medication/ Special Precautions (if
any): _____
3. Physical
Findings: _____

4. Vision
(please specify level of residual visual ability for
SCCC(VI) case): _____
5. Hearing: _____
6. Motor Lye Sitter Walks with aid Walks well
Function: Manages stairs: With adult's help Without adult's help
7. Intellectual Age appropriate Suspected mild grade mental retardation
Development: Mild grade mental retardation Moderate to severe grade mental retardation
Functional age level: _____
8. Speech and Speech and language development appropriate for mental age
Language Speech & language delay discrepant with intellectual development
Development: Other speech & language disorders, please specify:

12c Education and Manpower
Bureau

- Audiological Service Others:

13. Further Assessment/ Treatment by Professionals within CAS:

- | | | |
|---|--|--|
| <input type="checkbox"/> Paediatrician | <input type="checkbox"/> Clinical Psychologist | <input type="checkbox"/> Speech Therapist |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Medical Social Worker |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Optometrist/ Orthoptist | <input type="checkbox"/> Health Nurse |

<p>Part B: Neurodevelopmental Findings & Recommendations for Training Programme (to be completed by medical officer[#]/clinical psychologist)</p>
--

Note : Please complete this part so as to facilitate the centre to design the most appropriate training

<p>programme for the disabled child.</p>

Chronological Age: _____

Findings & Areas Requiring Special Attention during Training:

1. Medical Diagnosis and Precautions (if any):
- | | | |
|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Cardiac problem | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Others: | |

2. Intellectual Function - Mental Age:

3. Motor Function and Training

- 3a. Gross motor function:
- | |
|---|
| <input type="checkbox"/> Appropriate for mental age |
| <input type="checkbox"/> Others: _____ |

- 3b. Fine motor function: Appropriate for mental age Discrepant delay - functional age level :

Others: _____

- 3c. Motor training:
- To improve gross motor skills, e.g. body balance, coordination on limbs.
 - To improve fine motor coordination, e.g. eye-hand coordination
 - To improve paper and pencil tasks
 - Others:
-
-

4. Speech and Language Function and Training

- 4a. Speech & language:
- Appropriate for mental age
 - Discrepant delay - functional age level
- verbal comprehension: _____
- verbal expression: _____
- Others:
-
-

4b. Speech and language training

- (i) Comprehension:
- To attend gestural cues
 - To understand simple commands with gestural cues
 - To understand verbal instructions
 - To understand simple verbal concepts
 - Others:
-
-

- (ii) Expression:
- To encourage communication for simple needs
 - To increase single words and short phrases
 - To increase vocabulary and sentence length
 - Others:
-
-

5. Behavioural/ Emotional Function and Training

- 5a. Behavioural/ emotional function:
- Appropriate for mental age
 - Significant problems:
-
-

- 5b. Behavioural training:
- To increase understanding of discipline and compliance to regulations
 - To promote attention focus and span, e.g. more structured environment, closer supervision
 - The child will benefit from firm handling from teachers and caregivers
 - Others:
-
-

6. Self-care Ability and Training

- 6a. Self-care ability
- (i) Feeding skills:
- Fed by adult
 - Finger feeding
 - Self feeding by spoon/ chopsticks
- (ii) Toileting skills:
- Wets/Soils
 - Indicate needs
 - Trained

6b. Self-care skills training

- (i) Feeding skills: To train self feeding by spoon or chopsticks
 Others:
-

- (ii) Toileting skills: To train the child to indicate toilet needs
 Others:
-

7. Social Function and Training

- 7a. Social function: Appropriate for mental age
 Significant problems:
-

- 7b. Social function training: To improve social skills To encourage participation in group activities
 To encourage expression of own needs
 Others:
-

8. Other Suggestions: To encourage and strengthen parental involvement and skills in child's training
 Others:
-

Assessed by a Medical Officer[#]/Clinical Psychologist

Signature : _____

Hospital/ Clinic/
Office: _____

Name: _____

Telephone no.: _____

Date: _____

Fax no.: _____

Notes:

Service	Nature
Early Education and Training Centre (EETC)	For disabled children aged 0 to under 6 not currently receiving other pre-school rehabilitation service. It aims at helping parents in training and caring for their disabled children, and provides individual and/or group training for disabled children, family guidance/support to parents and toy library service.
Integrated Programme in Kindergarten-cum-Child Care Centre (IP in KG-cum-CCC)	For disabled children aged 2 to under 6 with suspected or assessed mild grade mental handicap, slight physical handicap, mild to moderate hearing impairment or visual impairment. Individualized training programme is provided within an ordinary full-day child care centre with one additional special child care worker for every six disabled children.
Special Child Care Centre (SCCC)	Intensive training and care for moderately or severely mentally, physically, hearing or visually impaired children aged 2 to under 6. It aims at developing their fundamental developmental skills, sensory, perceptual, motor, cognitive, communication, social and self-care skills.
Special Provision Programme for Autistic Children in Child Care Centre	Extra care and training in SCCC with an additional special child care worker for disabled children aged 2 to under 6 with autistic disorder. It aims at developing their social skills, attention span and the ability to follow instructions and rules so that they can learn and progress through SCCC programme.
Special Child Care Centre (Hearing Impaired) (SCCC (HI))	Provides intensive auditory, speech and language training for children aged 2 to under 6 with severe to profound hearing loss.
Special Child Care Centre (Visually Impaired) (SCCC (VI))	Provides specialized visual training for children aged 2 to under 6 with moderate to severe visual impairment with / without other disabilities.
Residential Special Child Care Centre (RSCCC)	Provides training and residential care services for children aged 0 to under 6 with disabilities that are so severe or complex that they cannot be adequately provided either by a day SCCC or by their families. This service is also provided for children who are homeless, abandoned, or whose families cannot care for them adequately.

Medical officer refers to medical officer of Child Assessment Centre/Paediatric Department in public hospital; or medical officer in private practice who is on the Specialist Register for Paediatrics under the Medical Council of Hong Kong.

Part C: Social Background (to be completed by referrer)

1. Family Composition :

Name	Relationship	Sex/Age	Education Level	Occupation	Working Hours	Income/ School Fee

(please indicate the day time caregiver with ‘*’)

2. Type of accommodation:

Rent/Mortgage:

3. Availability of escort to centre:

4. Family interaction:

5. Treatment & Training Completed/Receiving:

	<u>Centre / Clinic</u>	<u>Period (from to)</u>
A. Occupational Therapy	_____	_____
B. Physiotherapy	_____	_____
C. Speech Therapy	_____	_____
D. Auditory Training	_____	_____
E. Training for Autistic Children	_____	_____
F. Psychiatric Treatment	_____	_____
G. Medical Treatment	_____	_____
H. Training in Centres for Pre-schoolers e.g. EETC, SCCC, IP, etc.	_____	_____

6. Other Services Rendered to Child & Family:

	<u>Ref. No. (if any)</u>	<u>Name of Office</u>
Disability Allowance	_____	_____
Comprehensive Social Security Assistance	_____	_____
Family Services	_____	_____
Others (Please specify)	_____	_____

7. Supplementary Comments:

8. Particulars of referrer:

Name of Referrer: _____	Telephone no.: _____
Name of Referring Office: _____	Fax no.: _____
Address of Referring Office: _____	File ref. in Referring Office: _____

Signature of
Referrer:

Signature of Counter-signing Officer (if
required):

Post / Rank: _____

Name of Counter-signing Officer (if required): _____

Date: _____

Post / Rank: _____

Date: _____

Part D : Addendum (to be completed by referrer)

Note: Supplementary information to be provided by referrer according to the parent(s)/relevant person(s) if the disabled child's ability has changed over time from the previous assessment made at Part A items 6 and 10 to having features other than "Walks well" or "Manages stairs without adult's help" or "Feeds self with spoon or chopsticks" or "Toilet Trained".

Current functioning of the child is as below:

- 1. Motor Function Lyer Sitter Walks with aid Walks well
 Manages stairs: With adult's help Without adult's help

- 2. Self Care Skills Feeding: Fed by adult Finger feeding
 Feeds self with spoon or chopsticks
 Toileting: Wets/Soils Indicates needs Trained

Updated by Referrer: _____
(Signature)

Referring Office: _____
Telephone no.: _____

Name of Referrer: _____

Date: _____

Data Updating Form

From: _____

 (Name of Referring Office)

 (Name of Organisation)

Ref.: _____
 Tel.: _____
 Fax: _____
 Date: _____

To: Central Referral System for Rehabilitation Services
 Subsystem for Disabled Pre-schoolers
 (CRSRehab-PS)
 9/F Wu Chung House
 213 Queen's Road East
 Wan Chai, Hong Kong

Tel.: 2892 5139
 Fax: 2119 9035

Name: _____ BC No.: _____ CRSRehab-PS No.: _____

Information to be updated:

- Placement is no longer required. Case can be deleted from CRSRehab-PS.
- Placement required is changed to: _____ (Date of re-assessment, if applicable: _____)
- Referring office is changed to: _____
- Applicant is discharged/ready for discharge* from hospital. Please put the case back onto the waiting list.
- Applicant's personal particulars (residential district, disability, etc.) are changed to:

- Location preference(s) in order of priority

<input type="checkbox"/> EETC	<input type="checkbox"/> SCCC	<input type="checkbox"/> IP
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
- Others, please specify: _____

Signature: _____
 Name: _____
 Post: _____

* Delete as appropriate
 c.c. New Referring Office (for report of change of referring office):

Removal from Waiting List

From: Central Referral System for Rehabilitation Services
Subsystem for Disabled Pre-schoolers (CRSRehab-PS)
Social Welfare Department
9/F Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

To:

Your Ref.:
Your Tel.:
Your Fax:
Date:

CRSRehab-PS Tel.: 2892 5139

Fax: 2119 9035

Name:

BC No.:

CRSRehab-PS No.: _____

The above-named application has been removed from the waiting list due to the following reason:

- Case closed in CRSRehab-PS upon
 - admission to required service. The child has admitted to _____
(Name of the centre and code)
 - passing away of applicant.
 - emigration of applicant.
 - applicant's self-withdrawal.
 - applicant's decline of placement offer.
 - no reply received after issuing reminder(s).
 - lost contact
 - others:

- Hospitalization of applicant.

- Applicant being rejected twice by different agencies in the same service. Please arrange for re-assessment in the applicant's genuine service need.

()

Report of Immediate Vacancies

<p>From: _____ <i>(Name of Rehabilitation Unit)</i></p> <p>_____</p> <p><i>(Name of Organisation)</i></p> <p>Ref.: _____</p> <p>Tel.: _____</p> <p>Fax: _____</p> <p>Date: _____</p>	<p>To: Central Referral System for Rehabilitation Services Subsystem for Disabled Pre-schoolers (CRSRehab-PS) 9/F, Wu Chung House 213 Queen's Road East Wan Chai, Hong Kong</p> <p>Tel.: 2892 5139</p> <p>Fax: 2119 9035</p>
--	--

1. Name of Centre:

2. Types of Service:

- EETC SCCC SCCC(Hearing Impaired)
 SCCC (Visually Impaired) Residential SCCC IP in KG-cum-CCC
 RSCCC (Visually Impaired)

3. Capacity of Centre:

4. Enrolment as at Reported Date:

5. Vacancy(ies) as at

<i>Day</i>	<i>Mth</i>	<i>Yr</i>						

- (a) No. of referrals being processed by this centre: _____
- (b) No. of cases on the waiting list of this centre (if any): _____
- (c) No. of referral(s) that CRSRehab-PS can send to this Centre: _____
- (d) No. of over-enrolment case(s) that CRSRehab-PS can send to this centre (if applicable): _____

6. For enquiry, please contact my staff Mr/Miss/Mrs/Ms _____ by phone at _____.

Signature: _____

Name: _____

Post: _____

Report of Anticipated Vacancies in the New School Year

(To be reported as at 31 January each year for vacancies anticipated in the coming new school year. Children reaching or over the age of 6 years on 1 September of the report year should be discharged from the Centre for promotion to Primary 1.)

From: _____ <i>(Name of Rehabilitation Unit)</i> _____ <i>(Name of Organisation)</i> Ref.: _____ Tel.: _____ Fax: _____ Date: _____		To: Central Referral System for Rehabilitation Services Subsystem for Disabled Pre-schoolers (CRSRehab-PS) 9/F, Wu Chung House 213 Queen's Road East Wan Chai, Hong Kong Tel.: 2892 5139 Fax: 2119 9035
--	--	---

1. Name of Centre: _____

2. Types of Service:

- EETC SCCC SCCC (Hearing Impaired)
 SCCC (Visually Impaired) Residential SCCC IP in KG-cum-CCC
 RSCCC (Visually Impaired)

3. Capacity of Centre: _____

4. Enrolment as at Reported Date: _____

(a) No. of referrals being processed by this centre: _____

(b) No. of cases on the waiting list of this centre (if any): _____

5. Number of Vacancies anticipated:

Date available																													
	<i>Day</i>	<i>Mth</i>			<i>Yr</i>										<i>Day</i>	<i>Mth</i>	<i>Yr</i>										<i>Day</i>	<i>Mth</i>	<i>Yr</i>
(a) No. of anticipated vacancies																													
(b) No. of anticipated vacancies for over-enrolment (if applicable)																													

6. For enquiry, please contact my staff Mr/Miss/Mrs/Ms _____ by phone at _____.

Signature: _____

Name: _____

Post: _____

Selection for Placement

From: Central Referral System for Rehabilitation Services
Subsystem for Disabled Pre-schoolers (CRSRehab-PS)
Social Welfare Department
9/F Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

To:

Your Ref.:	Our Ref.:	SWD
Ref. Tel:	CRSRehab-PS Tel.:	2892 5139
Ref. Fax:	CRSRehab-PS Fax:	2119 9035
Date:		

The following applicant has been selected for placement in rehabilitation unit with details shown below. Please reply to CRSRehab-PS by *Form 7* within **3 weeks**.

Please note that the number of selected cases is slightly in excess of the number of vacancies taking into account of possible decline cases. Within the first **3 weeks** of the selection, the cases are to be admitted according to the sequences of the date of application. However, if the vacancy(ies) is not filled in the first 3 weeks, the admission will then be on first come first served basis. Your early reply will facilitate the applicant's admission for service. You may consider to contact the rehabilitation unit for arrangement of visits for the applicant or information on the service as appropriate.

Name of applicant:

BC No.:

CRSRehab-PS No.:

Name of Rehabilitation Unit:

Address:

Tel.:

Fax:

Date of Selection:

Referral is for vacancy available in: _____

For applicant accepting the placement offer, please forward the required papers as "✓" in the boxes below:

- | | |
|---|---|
| <input type="checkbox"/> CRSRehab-PS Form 7 | <input type="checkbox"/> CRSRehab-PS Form 1 |
| <input type="checkbox"/> CRSRehab-PS Form 2 | <input type="checkbox"/> Others |

()

Notification of Case Selection to Rehabilitation Unit

From: Central Referral System for Rehabilitation Services
Subsystem for Disabled Pre-schoolers (CRSRehab-PS)
Social Welfare Department
9/F Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

To:

Our Ref.: SWD
Your Tel: CRSRehab-PS Tel.: 2892 5139
Your Fax: Fax: 2119 9035
Date:

Listed below for your information are the application(s) that have been selected from the waiting list for placement in your service unit. These applicants have **3 weeks'** time to decide whether they accept the placement offer or not. Subject to their acceptance of placement offer, the referrer will send relevant documents to you for case intake once they are available.

While the applicants are considering acceptance of placement offer, they and/or their family members may, through the referring officers, approach your unit for visits or information on services provided.

Since some of the applicants may eventually decline the placement offer, if you need updated referral situation of the above list, please contact the undersigned officer of the CRSRehab-PS.

A. Report of Vacancy(ies)

According to the F.5 / F.5a dated _____, the following case(s) is/are to fill the vacancy(ies) of your centre on _____.

<u>Name</u>	<u>Sex/Age</u>	<u>CRSRehab-PS No.</u>	<u>Date of App.</u>	<u>Referring Office</u>	<u>Case Ref.</u>	<u>Name of Referrer</u>	<u>Normal/Priority</u>	<u>Over-enrolment</u>
-------------	----------------	------------------------	---------------------	-------------------------	------------------	-------------------------	------------------------	-----------------------

B. Decline or Withdrawal Case(s)

(i) As informed by referrer, the following applicant(s) has / have declined the offer, please delete the following case(s) from former F.6A.

As informed by your centre, the following applicant(s) has / have withdrawn the offer, please delete the following case(s) from former F.6A.

<u>Name</u>	<u>CRSRehab-PS No.</u>	<u>B.C. No.</u>	<u>Date of Decline / Withdrawn</u>
-------------	------------------------	-----------------	------------------------------------

(ii) The following case(s) is/are to replace the above-listed declined / withdrawn case(s) and the case(s) is/are for the vacancy(ies) on _____.

<u>Name</u>	<u>Sex/Age</u>	<u>CRSRehab-PS No.</u>	<u>Date of App.</u>	<u>Referring Office</u>	<u>Case Ref.</u>	<u>Name of Referrer</u>	<u>Normal/Priority</u>	<u>Over-enrolment</u>
-------------	----------------	------------------------	---------------------	-------------------------	------------------	-------------------------	------------------------	-----------------------

()

Reply to CRSRehab-PS on Selection for Placement

<p>From: _____ _____ <i>(Name of Referring Office)</i> _____ _____ <i>(Name of Organisation)</i></p> <p>Ref.: _____</p> <p>Tel.: _____</p> <p>Fax: _____</p> <p>Date: _____</p>	<p>To: Central Referral System for Rehabilitation Services Subsystem for Disabled Pre-schoolers (CRSRehab-PS) 9/F Wu Chung House 213 Queen's Road East Wan Chai, Hong Kong</p> <p>Your Ref.:</p> <p>Tel.: 2892 5139</p> <p>Fax: 2119 9035</p>
--	--

Application for Placement to: _____ *(Name of rehabilitation unit)*

Name: _____ HKBC No.: _____ CRSRehab-PS No.: _____

- Applicant accepts the offer.** The following documents are attached:
 - CRSRehab-PS Form 1 ST Report
 - CRSRehab-PS Form 2 OT Report
 - Others, please specify: _____
- Applicant declines the offer** (Please × only one box):
 - Applicant considers the location of rehabilitation unit unfavourable.
 - No immediate need for service.
 - Transport not available/cannot be arranged.
 - Applicant left Hong Kong or emigrated overseas.
 - Lost contact with applicant.
 - Applicant passed away.
 - Change of service type is required due to improvement of ability. Form 3 is attached to update placement request.
 - Change of service type is required due to deterioration of ability. Form 3 is attached to update placement request.
 - Others, please specify: _____
- Applicant is temporarily hospitalized.**

Name of Hospital: _____

Admission Date: _____

Diagnosis/treatment required: _____

Signature: _____

Name: _____

Post: _____

Referral for Admission

From: Central Referral System for
Rehabilitation Services
Subsystem for Disabled Pre-schoolers
(CRSRehab-PS)
9/F Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

To:

Ref.:
Tel.: 2892 5139
Fax: 2119 9035
Date:

Your Ref.:
Your Tel.:
Your Fax:

Referral for Admission to

I forward the referral papers listed below of the following applicant for admission to your centre. Please kindly reply by completing the *Report on Case Intake/Discharge (Form 9)* within **4 weeks**.

By copy of this, the referring worker is requested to contact the rehabilitation unit for case intake.

Case particulars:

Name of Applicant:

HKBC No.:

Sex/D.O.B.:

CRSRehab-PS No.:

Referring Office:

Referring Office Tel:

Referral for vacancy in:

Referral papers attached:

CRSRehab-PS Form 1

CRSRehab-PS Form 2

ST Report

OT Report

Others:

Related papers will be sent to you by the referrer. If you have any enquires, please contact the referrer directly.

()

c.c. Referring office (without enclosure):
(case ref.)

Report on Case Intake/Discharge

(Admission and discharge of cases should be reported within 3 working days)

From:

(Name of Rehabilitation Unit)

(Name of Organisation)

Our Ref.:

Tel.:

Fax:

Date:

To:

Central Referral System for
Rehabilitation Services
Subsystem for Disabled Pre-schoolers
(CRSRehab-PS)
9/F Wu Chung House
213 Queen's Road East
Wan Chai, Hong Kong

Tel.: 2892 5139

Fax: 2119 9035

1. Case information

Name: _____ HKBC No.: _____ CRSRehab-PS No.: _____

2. Please be informed that the above-named case has been:

- admitted into our centre and received service from _____ (date).
- unable to be admitted into service as there is no vacancy at this moment, but applicant has been put on our centre's waiting list and will admit into our service when a vacancy is available. A fresh Form 9 will be submitted when the applicant is formally admitted into this centre.
- unable to be admitted into service as there is no vacancy at this moment and applicant has decided to wait for other centre(s). This offer is uncounted.
- rejected upon case screening due to:
 - parents do not turn up for admission assessment
 - severe behavioral problem, please specify: _____
 - health problem
 - others, please specify: _____
- self-withdrawn by applicant upon case screening due to:
 - unfavourable location
 - applicant/family members do not disclose any reason
 - lost trace
 - others, please specify: _____
- applicant is temporarily hospitalized.
- discharged from our service on _____ (date) due to:
 - over-age/promotion to P.1
 - applicant changes the need for other service, please specify: _____
 - applicant/family leaves HK
 - others, please specify: _____

3. For enquiry, please contact my staff Mr/Miss/Mrs/Ms _____ by phone at _____.

Signature: _____

Name: _____

Post: _____

c.c. Referring office: _____
(Case ref.: _____)

CRSRehab-PS Form 10

Application for Priority Placement

From: _____ _____ (Name of Referring Office) _____ _____ (Name of Organisation)	To: Central Referral System for Rehabilitation Services Subsystem for Disabled Pre-schoolers (CRSRehab-PS) 9/F Wu Chung House 213 Queen's Road East Wanchai, Hong Kong
Our Ref.: _____ Tel.: _____ Fax: _____ Date: _____	Your Ref.: _____ Tel.: 2892 5139 Fax: 2119 9035

1. Case particulars

Name: _____ Sex/D.O.B.: _____ HKBC No.: _____
 Address: _____ Tel.: _____
 Disability: _____
 Placement required: _____ CRSRehab-PS No.: _____

2. Particulars of family members and relatives

Name	Relationship	Sex/Age	Occupation/ schooling	Income/ school fee	Disability/ill health (if any)	Remarks

3. Case/Family background:

4. Reasons for priority placement:

Prepared by	Endorsed by*
Signature: _____	Signature: _____
Name: _____	Name: _____
Post: _____	Post: _____

* Endorsement should be obtained from agency head/designated representative of non-governmental organizations or ADSWO of SWD.

Outcome of Application for Priority Placement

From: Central Referral System for Rehabilitation Services
Subsystem for Disabled Pre-schoolers (CRSRehab-PS)
Social Welfare Department
9/F Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

To:

Your Ref.: CRSRehab-PS Tel.: 2892 5139
Your Tel.:
Your Fax: Fax: 2119 9035
Date:

Name:
HKBC No.:
CRSRehab-PS No.: _____

- I am pleased to inform you that your application for priority placement for the above-named applicant is approved. The particulars of the placement is detailed below:

Type of Placement:
Date of Priority Assigned:
Location preference:

- The captioned application for priority placement is not approved or not necessary due to the following reason:
 - Placement has already been offered to _____ on _____
 - The case situation does not merit accelerated placement ahead of others

If you have any question, please contact the undersigned for discussion on the case.

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Application for Swapping of Cases

From: _____ _____ <i>(Name of Rehabilitation Unit)</i> _____ _____ <i>(Name of Organisation)</i> Our Ref.: _____ Tel.: _____ Fax: _____ Date: _____	To: Central Referral System for Rehabilitation Services Subsystem for Disabled Pres-schoolers (CRSRehab-PS) 9/F Wu Chung House 213 Queen's Road East Wanchai, Hong Kong Your Ref.: _____ Tel.: 2892 5139 Fax: 2119 9035
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(This part should be completed by both units concerned)

We wish to apply for swapping between the following children enrolled in our units with the proposed effective date as _____:

<u>CRSRehab No.</u>	<u>Name</u>	<u>HKBC No.</u>	<u>Sex</u>	<u>Age</u>	<u>Date of Registration for the service</u>	<u>From (Unit)</u>	<u>To (Unit)</u>
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Reason(s) for Swapping:

We confirm that consent from parent(s)/guardian(s) of the children for the swapping have been obtained.

Signature : _____

Signature : _____

Name: _____

Name: _____

Unit/Agency : _____

Unit/Agency: _____

Outcome of Application for Swapping of Cases

From: Central Referral System for Rehabilitation Services
Subsystem for Disabled Pre-schoolers (CRSRehab-PS)
Social Welfare Department
9/F Wu Chung House
213 Queen's Road East
Wan Chai, Hong Kong

To:

Your Ref.: CRSRehab-PS Tel.: 2892 5139
Your Tel.:
Your Fax: Fax: 2119 9035
Date:

Name:	Name:
HKBC No.:	HKBC No.:
CRSRehab-PS No.:	CRSRehab-PS No.:
Unit:	Unit:

- I am pleased to inform you that your application for swapping for the above-named applicants is approved. Please kindly arrange for swapping of these approved applicants to the above-mentioned rehabilitation units. By copy of this approval letter, the rehabilitation units concerned are requested to inform CRSRehab on the date of admission of the swapped-in case and discharge of the swapped-out case in 4 weeks via *CRSRehab-PS Form 9*.

- The captioned application for swapping is not approved or not necessary due to the following reason:
 - The case situation does not merit the swapping
 - others:

()

c.c. The other rehabilitation unit concerned
Referrer(s):