

Table of Contents

Chapter I	Overview.....	1
Chapter II	Normal Referral Procedures.....	4
	<i>Workflow in the Referral Process</i>	4
	<i>Case Registration</i>	7
	<i>Location Preference</i>	8
	<i>Updating of Case Information</i>	9
	<i>Change of Service/Addition of Service</i>	9
	<i>Case Deletion and Re-activation</i>	9
	<i>Offer of Placement</i>	9
	<i>Placement out of Applicant' s Preference</i>	10
	<i>Case Processing by the Referrer Upon Selection for Placement</i>	10
	<i>Essential Documents for Processing of Applications</i>	11
	<i>Reminder to Referrers</i>	11
	<i>Hospitalisation of Case</i>	12
	<i>Non-activation</i>	13
	<i>Case Deletion/Re-activation</i>	13
	<i>Report of Vacancy</i>	13
	<i>Case Intake by Rehabilitation Units</i>	13
	<i>Rejection of Cases</i>	15
	<i>Cases Admitted into the Rehabilitation Units</i>	15
	<i>Removal from the Waiting List</i>	16
Chapter III	Major Issues in the Referral Process	17
	<i>Priority Placement</i>	17
	<i>Internal Transfer</i>	17
	<i>Case Swapping</i>	19
	<i>Appeal Against Decision Made by Rehabilitation Units</i>	19
Chapter IV	Roles and Responsibilities	20
	<i>Roles and Responsibilities of Referrers</i>	20
	<i>Roles and Responsibilities of Rehabilitation Units</i>	21
	<i>Roles and Responsibilities of CRSRehab</i>	22
	<i>Role and Responsibilities of Social Work Officers (Rehabilitation & Elderly)</i>	22
	<i>Roles and Responsibilities of Assistant District Social Work</i>	

	<i>Officers/District Social Work Officers/ Agency Heads</i>	22
Chapter V	Frequently Asked Questions	24
	<i>Services for Disabled Pre-schoolers</i>	24
	<i>Services for the Mentally/Physically Handicapped</i>	24
	<i>Services for the Ex-Mentally Ill</i>	25
	<i>Services for the Aged Blind</i>	26
Chapter VI	CRSRehab Forms	
	<i>Overview of the Forms of the Central Referral System for Rehabilitation Services</i>	
	<i>Forms of CRSRehab-PS</i>	
	<i>Forms of CRSRehab-MPH</i>	
	<i>Forms of CRSRehab-ExMI</i>	
	<i>Forms of CRSRehab-AB</i>	
	<i>Day/Residential Service for Mentally or Physically Handicapped Persons – Medical Examination Form</i>	
	<i>Visual Examination Form for Admission to Home/Care & Attention Home for the Aged Blind</i>	
	Appendices	
	<i>Appendix 1 Summary of Procedures on Central Referral System for Rehabilitation Services</i>	
	<i>Appendix 2 Notes of Application for Rehabilitation Services</i>	
	<i>Appendix 3 Information Paper on the “Validity” of a Clinical Psychological Report</i>	
	<i>Appendix 4 Address Lists of Rehabilitation Services Units</i>	

Chapter I Overview

1.1 The Central Referral System for Rehabilitation Services (CRSRehab) covers rehabilitation services for disabled pre-schoolers, mildly mentally handicapped children, mentally and/or physically handicapped adults, ex-mentally ill persons, and the aged blind persons in day training and residential care. Rehabilitation services that can be waitlisted at CRSRehab are summarised in the following table:

Age	0 to 6	6 to 18	15 and above			60 and above
Target group	Disabled Pre-schoolers	Mentally Handicapped	Mentally Handicapped	Physically Handicapped	Ex-mentally Ill	Aged Blind
Subsystem	CRSRehab-PS	CRSRehab-MPH			CRSRehab-ExMI	CRSRehab-AB
Day Training	Early Education and Training Centre		Sheltered Workshop ⁱ			
	Special Child Care Centre		Day Activity Centre		Training and Activity Centre for Ex-Mentally Ill Persons	
	Special Provision Programme for Autistic Children in Special Child Care Centre		Home-based Training			
	Integrated Programme in Child Care Centre					
	Integrated Kindergarten ⁱⁱ					
	Preparatory Class ⁱⁱ					
Residential Service	Residential Special Child Care Centre	Small Group Home for Mildly Mentally Handicapped Children	Supported Hostel			Home for the Aged Blind
		Integrated Small Group Home	Hostel for Moderately Mentally Handicapped Persons	Supported Housing	Halfway House	Care & Attention Home for the Aged Blind
			Hostel for Severely Mentally Handicapped Persons	Hostel for Severely Physically Handicapped Persons	Halfway House (with Special Provision)	
			Hostel for Severely Physically Handicapped with Mental Handicap Persons		Long Stay Care Home	
			Care & Attention Home for Severely Disabled Persons			

ⁱ Includes the Factory for the Blind, operated by the Hong Kong Society for the Blind.

ⁱⁱ Integrated kindergarten and preparatory class provided by the Education Department (ED) can be applied through CRSRehab-PS which will redirect the applications to ED on monthly basis. ED will follow-up the applications with respective referrers directly thereafter.

1.2 The Co-ordinated Referral System for Disabled Pre-schoolers (CRSPS) and the Central Referral System for Disabled Adults (CRSDA) were established by the Social Welfare Department in 1987 and 1988 respectively. These two referral systems are now incorporated together and renamed as the **Central Referral System for Rehabilitation Services (CRSRehab)** to:

- a) ensure uniformity in the referral procedures and the admission criteria of services by centralising referrals and placements;
- b) ensure efficient utilisation of provisions and to minimise the waiting time by engineering cross district/region placement as need arises;
- c) ensure referrals for and placements in the most appropriate type of services in the light of existing policy and admission criteria;
- d) ensure clients' smooth transition and continuity from one type of service to another in case of developmental or circumstantial changes;
- e) ensure that existing services be made available to appropriate disability groups and set priority for priority placements on a need basis; and
- f) provide information and statistical data on enrolment and waiting list for demand assessment and planning purpose.

1.3 The CRSRehab is composed of 4 subsystems that cater for persons with different disabilities. These subsystems include:

Subsystem for Disabled Pre-Schoolers (CRSRehab-PS)

Subsystem for the Mentally/Physically Handicapped (CRSRehab-MPH)

Subsystem for the Ex-mentally Ill (CRSRehab-ExMI)

Subsystem for the Aged Blind (CRSRehab-AB)

1.4 The contact telephone number and time for general enquiries for the respective subsystems are summarized overleaf:

Subsystem	Contact Tel. No.	Enquiry Hour
CRSRehab-PS	2892 5139	9:30 a.m. – 10:30 a.m. 4:00 p.m. – 5:00 p.m.
CRSRehab-MPH	2892 5134	10:00 a.m. – 11:00 a.m. 3:00 p.m. – 4:00 p.m.
CRSRehab-ExMI		
CRSRehab-AB		

1.5 Description of available services and the admission criteria are detailed in the “*Handbook of Rehabilitation Services (April 2000)*”.

Chapter II Normal Referral Procedures

Workflow in the Referral Process

2.1 The referral procedures are summarised in the following table:

Step	Action	By	Time Frame	Form Used
Case identification				
1	To assess the applicant's need for rehabilitation services	Referrer		
Case registration				
2	To waitlist the applicant for the appropriate service in CRSRehab	Referrer		<i>Form 1</i>
3	To register the applicant in the waiting list and notify the referrer of the registration	CRSRehab	7 working days after receiving the completed <i>Form 1</i>	<i>Form 1A</i> and <i>Form 1B</i>
Notification of vacancy				
4	To inform CRSRehab by telephone of the vacancy/ anticipated vacancy	Rehabilitation unit	Immediately after a vacancy is identified	
5	To confirm in writing with CRSRehab of the vacancy	Rehabilitation unit	Within 3 working days after a vacancy is identified	<i>Form 5</i>
Case selection				
6	To select the appropriate applicants from the waiting list and inform the referrers and rehabilitation units of the case selection	CRSRehab	3 working days	<i>Form 6</i> and/or <i>Form 6A</i>
Case processing by referrer upon selection to placement				
7	To inform CRSRehab (for CRSRehab-ExMI, also the rehabilitation unit concerned) whether the placement is accepted by the applicant	Referrer	3 weeks	CRSRehab-PS/MPH/AB: <i>Form 7</i> to CRSRehab and attach relevant documents if applicant accepts the placement. CRSRehab-ExMI: <i>Form 7</i> to CRSRehab-ExMI, and relevant documents to rehabilitation units directly.
8	To issue reminder(s) to referrer for delayed cases and to close those cases with no response	CRSRehab	Please refer to para. 2.16 for details	<i>Form 7A, 7B</i>
Case intake by rehabilitation unit				
9	To process the referral and inform the result to the CRSRehab and the referrer	Rehabilitation unit	CRSRehab-PS/MPH/AB: 4 weeks CRSRehab-ExMI: 3 weeks	<i>Form 9</i> with a copy to the referrer (for CRSRehab-PS, also <i>Form 8A</i> to parents)
10	To issue reminder(s) to rehabilitation units for delayed cases	CRSRehab	Please refer to para. 2.21 for details	<i>Form 9A, 9B</i>

2.2 An overview of the workflow in the application and selection process is summarised in the flowcharts in Figure 1 and 2.

Figure 1: New Application and Data Updating Process

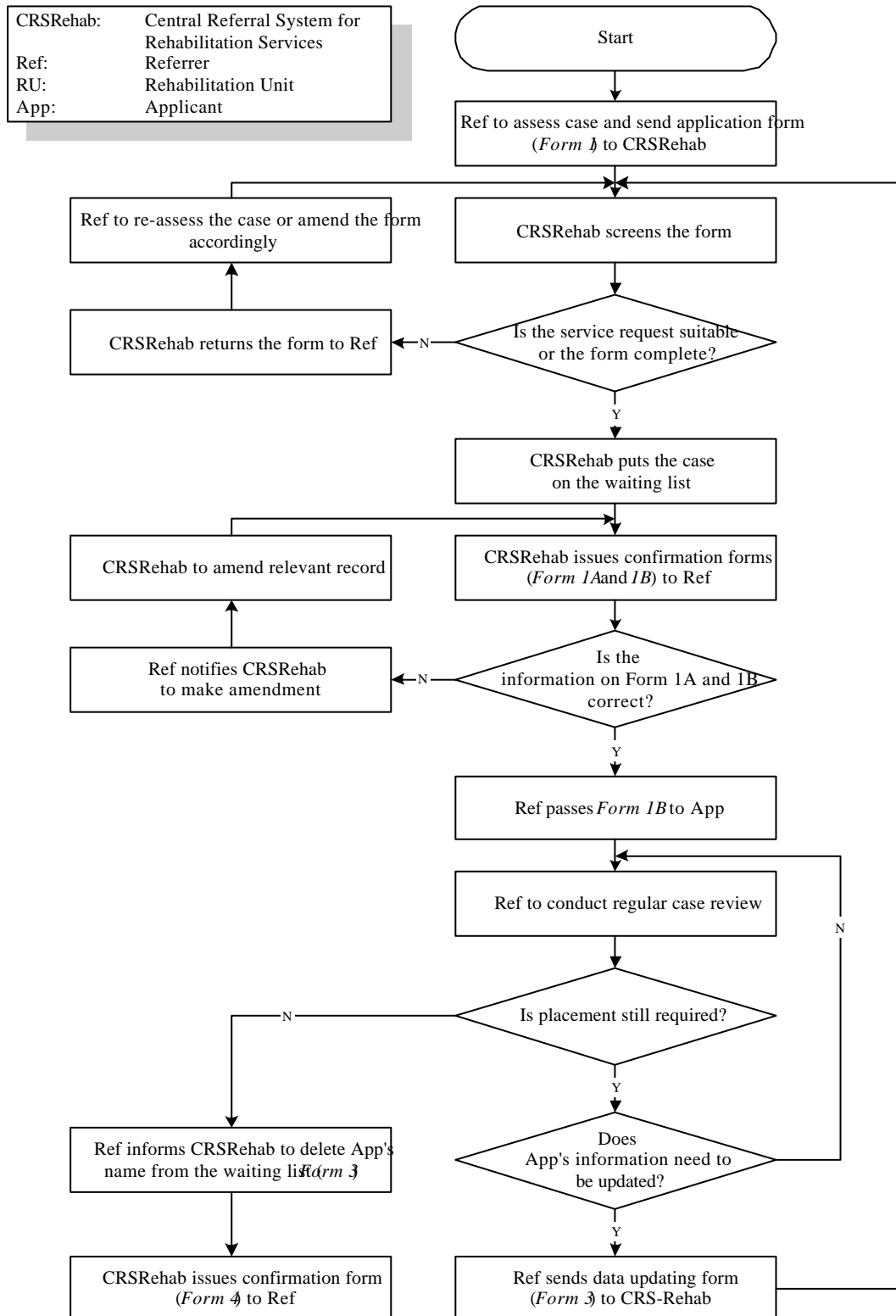
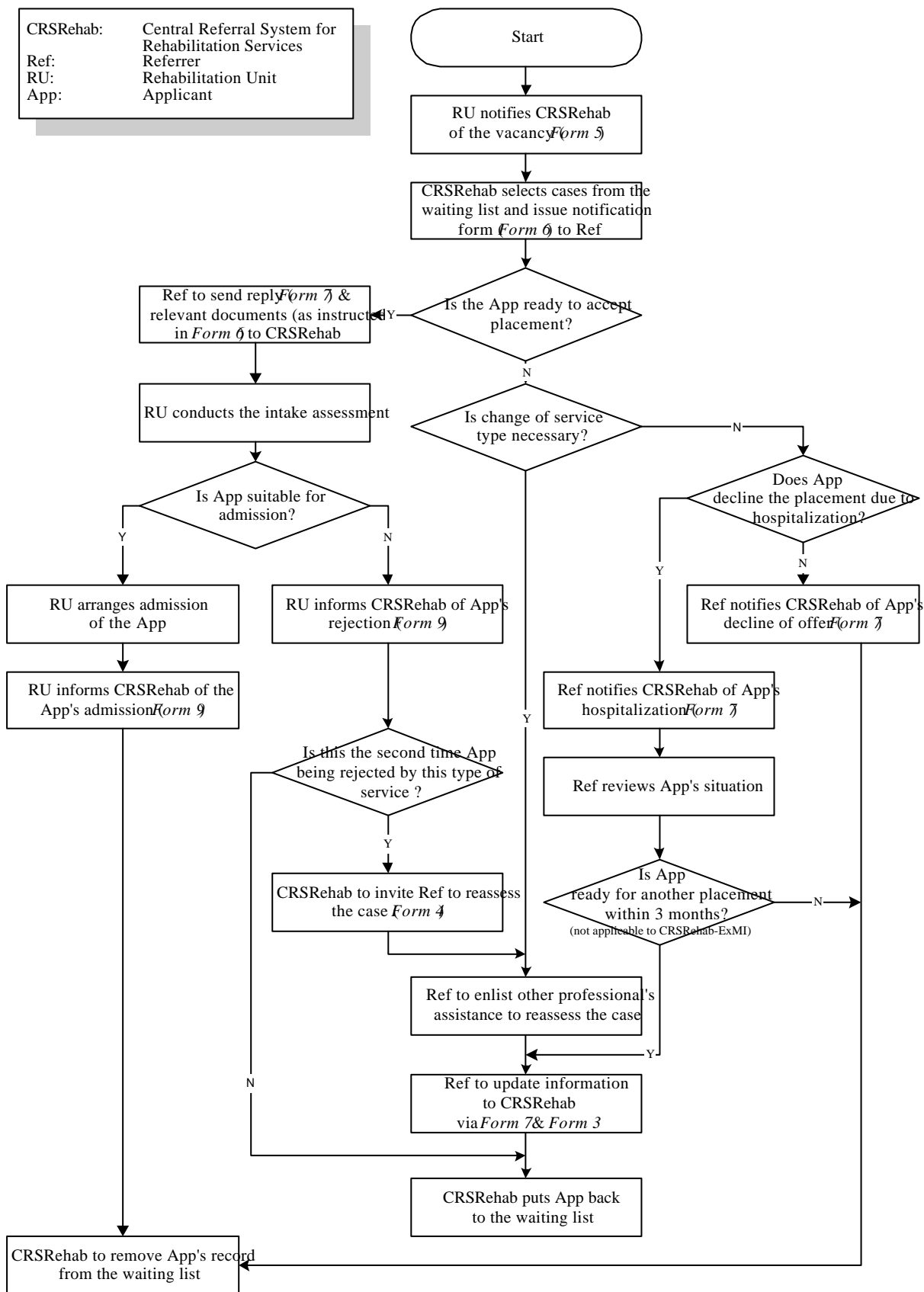


Figure 2: Case Selection and Admission Process



Case Registration

2.3 Before making an application to CRSRehab, a referrer should arrange for the assessment(s) from relevant professionals in order to ensure that the applicant is eligible for the rehabilitation service to be applied for. These assessments include:

Disability Group	Assessment to be Conducted by
Disabled Pre-schoolers	Medical officer of Child Assessment Centre/ Paediatrics Department or psychologist
Mentally Handicapped Persons	Clinical psychologist or educational psychologist
Ex-mentally Ill Persons	Psychiatrist or medical officer in psychiatric unit
Aged Blind Persons	Medical officer in eye clinic/eye hospital or privately practised ophthalmologist

2.4 Due to the wide variety of rehabilitation services under CRSRehab, there are different application forms to be used when making application for different types of rehabilitation services. The referrer should be careful in choosing the appropriate form when making an application for their customers. An overview of the forms of the four subsystems is detailed at Chapter VI.

2.5 The referrer should give each applicant/applicant's family member a copy of the "Notes of Application for Rehabilitation Services" (Appendix 2). After explanation, the applicant/applicant's family member should be requested to sign the lower portion of the form with a copy retained by the referrer on file for record purpose.

2.6 The referrer can then make the application to CRSRehab by the relevant subsystem *Form 1*. CRSRehab will process the new application in 7 working days after receiving the completed application form. After registering the application, CRSRehab will return the original *Form 1* together with the confirmation of registration (*Form 1A* and *Form 1B*) to the referrer. The referrer should then verify the information recorded in these forms, and raise amendment, if any, to CRSRehab. The referrer should pass the cleared *Form 1B* to the

applicant or applicant's family member immediately for reference. Whenever there is any change of information concerning the application, the referrer shall inform CRSRehab by the data updating form (*Form 3*) and CRSRehab will reply to the referrer with a fresh *Form 1A* together with the original *Form 3*. If the change is on the type of placement, CRSRehab will issue an updated *Form 1B* to the referrer as well.

2.7 In making the application, please take note of the following remarks for CRSRehab-MPH and CRSRehab-ExMI:

CRSRehab-MPH On admission to single hostel services, i.e. supported hostel, supported housing and single hostel for mentally/physically handicapped, applicants should have already been engaged or arranged to engage in day programmes such as open employment, supported employment, sheltered work or other day activities, etc. to ensure that they will not be left unoccupied in the day time while residing in the hostel.

CRSRehab-ExMI No requirement of the commitment on day programme for halfway house referrals at the stage of admission.

Location Preference

2.8 Placement will normally be offered according to the preferences of the applicant as indicated in the relevant *Form 1*. Parents/applicants are allowed to choose preferences by **region, district, individual rehabilitation unit, or a combination of them**. For details of the number and types of the preferences for respective rehabilitation services with waiting lists, please refer to Appendix I. However, preference for a particular rehabilitation unit without valid grounds is not encouraged for it will delay the applicant in receiving rehabilitation service. The order of location preferences is of **equal weight** in the chance of being selected from the waiting list.

CRSRehab-PS For Integrated Programme in Child Care Centre, a further differentiation of preferences by area is introduced. Please refer to the address list of Integrated Programme for the groupings of rehabilitation units in each area.

Updating of Case Information

2.9 A referrer is required to update the applicant's changes that will affect the placement requested, such as personal particulars (e.g. name, residential district or address), type of disabilities, placement required, location preference, referrer, etc. via *Form 3*.

Change of Service/Addition of Service

2.10 The referrer should notify CRSRehab via relevant subsystem *Form 3* if the applicant is assessed to be in need of other types of service. The original application date will be retained for CRSRehab-PS, CRSRehab-MPH and CRSRehab-AB only.

Case Deletion and Re-activation

2.11 The referrer should notify CRSRehab via relevant subsystem *Form 3* for deletion from the waiting list when an applicant is not in need of service. Upon receipt of the notification, CRSRehab will issue a Form 4 to confirm the closure of the case. In case the applicant is subsequently in need of rehabilitation service again, the referrer should submit a **fresh Form 1** (instead of *CRSDA Form 3* in previous practice) to apply for service again.

Offer of Placement

2.12 When an applicant declines a placement offer, his/her application will be deleted from the waiting list, except under the following circumstances:

- a) the placement offered do not match the applicant's service request or location preferences;
- b) the applicant is temporarily hospitalised (please refer to para. 2.17 for details);
- c) the applicant is assessed by relevant professionals to be in need of alternative rehabilitation service with supporting document(s); or
- d) the applicant declines a single day placement while awaiting a paired-up day and residential placement.

Placement out of Applicant's Preference

2.13 Under some circumstances, such as the long queue for service in particular districts, applicants may be selected to centres which are not of their original preferences. If the applicant does not accept the offer, it is not considered a decline record and the original date of application will be retained.

CRSRehab-MPH In order to enable the applicants receive rehabilitation training as soon as possible, those waiting for paired-up day and residential services may be offered a single day placement in the first instance. Such offer only partially meets the need of their required service. No matter whether they accept or decline the offer, their turn for paired-up day and residential services will not be affected.

Case Processing by the Referrer Upon Selection for Placement

2.14 When an applicant is selected for admission, CRSRehab will notify the referrer by *Form 6* and a "*Notification of Case Selection to Rehabilitation Unit*" (*Form 6A*) will also be sent to the rehabilitation unit concerned in order to facilitate early communication between referrers, applicants and rehabilitation units for case intake.

CRSRehab-PS and CRSRehab-AB Upon receiving the "*Selection for Placement*" (*Form 6*), a referrer should inform CRSRehab whether the applicant accepts the placement or not via *Form 7* within **3 weeks**. The referrer should also attach relevant documents as specified in *Form 6* to CRSRehab for applicant who accepts the placement offer.

CRSRehab-MPH Upon receiving the "*Selection for Placement*" (*Form 6*), the referrer should inform CRSRehab whether the applicant accepts the placement or not via *Form 7* within **3 weeks**. For applicant who accepts the placement offer, the referrer should also attach relevant documents as specified in *Form 6* to CRSRehab and a standardized medical examination form for CRSRehab-MPH directly to the rehabilitation unit concerned.

CRSRehab-ExMI Upon receiving the "*Selection for Placement*" (*CRSRehab-ExMI Form 6*), a referrer should inform CRSRehab whether

the applicant accepts the placement or not by filling in Part II of the form within **3 weeks**. Unlike the procedure of other CRSRehab subsystems, the referrer should send all relevant documents as specified in *Form 6* to the rehabilitation unit concerned when he/she replies to CRSRehab.

Essential Documents for Processing of Applications

2.15 Essential documents specifically required by each subsystem for processing of the applications are as follows:

Subsystem	Essential Document	Validation Period
CRSRehab-PS	<ul style="list-style-type: none"> ■ CRSRehab Form 2 ■ CRSRehab Form 2A (for Special Provision Programme for Autistic Children) 	Since the condition of young children can change drastically in a short time, referrers are advised to consult the medical officers/psychologists concerned to confirm the validity of the forms.
CRSRehab-MPH	<ul style="list-style-type: none"> ■ Clinical psychologist's report ■ Medical Examination Form (MEF) 	<ul style="list-style-type: none"> ■ Please refer to Appendix 3. ■ MEF is valid for 6 months from the date of issue.
CRSRehab-ExMI	<ul style="list-style-type: none"> ■ Chest X-ray report ■ Other medical reports 	Both documents are valid for 1 year from the date of issue.
CRSRehab-AB	Certification on blindness	The period is either permanent or as stated in the certificate.

Referrers should make sure that these documents are available and valid for submission by the time of application. Additional requirements for documents other than the above will be indicated in the relevant subsystem *Form 6*.

Reminder to Referrers

2.16 When a referrer cannot make a reply upon case selection within the time frame designated by CRSRehab, CRSRehab will issue a reminder with a copy to the concerned Assistant District Social Work Officers for SWD units or agency heads for NGOs. If the reminder(s) is/are still unanswered or without final

decision on the placement offered, case will be closed automatically. The time frame for different subsystems are shown below:

Subsystem	Processing time for referrer/Action by CRSRehab					
CRSRehab-PS	3 weeks	<i>1st reminder</i>	<i>If Referrer requests for extensionⁱ</i>		2 week	<i>Case closed</i>
CRSRehab-MPH	3 weeks		2 weeks			
CRSRehab-ExMI	2 weeks		1 week	<i>2nd reminder</i>	1 week	
CRSRehab-AB	3 weeks		2 weeks			

Hospitalisation of Case

2.17 When an offer is given but the applicant has been admitted into hospital, the referrer should notify CRSRehab by *Form 7* and the application will become non-active for 3 months. If the applicant is discharged from hospital and ready for placement in rehabilitation service during these **3 months**, the referrer can inform CRSRehab vide *Form 3* and CRSRehab will re-activate the application with the original application date retained. The 3-month non-activation period due to hospitalisation can be extended for **another 3 months** (i.e. a total of 6 months) only when there are valid grounds that the applicant can be discharged from hospital within the time frame and by that time the applicant can still fulfil the admission criteria of the service requested. If CRSRehab does not receive any request for re-activating the applicant within the designated period, the application will be automatically deleted from the waiting list. Should the applicant still require rehabilitation services upon reassessment of his/her service needs when he/she is ready for discharge from hospital, a fresh application is needed.

CRSRehab-ExMI Applicants who are admitted to psychiatric hospital or psychiatric ward of general hospital will have their applications removed from the waiting list. Re-assessment of service need is required. For those applicants admitted to general hospital for treatment other than mental treatment, the procedure will follow that of para. 2.17 above.

ⁱ Referrers can request for extension of processing time for one more week for cases that are pending medical assessment.

Non-activation

2.18 Request for non-activation or suspension will no longer be accepted. Applicants who have no immediate need of service should apply at a later stage.

Case Deletion/Re-activation

2.19 The referrer should notify CRSRehab via *Form 3* for deletion from the waiting list when an applicant is not in need of the service. In case the applicant is in need of rehabilitation service again, the referrer should submit the relevant subsystem *Form 1* to apply for the service again. The referrer will be notified by *Form 4* when the case is closed.

Report of Vacancy

2.20 Rehabilitation units should inform CRSRehab by phone of any vacancy or anticipated vacancy immediately after it is identified, and to confirm via *Form 5* within **3 working days**. Upon receiving the notification of a vacancy, CRSRehab will arrange for case matching and a list of applicants selected via *Form 6A* will be sent to the rehabilitation units concerned subject to availability of referrals at hand. This practice is to encourage rehabilitation units and referrers to begin the intake process as soon as possible.

Case Intake by Rehabilitation Units

2.21 Rehabilitation units should complete the intake process and admit the applicants within the designated time frame. Any rehabilitation unit that fails to do so will receive a reminder from CRSRehab with copies to the referrer and the agency head concerned. The time frame for different subsystems in CRSRehab is summarised below:

Subsystem	Processing time for Rehabilitation Unit/Action by CRSRehab				
CRSRehab-PS	4 weeks	<i>1st reminder</i>	2 weeks		
CRSRehab-MPH	4 weeks		2 weeks		
CRSRehab-ExMI	2 weeks		1 week	<i>2nd reminder</i>	1 week
CRSRehab-AB	4 weeks		2 weeks		

CRSRehab-MPH The purpose of medical examination in CRSRehab-MPH is for formulating individual care plan rather than serving a screening purpose. Pending medical examination should not be a reason for delaying admission of the applicant and flexibility should be applied whenever appropriate.

CRSRehab-ExMI If the rehabilitation unit cannot complete the intake process within the designated time frame, i.e. 4 weeks, the case should be returned to CRSRehab for another placement.

2.22 There may be occasions that the rehabilitation unit has filled up all vacancies but yet there are still referrals in hand. According to the nature of disability, the way to handle these referrals is different.

CRSRehab-PS The rehabilitation unit should first consult the parents whether they prefer to return the case to the central waiting list or to wait in that unit's provisional waiting list. It should then inform CRSRehab-PS of the result via *Form 9*.

CRSRehab-MPH If a vacancy is anticipated in the forthcoming 8 weeks, the rehabilitation unit can keep the referral and proceed with the intake process till the vacancy is available. If the rehabilitation unit anticipates that no vacancy will be available in the forthcoming 8 weeks, all the remaining referrals should be returned to CRSRehab-MPH such that placement in other units can be arranged as soon as possible.

CRSRehab-ExMI In case no vacancy is available in the rehabilitation unit upon receipt of case referrals, these referrals can be kept in a provisional waiting list for one month, which serves as a buffer for case admission. If the applicant cannot be admitted to the rehabilitation unit in a month, the case referral should be returned to CRSRehab-ExMI.

2.23 For new rehabilitation units with bulk vacancies, the pace of admission should be kept in accordance with the schedule of phased admission as agreed with the Department.

Rejection of Cases

2.24 An applicant who is rejected by a rehabilitation unit will be given another offer in accordance with the location preferences indicated by him/her. However, if the applicant has been rejected by two different agencies of the same type of service, the referrer is required to reassess the service need of the applicant. If the applicant is still in need of such service, the referrer should inform CRSRehab by *Form 3*. For applicants who indicate preference at one centre only, no second placement can be offered if he/she is rejected by that centre.

CRSRehab-PS, CRSRehab-MPH and CRSRehab-AB Cases having two records of rejection by different agencies of the same type of service (except the reason of no vacancy) will be taken out from the waiting list and the referrer will be requested to arrange for reassessment enlisting the input of concerned disciplines such as Medical Officer, Clinical Psychologist, Vocational Training Assessment Team etc. as far as possible. After reassessment and upon the advice of the referrer, an applicant can be waitlisted for placement in the same service type or other types as appropriate and **the original application date will be retained**.

CRSRehab-ExMI Cases having two records of being rejected for the same service type by different agencies will be taken out from the waiting list and the referrer will be asked to arrange for reassessment. After reassessment and upon the advice of the referrer, an applicant can be waitlisted for placement of the same type or other types of service as appropriate as a fresh application with a new application date. If the case is in urgent need for placement, the referrer may consider applying for priority placement (please refer to para. 3.1).

Cases Admitted into the Rehabilitation Units

2.25 Upon the applicant's admission to the required service, case will be closed in CRSRehab and be removed from the waiting list.

CRSRehab-PS For pre-school service whose applicants are allowed to waitlist for EETC and another type of pre-school service at the same time. If EETC placement is offered first, the application for the other service is still active and the applicant can be selected if placement of the other type

of service becomes available. Conversely, if the applicant is selected for placement of the other service first, the application for EETC will automatically be frozen and subsequently removed from the waiting list once the applicant is admitted to the other type of service being applied for.

Removal from the Waiting List

2.26 An applicant will be removed from the waiting list under the following circumstances:

- a) the applicant has been admitted to the required service;
- b) the applicant requests for withdrawal when he/she is still on the waiting list;
- c) the applicant declines a placement offer of his/her indicated preference(s);
- d) the referrer does not respond to CRSRehab even after reminder(s) are sent;
- e) the applicant is rejected twice by different agencies and is unable to produce documentary proof from relevant professionals that he/she is still suitable for the service being applied for; or
- f) the applicant has been hospitalised when a placement offer is available (please refer to para. 2.17 for circumstances in which the applicant can be placed back to the waiting list).

2.27 Closed cases in need of rehabilitation service can make a fresh application by submitting *Form 1* through the referrer. The date of application of such cases will be counted anew.

Chapter III Major Issues in the Referral Process

Priority Placement

3.1 There may be circumstances that the referrer considers necessary to apply for priority placement on behalf of an applicant. The following are some of the examples:

- a) The parents are in advanced age or suffering from health/mental problem and hence unable to continue assuming the role of a caregiver;
- b) The applicant has been exposed to moral/physical danger or abused by family member(s);
- c) The applicant is homeless and has no relatives to look after her/him;
- d) The applicant is a Ward of DSW or High Court.

3.2 For those cases that require priority placement, the referrer should apply to CRSRehab via *Form 10* with strong social grounds and the endorsement from the concerned Assistant District Social Work Officer/Agency Head/School Principal. In most circumstances, location preference is not allowed for priority cases, except those with compelling grounds.

3.3 Approval of the application will be given by a Senior Social Work Officer in the Rehabilitation & Medical Social Services Branch. If there are areas of doubt, check/clarification will be made through the CRSRehab with the referrer. The referrer will be informed of the result of the application for priority placement via *Form 10A*.

3.4 If the priority cases decline the required services, they will be deleted from the waiting list immediately.

Internal Transfer

3.5 Internal transfer is only allowed in the subsystems CRSRehab-PS and CRSRehab-AB:

CRSRehab-PS

Internal Transfer (For EETC and SCCC only)

Internal transfer from one rehabilitation unit to another rehabilitation unit of the same type of service under the same agency is allowed. The rehabilitation unit should seek CRSRehab-PS's approval by using CRSRehab-PS *Form 11*. CRSRehab-PS will notify the outcome by CRSRehab-PS *Form 11A*. The basic principle of approving an internal transfer is that there should be no queue-jumping in the designated centre for the transferee, i.e. the original application date of the child to be transferred should not be later than the child in the front of waiting list of the district in which the designated centre locates. Any internal transfer without formal approval from CRSRehab-PS will not be recognized.

Internal Transfer from Normal Provision to Special Provision Programme for Autistic Children in Special Child Care Centre

Children certified to be suffering from autistic disorder who are receiving normal provision in SCCC can be internally transferred to the Special Provision (SP) Programme for Autistic Children in Special Child Care Centre if they are assessed by the clinical psychologists of SWD or agency-based psychologist to be in need of SP Programme. The centre should inform CRSRehab-PS by *Form 3* with the signature of the psychologist.

CRSRehab-AB

Internal transfer of residents from one type of service to another type of service under the same rehabilitation unit is allowed. The rehabilitation unit should apply by using CRSRehab-AB *Form 11* together with medical support for CRSRehab-AB's approval. CRSRehab-AB will reply by CRSRehab-AB *Form 11A*. The rehabilitation unit should then maintain a list of approved cases and admit them according to the "two versus one" principle, i.e. after the admission of the first internal transfer case, the rehabilitation unit should admit two referrals from CRSRehab-AB, etc. Any internal transfer

without the approval from CRSRehab-AB or violating the above principle will not be recognised.

Case Swapping

3.6 Case swapping is only allowed in CRSRehab-PS and CRSRehab-MPH:

CRSRehab-PS and CRSRehab-MPH Two trainees/residents in different rehabilitation units of the same type of service may sometimes want to swap their places because of, say, the location of the rehabilitation units are so far away from home that their aged parents have difficulty in taking them out for home leave. Normally, swapping between agencies on the same type of service within the same district will not be allowed. The rehabilitation units concerned may write to CRSRehab for approval by giving the reason for the swapping together with the consent letters of the residents/parents. If the case is considered justified, CRSRehab will issue a written reply to endorse the arrangement. Any swapping without formal approval from CRSRehab-PS/CRSRehab-MPH will not be recognized.

CRSRehab-ExMI and CRSRehab-AB Case swapping in these two subsystems are not allowed.

Appeal Against Decision Made by Rehabilitation Units

3.7 It is the responsibility of the referrer to re-assess those cases being rejected by rehabilitation units. If the referrer finds the reason for rejection given by rehabilitation unit is not justified, he/she can inform CRSRehab by telephone in the first instance and then send an appeal letter to the concerned rehabilitation unit with a copy to the concerned Social Work Officer (Rehabilitation & Elderly) and CRSRehab respectively. The Social Work Officer (Rehabilitation & Elderly) should then liaise with the concerned rehabilitation unit to identify any operational difficulties it may have. During the interim period, CRSRehab will not select the case to another rehabilitation unit until the appeal is settled. If the rehabilitation unit insists on the original decision and the referrer disagrees to it, the case should be brought up to the District Social Welfare Officer overseeing the concerned rehabilitation unit for assistance.

Chapter IV Roles and Responsibilities

Roles and Responsibilities of Referrers

4.1 Within the context of the referral process in CRSRehab, a “Referrer” refers to any social worker/professional that makes an application to CRSRehab on behalf of his/her applicant for rehabilitation service.

4.2 The activities of referrers include:

- a) To assume the role of a case manager for the customer in respect of the referral for rehabilitation service. A referrer should identify and assess the applicant’s genuine need for rehabilitation services. In order to assess the applicant’s suitability for different types of placement, a referrer should consider to enlist assistance from the Medical Officer, the Clinical Psychologist or the Vocational Assessment Team, etc. so as to ensure that the service(s) referred for best suits the need of the applicant.
- b) To realise the objective of integrating people with disabilities into the community and to strengthen the concept of care in the family, the referrer should, wherever appropriate, encourage the applicant to make use of community resources including day training/occupational services to meet the latter’s and the family’s needs. Should the problem encountered by the applicant is solely on transportation and mobility, appropriate transport service or arrangement for change of work, schools or training centres should be considered before resorting to residential rehabilitation services.
- c) If the applicant has immediate need for rehabilitation services, a referrer has to explain clearly to the applicant and the family member(s) of the criteria in the application for rehabilitation services via the “Notes of Application for Rehabilitation Services” (Appendix 2), and thereafter make application via *Form 1* to CRSRehab for appropriate service.
- d) To carry out regular case review, especially for the applicant’s family situation and any changes in the applicant’s disabilities or functioning level that may affect the placement need of the applicant. Upon the

changes, the referrer should immediately update any relevant information to CRSRehab via *Form 3*.

- e) To process the case within 3 weeks upon selection for placement and prepare the applicant and the parents for intake by the rehabilitation unit.
- f) To accompany and assist the applicant and his family members in the intake process conducted by the rehabilitation unit so as to prepare them for admission to the rehabilitation programme.
- g) To reassess the applicant's service need upon the withdrawal of placement offer by the applicant.
- h) To re-examine the applicant's suitability for the placement offered upon rejection by the rehabilitation unit. If the reason for rejection is not justified, the referrer should consider to appeal.
- i) To notify CRSRehab via *Form 3* if the case is transferred to another referrer.
- j) To pass relevant notices issued by CRSRehab to the applicant upon the latter's application, change of placement type, and removal from the waiting list.

Roles and Responsibilities of Rehabilitation Units

4.3 "Rehabilitation unit" refers to any service unit providing rehabilitation services and receiving case referrals from CRSRehab. Its activities includes:

- a) To assess the referral and arrange for the admission of the successful applicant within 4 weeks (3 weeks for CRSRehab-ExMI) and to inform CRSRehab and the referrer of the intake result via *Form 9*.
- b) To reassess those rejected cases put up for appeal.
- c) To inform CRSRehab of the discharge of trainees/residents via *Form 9* (*Form 3* for CRSRehab-ExMI) and the vacancy situation via *Form 5*.
- d) To provide regular statistics to the Social Welfare Department.

Roles and Responsibilities of CRSRehab

4.4 Its activities include:

- a) To vet the applications and ascertain whether the information is complete and relevant in connection to the rehabilitation service being applied for.
- b) To arrange for case selection from the waiting list and notify referrers within 3 working days upon the notification of a vacancy from the rehabilitation unit.
- c) To ensure that each step in the referral process be completed within the designated time frame, and to issue reminders to those referrers and rehabilitation units that failed to respond within schedule with copies to their supervisory bodies.
- d) To produce relevant statistics on the waiting lists of various rehabilitation services in CRSRehab.

Role and Responsibilities of Social Work Officers (Rehabilitation & Elderly)

4.5 Their activities include:

- a) To monitor the rehabilitation units of their enrolment, utilisation and pace of case admission.
- b) To liaise with the concerned rehabilitation unit and the referrer on appeal cases.

Roles and Responsibilities of Assistant District Social Work Officers/District Social Work Officers/ Agency Heads

4.6 Their activities include:

- a) To ensure the effective delivery of services by the referrers and rehabilitation units in meeting the specified time frame in processing the referrals, in particular, those referrals with reminders.

- b) To examine and endorse those applications with genuine need for priority consideration to CRSRehab.
- c) To examine and endorse those applications with genuine need for swapping placement within the same service.
- d) To examine appeals against rejection for admission by rehabilitation units under their jurisdiction.

Chapter V Frequently Asked Questions

Services for Disabled Pre-schoolers

Q1: Can I waitlist 2 different types of pre-school rehabilitation services for a disabled child?

A1: Waitlisting for 2 different types of pre-school rehabilitation services for a disabled child is allowed on condition that one of the services must be Early Education & Training Centre (EETC), i.e. a disabled child can be waitlisted for EETC plus one more type of rehabilitation service at one time. If EETC placement is offered first, the application for the other service is still active and the applicant can be selected if placement of the other type of service is available. Conversely, if the applicant is selected for placement of the other service first, the application for EETC will automatically be frozen and subsequently removed from the waiting list once the applicant is admitted to the other service being applied for.

Services for the Mentally/Physically Handicapped

Q1: Do I need to attach a psychological report to the application for services for the mentally handicapped?

A1: No, although the applicant should be certified by a psychologist to be mentally handicapped when applying for such service, there is no need to attach a copy of psychological report at this stage.

Q2: How can I know whether a psychological report is valid or not?

A2: Please refer to Appendix 3 for a detailed discussion on the validity of a psychological assessment report.

Q3: I found that the applicant's psychological report is no longer valid when he/she is selected for placement. What can I do?

A3: In case if the psychological report is invalid upon selection for placement, it is worthwhile to conduct another psychological assessment or to provide supplementary information, such as performance progress reports or vocational training assessment reports etc. so that relevant information about the applicant's intellectual development as well as the functional level

can be obtained.

Q4: Is home leave a compulsory requirement for a placement in the rehabilitation units?

A4: Though home leave is encouraged for applicants who are receiving residential service, it is not a compulsory requirement for those admitted to rehabilitation units providing 7-day-per-week hostel service. Therefore, the frequency of home leave can be agreed among the applicant, referrer and rehabilitation unit on individual case situation.

Services for the Ex-Mentally Ill

Q1: Can the referrer request for Training and Activity Centre and Long Stay Care Home service at the same time?

A1: Yes, the referrer can match day service with residential service freely. However, the actual ability of the client should be considered before making a referral. In view that Long Stay Care Home provides day program and residential care, it is not advisable to apply for other day programmes once the applicant is admitted into a Long Stay Care Home.

Q2: If the chest X-ray report is not available while other documents are prepared, should the referrer send the available documents to the rehabilitation unit concerned and reply to CRSRehab-ExMI with a completed *Form 6*?

A2: No, the referrer should confirm by CRSRehab-ExMI *Form 6* that all documents are sent to the rehabilitation unit. It is agreed by the rehabilitation units that psychiatric report within 3 months and other medical/laboratory test report within 12 months are considered as valid documents.

Q3: Should the referrer play an active role to contact rehabilitation units for arrangement of pre-admission interview?

A3: When a case is selected from the waiting list, CRSRehab-ExMI will send the case information and the referrer's office telephone no. to the rehabilitation unit. From this time point, the responsible worker of the rehabilitation unit should take initiative to contact the referrer while the referrer is preparing the reply to CRSRehab-ExMI.

Q4: If the applicant declined the day placement offer, will his/her application for residential placement be cancelled?

A4: Situation 1: If the referrer informs CRSRehab-ExMI that the applicant has declined the day placement only, the latter's application for residential placement will still be valid.

Situation 2: If the applicant has been admitted to psychiatric hospital or psychiatric ward of general hospital, the application for both day and residential placement will be void.

Services for the Aged Blind

Q1: Can I waitlist "suspected" blind client for residential service for the Aged Blind if he/she is identified to be in need?

A1: No, you should obtain the certification on blindness from a Medical Officer of the Eye Department/Eye Clinic or a registered Ophthalmologist in private practice before waitlisting the client for residential service under the subsystem CRSRehab-AB. As there is a dating back system between CRSRehab-AB and REDS, you can waitlist the client under REDS first while pending the certification.

Chapter VI CRSRehab Forms

Overview of the Forms of the Central Referral System for Rehabilitation Services

The related forms of CRSRehab have been streamlined, but for clarity, each subsystem has its own set of prefix on the forms. An overview of the forms is as below:

Form No.	From	To	Name of the form	Applicable in CRSRehab			
				PS	MPH	ExMI	AB
F.1	Ref	CRSRehab	Registration Form	✓	✓	✓	✓
F.1A	CRSRehab	Ref	Confirmation of Registration	✓	✓	✓	✓
F.1B	CRSRehab	Ref	申請康復服務登記書	✓	✓	✓	✓
F.2	Ref	RU	Application Form	✓	✗	✓	✓
F.2A	RU	CRSRehab	Assessment Form for Autistic Children/Children with Autistic Features	✓	✗	✗	✗
F.3	Ref	CRSRehab	Data Updating Form	✓	✓	✓	✓
F.4	CRSRehab	Ref	Removal from Waiting list	✓	✓	✓	✓
F.5	RU	CRSRehab	Report of Vacancies	✓	✓	✓	✓
F.6	CRSRehab	Ref	Selection for Placement	✓	✓	✓	✓
F.6A	CRSRehab	RU	Notification of Case Selection to Rehabilitation Unit	✓	✓	✓	✓
F.7	Ref	CRSRehab	Reply to CRSRehab on Selection for Placement	✓	✓	✓	✓
F.7A	CRSRehab	Ref	1st Reminder to Referrer	✓	✓	✓	✓
F.7B	CRSRehab	Ref	2nd Reminder to Referrer	✗	✗	✓	✗
F.8	CRSRehab	RU	Referral for Admission	✓	✓	✓	✓
F.8A	RU	Ref	Reply to Applicant	✓	✗	✗	✗
F.9	RU	CRSRehab	Report on Case Intake/Discharge	✓	✓	✓	✓
F.9A	CRSRehab	RU	1st Reminder to Rehabilitation Unit	✓	✓	✓	✓
F.9B	CRSRehab	RU	2nd Reminder to Rehabilitation Unit	✗	✗	✓	✗
F.10	Ref	CRSRehab	Application for Priority Placement	✓	✓	✓	✓
F.10A	CRSRehab	Ref	Outcome of Application for Priority Placement	✓	✓	✓	✓
F.11	RU	CRSRehab	Application for Internal Transfer	✓	✗	✗	✓
F.11A	CRSRehab	RU	Outcome of Application for Internal Transfer	✓	✗	✗	✓
F.12	RU	CRSRehab	Application for Swapping of Cases	✓	✗	✗	✗
F.12A	CRSRehab	RU	Outcome of Application for Swapping of Cases	✓	✗	✗	✗
Related Documents			Day/Residential Service for Mentally or Physically Handicapped Persons – Medical Examination Form	✗	✓	✗	✗
			Visual Examination Form for Admission to Home/Care & Attention Home for the Aged Blind	✗	✗	✗	✓

Ref: Referrer

RU: Rehabilitation Unit

2. Disabilities

2.1 Mental Handicap

N : No

Y : Yes (a) Date of Assessment

--	--	--	--	--	--

Day Mth Yr

(b) Degree of mental disability

A : Borderline developmental delay to mild grade MR

B : Mild grade MR

C : Moderate grade MR

D : Severe grade MR

E : Others, specify _____

S : Suspected

2.2. Physical Handicap

N : No

Y : Yes (a) Whether suffering from Cerebral Palsy

N : No

Y : Yes

S : Suspected

2.3 Visual Handicap

N : No

Y : Yes

S : Suspected

2.4 Hearing Handicap

N : No

Y : Yes

S : Suspected

2.5 Certified Autistic Disorders (*as certified by medical officer or clinical psychologist*)

N : No

Y : Yes (**Please fill in CRSRehab-PS Form 2A**)

S : Suspected

2.6 Speech and Language Impairment: Discrepant delay or disorder

N : No

Y : Yes

S : Suspected

3. **Placements/Preferences** (*Applicant can only choose one placement apart from the EETC. Preferences not more than 3 i.e.: region, district or centre except preparatory class which Education Department will follow up the location preferences with with the applicant directly.*)

Placements	Preferences
<input type="checkbox"/> Early Education and Training Centre	<input type="checkbox"/> No <input type="checkbox"/> Yes: 1: _____ 2. _____ 3. _____
<input type="checkbox"/> Integrated Child Care Centre <input type="checkbox"/> Day Special Child Care Centre (non-deaf) <input type="checkbox"/> Special Child Care Centre with special provision (only applicable to children who are certified by medical officer or clinical psychologist to have autistic disorders) <input type="checkbox"/> Day Special Child Care Centre (Deaf) <input type="checkbox"/> Residential Special Child Care Centre <input type="checkbox"/> Integrated Kindergarten <input type="checkbox"/> Preparatory Class in Special School	<input type="checkbox"/> No <input type="checkbox"/> Yes: 1: _____ 2. _____ 3. _____ <i>Note: Preference can be made at centre, area (for ICCC), district or region, or a combination of the above.</i>

4. **Service(s) Currently Receiving**

Early Education & Training Centre: Name of Centre: _____
 Special Child Care Centre (including deaf, non-deaf, SP, or residential): Name of Centre: _____
 Integrated Child Care Centre: Name of Centre: _____
 Integrated Kindergarten
 Preparatory Class
 Normal Day Nursery/Kindergarten
 Not receiving any service for pre-schoolers

Confirmation of Registration

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:

--

CRSRehab Tel.: 2892 5139
 Fax: 2893 6983
 Date:

Your Ref.:
 Your Fax:

The following applicant has been registered in CRSRehab-PS for rehabilitation service. I now return your original Form 1. Please kindly verify the following data, raise amendment and update any subsequent change to CRSRehab-PS by *Form 3*. For case enquiries, please contact the staff-on-duty from 9:30 a.m. to 10:30 a.m. and from 4:00 p.m. to 5:00 p.m. at 28925139. For data-protection, only enquiries from the referrer will be answered.

I. Personal Particulars

Name (English):
 Name (Chinese):
 HKBC No.:

Sex:
 Date of Birth:
 Residential District:

II. Disability

Mental Handicapped:
 Visual Handicapped:
 Certified Autistic Disorder:

Physical Handicapped:
 Hearing Impairment:
 Speech and Language
 Impairment:

III. Placement Request

Type of placement: 1.
 2.

CRSRehab-PS no.

EETC:Other Placement:

Application date:

Location preference: 1.
 2.
 3.

1.
 2.
 3.

()

社會福利署
康復服務中央轉介系統
申請康復服務登記書

敬啟者：

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： _____
身份證 / 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。為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，請儘快通知個案社工 / 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

RESTRICTED**Application Form for Placement in Centres for Disabled Pre-schoolers****Part A : Assessment (to be completed by medical officer/ psychologist)**

Name of Child/ Sex/ D.O.B./ BC 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 : _____
5. Hearing : _____
6. Motor Function :
- | | | | | |
|-----------------|------|--------------------|-----------------------|------------|
| | Lyer | Sitter | Walks with aid | Walks well |
| Manages stairs: | | With adult' s help | Without adult' s help | |
7. Intellectual Development :
- | | |
|-------------------------------|---|
| Age appropriate | Suspected mild grade mental retardation |
| Mild grade mental retardation | Moderate to severe grade mental retardation |
| Functional age level : _____ | |
8. Speech and Language Development :
- Speech and language development appropriate for mental age
- Speech & language delay discrepant with intellectual development
- Other speech & language disorders, please specify : _____
9. Behaviour :
- | | |
|-------------------|--|
| Unremarkable | Attention problem with overactivity |
| Autism | Attention problem without overactivity |
| Autistic features | |
| Others : _____ | |
10. Self Care Skills :
- | | | | |
|-------------|-------------------------------------|-----------------|---------|
| Feeding : | Fed by adult | Finger feeding | |
| | Feeds self with spoon or chopsticks | | |
| Toileting : | Wets/Soils | Indicates needs | Trained |
11. Recommended Pre-school Programme(s) (For details of the services listed below, please refer to the notes at page 4) :
- | | |
|--|--|
| Early Education and Training Centre | Special Child Care Centre (hearing impaired) |
| Integrated Child Care Centre | Residential Special Child Care Centre |
| Special Child Care Centre | Integrated Programme for Mildly Disabled Children in kindergartens |
| Special Child Care Centre with Special Provision | Preparatory Class in Special School |
| Others : _____ | |

Part B : Neurodevelopmental Findings & Recommendations for Training Programme (to be completed by medical officer/ psychologist)

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

Chronological Age : _____

Findings & Areas for Special Attention During Training :

1. Medical diagnosis and precautions (if any)

	Epilepsy	Cardiac problem	Asthma
	Allergy	Others : _____	

2. Intellectual function - mental age _____

3. Motor function and training
 - 3a. Gross motor function

	Appropriate for mental age	Discrepant delay - functional age level : _____
	Other findings/ remarks : _____	

 - 3b. Fine motor function

	Appropriate for mental age	Discrepant delay - functional age level : _____
	Other findings/ remarks : _____	

 - 3c. Motor training

To improve gross motor skills, e.g. body balance, co-ordination on limbs.

To improve fine motor coordination, e.g. eye-hand coordination

To improve paper and pencil tasks

For children in ICC placement, support service of occupational therapist is recommended.

For children in ICC placement, support service of physiotherapist is recommended.

Others/ remarks : _____

4. Speech and language function and training
 - 4a. Speech & language

	Appropriate for mental age	
	Discrepant delay - functional age level	verbal comprehension : _____
		verbal expression : _____
	Other findings/ remarks : _____	

 - 4b. Speech and language training
 - (i) Comprehension

	To attend	To understand simple commands with gestural cues
	To understand verbal instructions	To understand simple verbal concepts
	Others/ remarks : _____	

 - (ii) Expression

	To encourage communication for simple needs	To increase single words and short phrases
	To increase vocabulary and sentence length	
	Others/ remarks : _____	

5. Behavioural and 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 attentional focus and span e.g. more structured environment, closer supervision
with the child sitting near to teacher
The child will benefit from firm handling from teachers and care-givers
Others/remarks : _____

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

Other findings/ remarks : _____

6b. Self-care skills training

(i) Feeding skills To train self feeding by spoon or chopsticks
For children in ICC placement, support service of occupational therapist is recommended.
Others/remarks : _____

(ii) Toileting skills To train the child to indicate toilet needs
For children in ICC placement, support service of occupational therapist is recommended.
Others/remarks: _____

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's needs
Others/remarks : _____

8. Other suggestions Encourage and strengthen parental involvement and skills in child's training
Others/remarks : _____

Assessed by Medical Officer/ Psychologist

Signature : _____ Hospital/ Clinic/ Office : _____

Name : _____

Date : _____ Telephone 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 Child Care Centre (ICCC)	For disabled children aged 2 to under 6 with suspected or assessed mild grade mental handicap, slight physical handicap, mild or 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 moderate or severe mental, physical, hearing or visual 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 Child Care Centre with Special Provision (SCCC with SP)	Extra care and training in SCCC with one additional special child care worker for every six disabled children aged 2 to under 6 with autistic disorders. 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 the children aged 2 to under 6 with severe to profound hearing loss.
Residential Special Child Care Centre (RSCCC)	SCCC with residential facilities provides training and care services for those children aged 0 to under 6 with disabilities which 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 those children who are homeless, abandoned, or whose families cannot care for them adequately.
Integrated Programme for Mildly Disabled Children in Kindergartens (IK/G)	An additional trained teacher is provided in non-profit-making kindergarten to offer intensive remedial teaching to mildly disabled children aged 3-6 to promote socialization and integration opportunity for them.
Preparatory Class in Special School	For children aged 4 to under 6 with visual, physical, or severe to profound hearing impairment. These children may also have mild to moderate mental or other handicaps.

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 care-taker with ‘*’)

2. Type of accommodation: _____ Rent/Mortgage: _____

3. Accessibility from main road: _____

4. Availability of escort to centre: _____

5. Family interaction:

6. 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, ICCC, etc.	_____	_____

7. 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)	_____	_____

8. Supplementary Comments:

9. 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: _____

Name of Referrer: _____ Telephone no.: _____

Date: _____

RESTRICTED
Assessment Form for
Autistic Children/Children with Autistic Features

From: _____ <p style="text-align: center;"><i>(Name of Referring Office)</i></p> _____ <p style="text-align: center;"><i>(Name of Organisation)</i></p> 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 Wanchai, Hong Kong Your Ref.: SWD Tel.: 2892 5139 Fax: 2893 6983
---	--

Name of Child: _____
 Sex/DOB/BC No.: _____
 CRSRehab-PS No. (if applicable): _____

1. Date of Assessment : _____

2. Medical Assessment: The applicant is a
 Autistic Child
 Child with Autistic Features

3. Assessment for Service Required:
 Applicant is not in need of treatment in psychiatric centre but is ready for admission to: /
 Applicant having received or receiving treatment in psychiatric centre (_____)
 is assessed as ready for admission to: *
 ICCC
 SCCC (Normal Provision)
 Special Provision Programme (SP) in SCCC

4. Area that required special attention from staff of rehabilitation unit:

Assessed by Medical Officer/Psychologist: _____

Name: _____

Hospital/Clinic: _____

* please delete whichever is inapplicable

Telephone: _____

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 Wanchai, Hong Kong Tel.: 2892 5139 Fax: 2893 6983
---	--

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

Information to be updated: (× or * delete as appropriate)

- Placement is no longer required. Case can be deleted from CRSRehab-PS.
- Change in placement request: _____
- Referring office is changed to: _____
- Applicant is discharged/ready for discharge* from hospital. Please put the case back on waiting list.
- Change in applicant's personal particulars (residential district, disability, etc.):

Please specify:

- Change in location preference

<u>EETC</u>	<u>Other Placement :</u>
	(_____)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Others, please specify : _____

Signature: _____

Name: _____

Post: _____

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.:
 Date:

CRSRehab-PS Tel.: 2892 5139
 Fax: 2893 6983

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.

passing away of applicant.

emigration of applicant.

applicant's self-withdrawal.

applicant's decline of placement offer.

no reply had ever been received after issuing reminder(s).

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 Vacancies

From: _____ <i>(Name of Rehabilitation Unit)</i>	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
_____ <i>(Name of Organisation)</i>	
Ref.: _____	
Tel.: _____	
Fax: _____	Tel.: 2892 5139
Date: _____	Fax: 2893 6983

1. Number of vacancies as at _____ (date):

Service	EETC	SCCC (non-deaf)	SCCC (deaf)	Special Provision in SCCC	Residential SCCC	Integrated Programm e
(a) Capacity						
(b) Enrolment						
(c) No. of referral(s) approved and pending admission						
(d) No. of referral(s) being processed						
(e) No. of referral(s) CRSRehab-PS can send (a - b - c - d)						

2. Number of vacancies anticipated (excluding those reported in item 1):

Service	EETC	SCCC (non-deaf)	SCCC (deaf)	Special Provision in SCCC	Residential SCCC	Integrated Programm e
Vacancies						
Available date(s)						
Remarks (No. of case in waiting list if any)						

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:		Our Ref.:	SWD
Ref.:		CRSRehab-PS Tel.:	2892 5139
Date:		Fax:	2893 6983

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.:
 Date of Selection:

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

()

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
 Date:

CRSRehab-PS Tel.: 2892 5139
 Fax: 2893 6983

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.

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

Reply to CRSRehab-PS on Selection for Placement

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
 Wanchai, Hong Kong

Your Ref.: SWD
 Tel.: 2892 5139
 Fax: 2893 6983

Application for Placement to (name of rehabilitation unit):

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

- Applicant accepts the offer.** The following documents are attached:
- | | |
|--|---|
| <input type="checkbox"/> CRSRehab-PS Form 1 | <input type="checkbox"/> CRSRehab-PS Form 2 |
| <input type="checkbox"/> CRSRehab-PS Form 2A | <input type="checkbox"/> Others |

- 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.
 - The placement offer does not match applicant' s service request or location preference.
 - Change of service type required due to improvement of ability. *Form 3* is attached to update placement request.
 - Change of service type 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: _____

Reminder to Referrers

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.:
 Date:

CRSRehab-PS Tel.: 2892 5139
 Fax: 2893 6983

Name of Applicant:

HKBC No.:

CRSRehab-PS No.:

Name of Rehabilitation Unit:

Date of Selection: _____

CRSRehab-PS has not received your reply to the placement offer for the above-named applicant. I would be grateful if you would reply to CRSRehab-PS via *Form 7* within **2 weeks**. Otherwise, the applicant would be deleted from the waiting list.

If you have already replied to this, I would much appreciate if you would forward a copy of *Form 7* to CRSRehab-PS.

()

c.c. ADSWO() (for SWD)
 Agency Head (for NGO)

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: 2893 6983
Date:

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.:

Referral papers attached:

CRSRehab-PS Form 1

CRSRehab-PS Form 2

CRSRehab-PS Form 2A

Others

()

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

Reply to Applicant

From : _____ To : Parents of _____
 (Rehabilitation Unit-in-charge)

 (Name of Rehabilitation Unit)

File Ref. : _____

Date : _____

Reply to Applicant

on the Application for Admission to the Rehabilitation Unit

Regarding the application of your child _____

(H.K.Birth Certificate Number _____) for admission to the Rehabilitation Unit, the result derived from interview and discussion is as follows :-

- 1 The requirements for admission have been met, and you are requested to attend the Rehabilitation Unit on _____ for enrolment procedures.
- 2 Having met requirements for admission, your child has been included in the Rehabilitation Unit's provisional admission list. You will be notified for enrolment procedures as soon as a vacancy arises.
- 3 As agreed with your goodself, since there will be no vacancies in the Rehabilitation Unit for the next few months, your child's name has been deleted from the Rehabilitation Unit's provisional admission list and re-instated in the Central Referral System for Rehabilitation Services Subsystem for Disabled Pre-schoolers (CRSRehab-PS) for alternative placement. CRSRehab-PS will select your child to other rehabilitation unit within your location preferences according to the application date.
- 4 The requirements for admission to the Rehabilitation Unit are not met.
 Reasons : _____
 If no information on service type is updated by the referrer, CRSRehab-PS will select your child to another rehabilitation unit that provide the same type of service.
- 5 Application has been withdrawn of your own accord.
 Reasons : _____
 Your application will be automatically removed from CRSRehab-PS.

 Signature
 Tel. : _____

Remarks:

If your child is rejected for admission by 2 rehabilitation units providing the same type of service, CRSRehab-PS will suspend the selection of placement till your referrer informs CRSRehab-PS of the re-assessment of placement for your child via CRSRehab-PS Form 3.

c.c.(1) CRSRehab-PS (CRSRehab-PS No.: _____)

(2) Referring Organization : _____ (Ref. No.: _____)

Report on Case Intake/Discharge

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 Wanchai, Hong Kong Your Ref.: _____ Tel.: 2892 5139 Fax: 2893 6983
--	--

1. Case information

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

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

admitted into service from _____ (date).

unable to be admitted into service as there is no vacancy.

rejected upon case screening due to:

low ability/motivation for training	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):

discharged from our service on _____ (date) due to: _____

_____ included in the rehabilitation unit' s provisional admission list until a vacancy arise.

Signature: _____

Name: _____

Post: _____

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

Reminder 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:

--

Ref.:

CRSRehab-PS Tel.: 2892 5139

Date:

Fax: 2893 6983

The following application(s) has/have been referred to your unit for consideration of admission for more than **4 weeks**. So far, no reply has been received by CRSRehab-PS. I would be grateful for your prompt decision on this/these application(s) and reply to CRSRehab-PS via *Form 9* with a copy to the referrer concerned within **2 weeks**. Otherwise, the application(s) will be drawn back to CRSRehab-PS.

<u>Date of Referral</u>	<u>CRSRehab- PS No.</u>	<u>Name of Applicant</u>	<u>Sex</u>	<u>Age</u>
-------------------------	-----------------------------	--------------------------	------------	------------

()

c.c. Agency Head
 REO()
 Referrer:

Application for Priority Placement

From: _____ <p align="center"><i>(Name of Referring Office)</i></p> _____ <p align="center"><i>(Name of Organisation)</i></p> 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 Wanchai, Hong Kong Your Ref.: _____ Tel.: 2892 5139 Fax: 2893 6983
---	--

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 DSWO/ 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.:
 Date:

CRSRehab-PS Tel.: 2892 5139
 Fax: 2893 6983

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.

()

Application for Internal Transfer

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.: SWD Tel.: 2892 5139 Fax: 2893 6983
---	---

I wish to apply for internal transfer of the following child(ren) enrolled in my unit:

<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>Unit to be Transferred</u>	<u>Proposal Effective Date</u>
---------------------	-------------	-----------------	------------	------------	---	-------------------------------	--------------------------------

Reason(s) for Transfer:

I confirm that consent from parent(s)/guardian(s) of the child(ren) for the transfer have been obtained.

Signature : _____

Name: _____

Outcome of Application for Internal Transfer

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:

--

Ref.:

CRSRehab-PS Tel.: 2892 5139

Date:

Fax: 2893 6983

Name:

HKBC No.:

CRSRehab-PS No.:

I am pleased to inform you that your application for internal transfer for the above-named applicant is approved. Please kindly arrange for transfer of this/these approved applicant(s) to the above-mentioned unit. By copy of this approval letter, the receiving rehabilitation unit is requested to inform CRSRehab-PS on the date of admission of this/these case(s) in 4 weeks via *CRSRehab-PS Form 9*. The original rehabilitation unit should discharge the case via *CRSRehab-PS Form 9* as soon as the applicant is admitted into the receiving rehabilitation unit.

The captioned application for priority is not approved or not necessary due to the following reason:

The transfer will result in queue jumping.

Others:

Note: Internal transfer is restricted to the same type of service only.

()

c.c. Receiving rehabilitation unit
 Referrer:

Application for Swapping of Cases

From: _____ _____ (Name of Rehabilitation Unit) _____ _____ (Name of Organisation) 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: 2893 6983
--	---

(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>
---------------------	-------------	-----------------	------------	------------	---	--------------------	------------------

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:

Ref.: CRSRehab-PS Tel.: 2892 5139
 Date: Fax: 2893 6983

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):

RESTRICTED
Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped (CRSRehab-MPH)
Registration Form

I. Type of Placement Required (please × one only)

Mentally Handicapped (MH)

- | | | |
|---|--|---|
| <input type="checkbox"/> Day Activity Centre (DAC) | <input type="checkbox"/> Sheltered workshop (SW) | <input type="checkbox"/> Supported housing ¹ |
| <input type="checkbox"/> DAC + hostel | <input type="checkbox"/> SW + hostel | <input type="checkbox"/> Home-based training ² |
| <input type="checkbox"/> DAC (MH+visually handicapped (VH)) | <input type="checkbox"/> Hostel for moderate MH | <input type="checkbox"/> Supported hostel (MH+VH) |
| <input type="checkbox"/> DAC + hostel (MH+VH) | <input type="checkbox"/> Supported hostel ¹ | <input type="checkbox"/> Supported housing (MH+VH) |

Physically Handicapped (PH)

- | | | |
|--|---|---|
| <input type="checkbox"/> Sheltered workshop (SW) | <input type="checkbox"/> Supported hostel ¹ | <input type="checkbox"/> Single Hostel for PH |
| <input type="checkbox"/> SW + hostel | <input type="checkbox"/> Supported housing ¹ | |

Others

- | | |
|--|--|
| <input type="checkbox"/> Sheltered workshop (VH) | <input type="checkbox"/> Care and attention home for severely disabled persons (MH/PH) |
| <input type="checkbox"/> Small group home for mildly mentally handicapped children | |
| <input type="checkbox"/> Others, please specify: _____ | |

II. Personal Particulars

1. Name: _____
(English) _____ (Chinese)
2. Sex: Male Female
3. Date of Birth: _____ (dd) _____ (mm) _____ (yyyy)
4. HKBC/IC* No.: _____ () or L/M (_____) in RP 3/3/220/(_____)
5. Residential District: Hong Kong and Islands
- | | | | |
|--|----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Central and Western | <input type="checkbox"/> Eastern | <input type="checkbox"/> Southern | <input type="checkbox"/> Wanchai |
| <input type="checkbox"/> Islands | | | |
- Kowloon
- | | | | |
|-------------------------------------|---------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Kwun Tong | <input type="checkbox"/> Wong Tai Sin | <input type="checkbox"/> Kowloon City | <input type="checkbox"/> Mongkok |
| <input type="checkbox"/> Shamshuipo | <input type="checkbox"/> Yaumatei | <input type="checkbox"/> Tseung Kwan O | <input type="checkbox"/> Sai Kung |
- New Territories
- | | | | |
|--|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Kwai Tsing | <input type="checkbox"/> Tsuen Wan | <input type="checkbox"/> Tuen Mun | <input type="checkbox"/> Yuen Long |
| <input type="checkbox"/> Tin Shui Wai | <input type="checkbox"/> Tai Po | <input type="checkbox"/> Shatin | <input type="checkbox"/> Ma On Shan |
| <input type="checkbox"/> North (Sheung Shui and Fanling) | | | |

¹ Upon admission to single hostel services, i.e. supported hostel, supported housing and single hostel for mentally/physically handicapped, applicants should have already been engaged or arranged to engage in day programmes such as open employment, supported employment, sheltered workshop or other day activities to make sure that applicants will not idle on day time while residing in the hostel.

² Home-based training will be automatically offered to all MH applicants who have not received day training.

III. Disability

1. Physical disability A: Physically disabled, please specify: _____
 N: Not physically disabled
2. Spastic/cerebral palsy A: Spastic B: Cerebral palsy N: Not spastic or cerebral palsy
3. Hearing A: Deaf B: Partially impaired N: Normal
4. Vision A: Blind B: Partially impaired N: Normal
5. Mental disability N: Not mentally handicapped (*please proceed to question 6*)
 A: Severe B: Moderate C: Mild
 D: Others, please specify: _____
 IQ score: _____ Mental age (in months): _____
 Date of psychological assessment: _____ (dd) _____ (mm) _____ (yyyy)
6. Mental illness A: Mentally ill, diagnosis: _____
 N: Normal
7. Speech A: Speech disabled N: Normal
8. Autism A: Autism as assessed by psychiatrist N: Normal
9. Downs Syndrome A: Downs Syndrome N: Not Downs Syndrome
11. Other Illness/disability _____
12. Mobility A: Walk unaided B: Walk with escort C: Walk with rehabaid
 D: Wheelchair bound E: Bed ridden
13. Ability to climb stairs/slope A: Capable to climb stairs/slope by self
 B: Climb stairs/slope with other's assistance
 C: Unable to climb stairs/slope even with other's assistance
14. Public transport (Excluding taxi) A: Manage without escort B: Manage with escort
 C: Cannot manage with escort
15. Medication _____
16. Treatment required A: Occupational therapy B: Physiotherapy
 C: Others: _____
17. Rehabaid used A: Wheelchair B: Ambulator C: Prosthesis/artificial legs
 D: Calipers E: Special boots F: Hearing aid
 G: Crutches H: Tripod I: Others: _____

IV. Location preference

Day placement

- No (day services will be offered according to the applicant's residential district)
 Yes (indicate **3 choices** in region/district/service unit if applicant has preferences other than his/her residential district)

Description

1. _____
2. _____
3. _____

Residential placement

- No (**Waiting time can be much shorter** if applicant does not indicate location preference)
 Yes (please indicate **5 choices** in region/district/service unit)

Description

1. _____
2. _____
3. _____
4. _____
5. _____

V. Willingness to Accept Day Placement/Home-based Training First³

- No need for day placement at present. Prefer day and residential service to be offered at the same time.
 No need for home-based training programme.

Case ref. no.: _____ Tel.: _____
Name of referrer: _____ Fax.: _____
Office/Centre: _____ Date: _____

³ Applicants who apply for day and residential services should be encouraged to take up day placement whenever available while awaiting their turn for residential service. Merits of this arrangement are obvious, including:

- a. Instead of idling at home, applicants would definitely benefit from day programme (say in a DAC or SW);
- b. With continual day training programme, they would find it easier to undergo the admission process for "day and hostel service" (e.g. DAC+H or SW+H) when they reach their turn for hostel placement than those applicants who have no previous experience in day training;
- c. With previous day training, they would encounter less difficulty in adjusting themselves to hostel life of which they would acquire at a later stage;
- d. During day training hours, family members can be released from the caring activities to the disabled members;
- e. With continual day training, their improved social skills and/or self-respect would in turn enhance a better intra-family relationship.

Confirmation of Registration

From: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

To:

CRSRehab Tel.: 2892 5134
Fax: 2893 6983
Date:

Your Ref.:
Your Fax:

The following applicant has been registered in CRSRehab-MPH for rehabilitation service. I now return your original *Form 1*. Please kindly verify the following data, raise amendment and update any subsequent change to CRSRehab-MPH by *Form 3*. For case enquiries, please contact the staff-on-duty from 10:00 a.m. to 11:00 a.m. and from 3:00 p.m. to 4:00 p.m. at 28925134. For data protection, only enquiries from the referrer will be answered.

I. Personal Particulars

Name (English):	Sex:
Name (Chinese):	Date of birth:
HKIC No.:	Residential district:

II. Disability

Physical disability:	Spastic/cerebral palsy:
Hearing:	Vision:
Mental disability:	IQ score:
Mental age:	Date of assessment:
Mental Illness:	Speech:
Autism:	Downs Syndrome:
Other disability:	Mobility:
Climb stairs/slope:	Public transport:
Treatment required:	Rehabaid used:

III. Placement Request

Type of placement:	
CRSRehab no.:	Application date:
Availability for day service:	
Waiting list:	

Location preference:	<u>Day placement</u>	<u>Day/Residential placement</u>
	1.	1.
	2.	2.
	3.	3.
		4.
		5.

()

社會福利署
康復服務中央轉介系統
申請康復服務登記書

敬啟者：

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：

身份證 / 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。為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，請儘快通知個案社工 / 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

Data Updating Form

From: _____
(Name of Referring Office)

(Name of Organisation)

(Address of Referring Office)

Ref.: _____

Tel.: _____

Fax: _____

Date: _____

To: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

Tel.: 2892 5134

Fax: 2893 6983

Name: _____ HKIC No.: _____ CRSRehab No.: _____

Information to be updated: (please X in the appropriate box)

- Placement is no longer required. Case can be deleted from CRSRehab-MPH.
- Change in placement request: _____
- Referring office is changed to: _____
- Applicant is discharged/ready for discharge* from hospital. Please put the case back on waiting list.
- Change in applicant's personal particulars (residential district, disability, etc.):

Change in location preference:

Day placement

Residential placement

- 1. _____
- 2. _____
- 3. _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Others, please specify (e.g. prefer day and residential service to be offered at the same time):

Signature: _____

Name: _____

Post: _____

* Please delete as appropriate

c.c. New Referring Office (for reporting change of referring office):

Removal from Waiting List

From: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House
213 Queen' s Road East
Wanchai, Hong Kong

To:

CRSRehab Tel.: 2892 5134
Fax: 2893 6983
Date:

Your Ref.:
Your Fax:

Name:

HKIC No.:

CRSRehab No.: _____

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

Case closed in CRSRehab-MPH upon

admission to required service.

passing away of applicant.

emigration of applicant.

applicant' s self-withdrawal.

applicant' s decline of placement offer.

no reply had ever been received after issuing reminder(s).

others:

Hospitalisation of applicant. Please refer to the *Manual of Procedures for CRSRehab* for further information.

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

()

Selection for Placement

From: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

To:

CRSRehab Tel.: 2892 5134
Fax: 2893 6983
Date:

Your Ref.:
Your Fax:

The following applicant has been selected for placement in rehabilitation unit with details shown below. Please reply to CRSRehab-MPH 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. 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:

HKIC No.:

CRSRehab No.:

Name of Rehabilitation Unit:

Address:

Tel.:

Date of Selection:

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

Form 1	Psychological report (for MH)
Form 2	Medical report
Form 7	Agency Application Form
Occupational therapist report	Physiotherapist report
Certificate of blindness	Case Summary
Referral Form for Placement in Residential Child Care Services (CRSRC 3)	Other:

()

Notification of Case Selection to Rehabilitation Unit

From: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House
213 Queen' s Road East
Wanchai, Hong Kong

To:

CRSRehab Tel.: 2892 5134
Fax: 2893 6983
Date:

Your Fax:

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, CRSRehab-MPH 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-MPH.

<u>Name</u>	<u>Sex/Age</u>	<u>CRSRehab No.</u>	<u>Date of App.</u>	<u>Referrer/Ref./Tel. No.</u>	<u>Normal/Priority</u>
-------------	----------------	---------------------	---------------------	-------------------------------	------------------------

()

Reply to CRSRehab-MPH on Selection for Placement

From: _____
(Name of Referring Office)

(Name of Organisation)

(Address of Referring Office)
Ref.: _____
Tel.: _____
Fax: _____
Date: _____

To: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

Tel.: 2892 5134
Fax: 2893 6983

Application for Admission to (name of rehabilitation unit): _____

Name: _____ HKIC No.: _____ CRSRehab No.: _____

- Applicant accepts the offer.** The following documents are attached:
- | | |
|---|---|
| <input type="checkbox"/> CRSRehab-MPH Form 1 | <input type="checkbox"/> Case summary |
| <input type="checkbox"/> Psychological/psychiatric/medical* report | <input type="checkbox"/> Agency application form |
| <input type="checkbox"/> School progress/VTC* report | <input type="checkbox"/> Certificate of blindness |
| <input type="checkbox"/> Referral Form for Placement in Residential Child Care Services (CRSRC 3) | |

- Applicant declines the offer** (Please X only one box):
- Applicant considers the location of rehabilitation unit unfavourable.
 - Prefer to live with/be looked after by family member(s).
 - 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.
 - Applicant is engaged in open/supported employment at present.
 - Applicant is attending special school at present.
 - The placement offer does not match applicant's service request or location preference.
 - Change of service type required due to improvement of ability. Form 3 is attached to update placement request.
 - Change of service type 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: _____

- (for day and residential service applicant only) Applicant prefers that day service be offered with residential placement together.

Signature: _____

Name: _____

Post: _____

* Please delete as appropriate

Reminder to Referrer

From: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

To:

CRSRehab Tel.: 2892 5134
Fax: 2893 6983
Date:

Your Ref.:
Your Fax:

Name of applicant:

HKIC No.:

CRSRehab No.:

Name of Rehabilitation Unit:

Date of Selection: _____

CRSRehab-MPH has not received your reply to the placement offer for the above-named applicant. I would be grateful if you would reply to CRSRehab-MPH via *Form 7* within **2 weeks**. Otherwise, the applicant would be removed from the waiting list.

If you have already replied to this, I would much appreciate if you would forward a copy of *Form 7* to CRSRehab-MPH.

()

c.c. ADSWO() (for SWD)
Agency Head (for NGO)

Referral for Admission

From: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

To:

CRSRehab Tel.: 2892 5134
Fax: 2893 6983
Date:

Your Fax:

Referral for Admission to

I forward the referral papers listed below of the following applicant for admission to your unit. 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 service unit for case intake.

Case particulars:

Name of applicant:

HKIC No.:

Sex/D.O.B.:

CRSRehab No.:

Referral papers attached:

Form 1	Psychological report
Form 2	Psychiatric report
Form 7	Medical report
Agency Application Form	Certificate of blindness
Case Summary	Other:

()

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

Report on Case Intake/Discharge

From: _____
(Name of Rehabilitation Unit)

(Name of Organisation)

(Address of Rehabilitation Unit)
Ref.: _____
Tel.: _____
Fax: _____
Date: _____

To: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

Tel.: 2892 5134

Fax: 2893 6983

1. Case information

Name: _____ HKIC No.: _____ CRSRehab No.: _____

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

admitted into service on _____ (date).

unable to be admitted into service as there is no vacancy.

rejected upon case screening due to:

fail in job test

unstable mental/emotional condition

low ability/motivation for training

severe behavioral problem (please specify):

health problem

others (please specify):

self-withdrawn by applicant upon case screening due to:

open employment

prefer to live with/cared by family members

unfavourable location

lost trace

applicant/family members do not disclose any reason

others (please specify):

discharged from our service on _____ (date) due to:

formally discharge, please specify reason:

unsuccessful trial (3-month trial period from _____), please specify reason:

Signature: _____

Name: _____

Post: _____

c.c. Referring office:

(case ref. _____)

Reminder to Rehabilitation Unit

From: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong

To:

CRSRehab Tel.: 2892 5134
Fax: 2893 6983
Date:

Your Fax:

The following application(s) has /have been referred to your unit for consideration of admission for more than 4 weeks. So far, no reply has been received by CRSRehab-MPH. I would be grateful for your prompt decision on this/ these application(s) and reply to CRSRehab-MPH via *Form 9* with a copy to the referrer concerned within 2 weeks.

<u>Date of Referral</u>	<u>CRSRehab No.</u>	<u>Name of Applicant</u>	<u>Sex</u>	<u>Age</u>
-------------------------	---------------------	--------------------------	------------	------------

()

c.c. Agency Head
REO()
Referrer:

Outcome of Application for Priority Placement

From: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House
213 Queen' s Road East
Wanchai, Hong Kong

To:

CRSRehab Tel.: 2892 5134
Fax: 2893 6983
Date:

Your Ref.:
Your Fax:

Name:
HKIC No.:
CRSRehab 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:

- 1.
- 2.
- 3.
- 4.
- 5.

The captioned application for priority placement is not approved or not necessary due to the following reason:

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

()

RESTRICTED

Day/Residential Service for Mentally or Physically Handicapped Persons
Medical Examination Form

Personal Data of Applicant

Name: (English) _____ (Chinese) _____

Sex/Age/D.O.B.: _____ HKIC No.: _____ Tel.: _____

Major Diagnosis

Mentally Handicapped Mild Moderate Severe Profound

Physically Handicapped Please specify: _____

Psychiatric Illness Please specify: _____

Medical History

	<u>No</u>	<u>Yes</u>	If yes, please elaborate:
Symptoms of Infectious Diseases e.g. diarrhoea, rash, frequent cough, past chest infection, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergy to Food or Drug	<input type="checkbox"/>	<input type="checkbox"/>	_____
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	mild (once a month) _____ moderate (once a week) _____ severe (once a day) _____
Swallowing Difficulties/Easy Choking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recent Auditory/Visual Deterioration	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Significant Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recent Travelling (within past 6 months)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Physical Examination

	<u>Satisfactory</u>	<u>Fair</u>	<u>Poor</u>
General Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Normal</u>	<u>Abnormal</u>	If abnormal, please elaborate:
Skin Condition, e.g. scabies, jaundice	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lymphatic System	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dental Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thyroid	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chest	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiovascular System	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Limbs, Spine	<input type="checkbox"/>	<input type="checkbox"/>	_____
Possible Signs of Infectious Diseases	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other Findings: _____

BP: _____ mmHg

RESTRICTED

Special Examination

Urine: _____ Glucose: _____ Albumin: _____

Stool ova/cyst: (if not done within past 3 months) _____

Blood: Hb: _____ gm/dl. WBC: _____ /cu.mm. Plat: _____ /cu.m.

HBs Ag (if not vaccinated): _____

Liver function: _____ Renal function: _____

Reason(s) if blood test is not done: doctor considers not clinically indicated for the test
 parents/guardian refuse client is uncooperative
 Others: _____

CXR (if not done within past 3 months): _____

(If CXR may suggest TB, the case has been referred to chest clinic: Yes No

Others (please specify): _____

Current Treatment (specify dosage):

Name(s) of Treatment Providers (e.g. clinic):

Previous Operations

Dates

Need for Special Diet No Yes, please specify: _____

Doctor's Recommendations:

1. The applicant is fit / unfit for admission to day/residential service.
(No evidence of infectious disease or significant physical condition contraindicating placement into a group environment.)
2. The applicant should be referred to the following specialist for follow up examination:

Doctor's Signature: _____	Hospital/Clinic: _____
Name in block letter: _____	Tel.: _____
Date: _____	Ref. No.: _____

*Remark: 1. This medical examination form is valid for 6 months from the date of issue.
2. Medical examination primarily serves the purpose of formulating individual care plan rather than screening. Flexibility should be applied whenever necessary.*

RESTRICTED CRSRehab-ExMI Form 1
CENTRAL REFERRAL SYSTEM FOR REHABILITATION SERVICES
SUBSYSTEM FOR THE EX-MENTALLY ILL (CRSRehab-ExMI)
REGISTRATION FORM

Name _____ of _____
 Applicant: _____
 (This part on each page should be completed for facsimile purpose)

Instruction : Please use BLOCK LETTERS to fill in the information or give a ' ✓ ' in the boxes, whichever is required.

Part A

A. Source of referral

Case reference no. _____

Name of referrer _____ Signature: _____

Office / Centre _____

--	--	--

Tel. no. _____ Fax no. _____ Date: _____

B. Personal particulars

1. Name of applicant: _____ ()

2. HKIC :

--	--	--	--	--	--	--	--

 () or Cert. of exemption: L/M () in RP 3/3/220/ ()

3. Date of birth: ____ / ____ / _____ (DD/MM/YYYY) 4. Sex: M / F

5. Residential district: _____

--	--

6. Whether the client is living in institution or hospital? Yes / No since (D/M/Y) ____ / ____ / _____

Name of institution or hospital : _____

--	--	--

7. Medical History:

Psychiatric diagnosis: _____

--	--

Onset of mental illness in _____ (YYYY)

Other illness, please specify: _____

--	--

A. Conditional discharge / B. Unconditional discharge

A. Sub-target case / B. Non Sub-target case

Other medical history: A. Anti-social behavior B. Suicidal tendency

C. Drug addiction D. Alcoholism

E. Sexual deviation F. Others _____

8. Other conditions

Ex-offender N. No A. Yes, with imprisonment B. Yes, without imprisonment

Member of Triad Society N. No A. Yes

**CENTRAL REFERRAL SYSTEM FOR REHABILITATION SERVICES
SUBSYSTEM FOR THE EX-MENTALLY ILL (CRSRehab-ExMI)**

REGISTRATION FORM

Name _____ of _____ HKIC: _____
Applicant: _____
(This part on each page should be completed for facsimile purpose)

C. Particular of placement required

1. Day Placement (please select by circling one type of day placements only)

Code	Service Type	1st Location Preference	2nd Location Preference	3rd Location Preference
A	Training & Activity Centre for Ex-Mentally Ill Persons			
B	Sheltered Workshop			
	For internal use only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Residential Placement (please select by circling one type of residential placements only)

Code	Service Type	1st Location Preference	2nd Location Preference	3rd Location Preference
C	Halfway House			
E	Halfway House with special provision (previously known as Purpose-built Halfway House)			
G	Long Stay Care Home			
I	Supported Hostel			
	For internal use only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Other placement matching option requested

(please select by circling one of the following matching if no suitable option available in the above 2 types of services)

Code	Service Type	1st Location Preference	2nd Location Preference	3rd Location Preference
M	Halfway House cum Sheltered Workshop at the same time			
N	Halfway House with special provision cum Sheltered Workshop at the same time. (previously known as Purpose-built Halfway House)			
	For internal use only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Priority placement (Endorsed by agency head/ designated representative of NGO / ADSWO or DSWO of SWD*)

1. Whether the client is in need of priority placement? No / Yes, if yes, please give reason: _____

Endorsed by : _____
Signature : _____
Name : _____
Designation: _____
Office: _____
Date: _____

Prepared by : _____
Signature : _____
Name: _____
Designation: _____
Office: _____
Date: _____

* Please delete as appropriate

社會福利署
康復服務中央轉介系統
申請康復服務登記書

敬啟者：

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： _____
身份證 / 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。為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，請儘快通知個案社工 / 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

From: _____

To: _____

STANDARD AGENCY APPLICATION FORM

CRSRehab-ExMI FORM 2

(This part should be completed by the referrer)

[RESTRICTED] P. 1

Total no. of pages included : () page 1 , page 2 , page 3 , page 4 (Please as appropriate)

Name of applicant: _____ () HKIC: _____ () Sex/Age: _____

D.O.B. ___/___/___ (DD/MM/YYYY) CRSRehab No. _____ Hospital/Clinic Ref. no. _____

Service required: _____

Part I Applicant's information (to be completed by Referrer)

Place of birth : _____ Spoken Language : _____ Year arrived at HK: _____

Marital status: Single / Married / Divorced / Separated / Widowed*

Address & Tel. _____ ()

Type of accommodation: hut / cubicle / bed-space / room / flat *others: _____

Name of carer: _____ () Relationship with applicant: _____

Contact address & Tel.: _____ ()

Education level: _____ Financial support: CSSA / SSA / Family / Self-supporting */ Others: _____

Particular of family members / close relatives (living together with applicant):

Name	Relationship	Sex/Age	Occupation	Level of support #
1.		/		
2.		/		
3.		/		
4.		/		

Level of support to the applicant : Rejecting, Indifferent, Supportive, Overprotective.

Recent occupational record: e.g. Open employment / sheltered workshop/ supported employment etc.

Duration	Post / Title	Salary	Reason for leaving the job
to			
to			

Social welfare services waitlisted . e.g. halfway house/ hostel/ sheltered workshop/ supported employment etc.

Date of referral made	Service requested	Referring organization	Remarks

Undesirable habits: Anti-social behaviour / Drug addiction / Alcoholism / Heavy smoking / Gambling etc. if any, please specify:-

Reason for referral: _____

Name of Referrer (in BLOCK): _____

(Signature): _____

Office/Centre: _____

Agency: _____

Telephone No. : _____ ext. _____

Fax No. : _____

Date : _____

*** please delete as appropriate.**

From: _____

To: _____

STANDARD AGENCY APPLICATION FORM

CRSRehab-ExMI FORM 2

(This part should be completed by the referrer)

[RESTRICTED] P. 2

Name of applicant: _____ () HKIC: _____ () Sex/Age: _____

D.O.B. ___/___/___ (DD/MM/YYYY) Hospital/Clinic Ref. no. _____

Hospital / Clinic: _____ Ward: _____

Part II. Medical History (to be completed by case medical officer)

Diagnosis: _____

Case Nature: Ordinary / Target / Sub-target */Others:

Intelligence: Normal / Borderline / Mild / Moderate / Severe*

IQ Score: _____ (if available)

Date of assessment: _____

Premorbid Personality:

Relevant medical illness(es) or disability(s):

Date of onset of mental illness:

Total no. of Admissions: _____

Reason(s) for present hospitalization:

Dates of last three admissions: (include the present admission)

Duration	Name of Hospital	Diagnosis	Voluntary / Compulsory
to			
to			
to			

Symptoms at present attack: _____

Anti-social behaviour : _____

Prognosis: _____

Problem drinking

Drug addiction

Maintenance treatment: _____

Problem gambling

Others: _____

(include medication) _____

Criminal Record

(Details _____)

Response to treatment: _____

Suicidal tendency _____ history: _____

History of violence / aggressiveness: _____

Nature of violent / aggressive behaviour: _____

Outcome / sentence: _____

Predisposing factors to violence: _____

Psychological / Social / Biological* (please specify) _____

Free from violent / aggressive behaviour in the last _____ months / years *

Is applicant a conditionally discharged case? YES / NO *

The applicant is / is not * recommended to receive the service applied :

Additional remarks : (supplementary sheet if required, e.g. insight into mental illness)

Referring CMO: (Signature) _____

Name in BLOCK: _____

Tel no.: _____ ext: _____

Date: _____

** please delete as appropriate.*

From: _____

To: _____

STANDARD AGENCY APPLICATION FORM

CRSRehab-ExMI FORM 2

(This part should be completed by the referrer)

[RESTRICTED] P. 3

Name of applicant: _____ () HKID: _____ () Sex/Age: _____

D.O.B. ___/___/___ (DD/MM/YYYY) Hospital/Clinic Ref. No. _____

Hospital / Clinic: _____

Part III. Nursing Report (to be completed by ward nurse) *Please tick as appropriate* Remarks

- A. Personal hygiene:
- 1. Reluctant to perform self-care like bathing or changing underwear ●
 - 2. Need prompting
 - 3. Able to look after personal hygiene independently

- B. Cooperation in ward life:
- 1. Not willing to do his share ●
 - 2. Willing to do his share but not more
 - 3. Willing to do more than his share

- C. Drug Compliance:
- 1. Shows strong reluctance even being prompted ●
 - 2. Take medication when being advised
 - 3. Take medication on his own initiative

- D. Social mixing / Ward life:
- 1. Withdraws from social mixing ●
 - 2. Mixes with others in organized groups only
 - 3. Mixes with others spontaneously

- E. Attitude towards placement:
- 1. Resists the idea ●
 - 2. Will do whatever is suggested
 - 3. Welcomes the idea

- F. Money management:
- 1. Spends appropriately ●
 - 2. Reluctant to spend
 - 3. Fails to keep money

- G. Nursing care dependency:
- 1. Intensive nursing care needed ●
 - 2. Medium level of nursing care needed
 - 3. Minimum nursing care needed

H. Overall comment: _____

I. Other remarks: _____

Referring Nurse: (Signature) _____

Name in BLOCK: _____

Tel no.: _____ ext: _____

Ward: _____ Date: _____

*** please delete as appropriate.**

From: _____

To: _____

STANDARD AGENCY APPLICATION FORM

CRSRehab-ExMI FORM 2

(This part should be completed by the referrer)

[R E S T R I C T E D] P . 4

Name of applicant: _____ () HKIC: _____ () Sex/Age: _____

D.O.B. ___/___/___ (DD/MM/YYYY) Hospital/Clinic Ref. No. _____

Hospital / Clinic: _____

Part IV. Occupational Therapy Record (to be completed by occupational therapist)

General Performance

please ✓ as appropriate.

#	V.Good	Good	Fair	Poor
<u>a.) Household management skills</u>				
Meal preparation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household cleansing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>b.) Community living skills</u>				
Use of community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>c.) Work performance</u>				
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work tolerance & endurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>d.) Social behaviour</u>				
Cleanliness / Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special vocational skill / interest: _____

In view of the applicant's employment record and present work capability, the applicant's work potential can reach :

* Training & activity centre / Sheltered workshop / Supported employment / Part time employment / Full time employment.

Other Remarks: _____

Referring OT: (Signature) _____

Name in BLOCK: _____

Tel no.: _____ ext: _____

Ward/Team/Unit: _____ Date: _____

** Please delete as appropriate*

Data Updating Form

From: _____ (Name of Referring Office) _____ (Name of Organization) Ref.: _____ Tel.: _____ Fax: _____ Date: _____	To: Central Referral System for Rehabilitation Services Subsystem for the Ex-Mentally Ill Room 901, 9/F Wu Chung House 213 Queen's Road East Wanchai, Hong Kong Tel.: 2892 5136 Fax: 2893 6983
---	--

Name: _____ HKID No.: _____ CRSRehab No.: _____

Information to be updated: (× in the box or * delete as appropriate)

- Placement is no longer required. Case can be closed from CRSRehab – ExMI.
- Change in placement request: Day placement: _____
Residential placement: _____
- Referring office is changed to: _____
- Name of referrer is changed to: _____
- Change in applicant's personal particulars (residential district, disability, etc.): _____
- Case discharged on (D/M/YYYY) ____/____/_____
Discharge reason is : _____
- Change in location preference:

<u>Day placement</u>	<u>Residential placement</u>
----------------------	------------------------------
- Others, please specify (e.g. prefer to accept day placement and residential placement at the same time): _____

Signature: _____
 Name: _____
 Post: _____

c.c. New Referrer (for report of change of referrer):

Removal from Waiting List

CRSRehab—ExMI Form 4

From Central Referral System for Rehabilitation Services
Subsystem for the Ex-Mentally Ill
Social Welfare Department
9/F Wu Chung House
213 Queen's Road East
Wanchai, Hong Kong.

To

Your Ref.:
Date:

CRSRehab-ExMI Tel.:
Fax:

Name : ()
HKIC No.:
CRSRehab No.:

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

Case closed in CRSRehab-ExMI upon

admission to required service.

passing away of applicant.

emigration of applicant.

applicant's self-withdrawal.

applicant's decline of placement offer.

no reply had ever been received after issuing reminder(s).

others:

Hospitalization of applicant. Please refer to the *Manual of Procedures* for CRSRehab for further information.

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

Name: _____

Post: _____

Report of Vacancies

From:

(Name of Rehabilitation Unit)_____
(Name of Organization)

Ref.:

Tel.:

Fax:

Date:

To: Central Referral System for Rehabilitation
Services

Subsystem for the Ex-Mentally Ill

Room 901, 9/F Wu Chung House

213 Queen's Road East

Wanchai, Hong Kong

Tel.: 2892 5136

Fax: 2893 6983

1. Number of vacancies as at (D/M/YYYY) _____ / _____ / _____:

Service	Day only			Residential only		Day cum residential	
	F	M	Both*	M	F	M	F
(a) Capacity							
(b) Enrolment							
(c) No. of referral(s) approved and pending admission							
(d) No. of referral(s) being processed							
(e) No. of immediate vacancy							
Remarks							

*Please delete as appropriate

2. Number of vacancies anticipated in forthcoming 2 months (excluding those reported in item 1):

Service	Day only			Residential only		Day cum residential	
	F	M	Both*	M	F	M	F
Vacancies							
Available date(s)							
Remarks							

Signature: _____

Name: _____

Post: _____

PART I

CRSRehab-ExMI Form 6

From:
CRSRehab No.:
Tel. No.:
Fax No.:
Date:

To:
Your Ref. No.:
Name of Applicant:
姓名: HKIC No.:
Fax No.:

The above-named has been selected to the following rehabilitation unit. Please complete **Part II** and return to CRSRehab-ExMI within 2 weeks. You are advised to prepare the following document(s) and send to the following unit directly.

Centre :
Address :

Tel.No.:
Fax No.:

Document(s) to be sent to service unit : 1. 2.
3. 4.

Signature: _____

Post: _____

PART II

Reply to CRSRehab-ExMI on Selection for Placement

CRSRehab-ExMI Form 7

(be completed by Referrer and sent back to CRSRehab-ExMI)

From: referring office

To:

The applicant *Accepts / Declines the placement offered. (* Please delete as appropriate)

I **confirm** that all relevant documents requested in Part I have already been sent to the service unit for further action on ____/ ____/_____.

*If the client declines the offer, please only tick **ONE MOST SIGNIFICANT** reason in the box below :*

- Prefer to have day and residential placement at the same time
- Unfavourable location
- Ill health / unstable mental or emotional condition
- Temporary leave of Hong Kong / Emigration
- Open / supported employment
- Lost trace of applicant
- No longer in need of placement upon case review
- Ability improved, upward movement required
- Ability deteriorated, downward movement required
- Self-withdrawal/ unmotivated / unwillingness
- Already receiving day programme in rehabilitation unit (please specify):

Name of unit: _____

Admission date: _____

Others, (please specify): _____

Please update case status: (For cases declining the offer only)

- No longer need CRSRehab-ExMI service, case can be **DELETED** from CRSRehab-ExMI **PERMANENTLY**
(Case deletion only for deceased case or transfer to waiting list of other services not under CRSRehab-ExMI.)

Please update the following information:

Reply by : _____
(_____)

Office: _____
Date: _____

Tel. No. _____

Fax No. _____

Notification of Case Selection to Rehabilitation Unit
Central Referral System for Rehabilitation Services
Subsystem for the Ex-Mentally Ill

From :

Tel No.

Our Fax No.

To:

Your Tel:

Your Fax:

Below please find the names of applicants who were selected from CRSRehab-ExMI system on _____ for your reference and action.

<u>CRSRehab No.</u>	<u>Name of Applicant</u>	<u>HKIC</u>	<u>Name of Referrer</u>	<u>Referring Office</u>	<u>Telephone No.</u>
---------------------	--------------------------	-------------	-------------------------	-------------------------	----------------------

First Reminder to Referrer

PART I

Notification of Referral (Reminder)

CRSRehab-ExMI Form 7A

From: _____ To: Referrer:
CRSRehab No.: _____ Your Ref. No.:
Tel. No.: _____ Name of Applicant:
Fax No.: _____ 姓名: _____ HKIC No.:
Date: _____ Fax No.: _____

The above-named has been selected to the following rehabilitation unit. Please complete Part II and return to CRSRehab-ExMI within 1 week. You are advised to prepare the following document(s) and send to the following unit directly.

Centre : _____ Tel.No.: _____
Address : _____ Fax No.: _____

Document(s) to be sent to service unit : 1. _____ 2. _____
3. _____ 4. _____

Signature: _____ (_____) Post: _____

PART II

Reply to CRSRehab-ExMI

(be completed by Referrer and sent back to CRSRehab-ExMI)

From: _____ To: Oi/c CRSRehab-ExMI
The applicant *Accepts / Declines the placement offered. (* Please delete as appropriate)

I **confirm** that all relevant documents requested in Part I have already been sent to the service unit for further action on ____/ ____/_____.

*If the client declines the offer, please tick **ONE MOST SIGNIFICANT** reason in the box below :*

- Prefer to have day and residential placement at the same time
- Unfavourable location
- Ill health / unstable mental or emotional condition
- Temporary leave of Hong Kong / emigration
- Open / supported employment
- Lost trace of client
- No longer in need of placement upon case review
- Ability improved, upward movement required
- Ability deteriorated, downward movement required
- Self-withdrawal/ unmotivated / unwillingness
- Already receiving day programme in rehabilitation unit (please specify):
Name of unit: _____
Admission date: _____
- Others, (please specify): _____

Please update case status: (For cases declining the offer only)

- No longer need CRSRehab-ExMI service, case can be **DELETED** from CRSRehab-ExMI **PERMANENTLY**
(Case deletion only for deceased case or transfer to waiting list of other services not under CRSRehab-ExMI.)

Please update the following information:

Reply by : _____ Office: _____
(_____) Date: _____
Tel. No. _____ Fax No. _____

c.c. ADSWO (_____) (for SWD)
Agency Head (for NGO)

Second Reminder to Referrer

PART I

Notification of Referral (Second Reminder)

CRSRehab-ExMI Form 7B

From: _____ To: _____
CRSRehab No.: _____ Your Ref. No.: _____
Tel. No.: _____ Name of Applicant: _____
Fax No.: _____ 姓名: _____ HKIC No.: _____
Date: _____ Fax No.: _____

The above-named has been selected to the following rehabilitation unit. Please complete Part II and return to CRSRehab-ExMI within 1 week, otherwise the applicant would be removed from the waiting list. You are advised to prepare the following document(s) and send to the following unit directly.

Centre : _____ Tel.No.: _____
Address : _____ Fax No.: _____

Document(s) to be sent to service unit : 1. _____ 2. _____
3. _____ 4. _____

Signature: _____ (_____) Post: _____

PART II

Reply to CRSRehab-ExMI on Notification of Referrals

(be completed by Referrer and sent back to CRSRehab-ExMI)

From: _____ To: _____
The applicant *Accepts / Declines the placement offered. (* Please delete as appropriate)

I **confirm** that all relevant documents requested in Part I have already been sent to the service unit for further action on ____/ ____/_____.

If the client declines the offer, please tick **ONE MOST SIGNIFICANT** reason in the box below :

- Prefer to have day and residential placement at the same time
- Unfavourable location
- Ill health / unstable mental or emotional condition
- Temporary leave of Hong Kong / emigration
- Open / supported employment
- Lost trace of client
- No longer in need of placement upon case review
- Ability improved, upward movement required
- Ability deteriorated, downward movement required
- Self-withdrawal/ unmotivated / unwillingness
- Already receiving day programme in rehabilitation unit (please specify):

Name of unit: _____

Admission date: _____

- Others, (please specify): _____

Please update case status: (For cases declining the offer only)

- No longer need CRSRehab-ExMI service, case can be **DELETED** from CRSRehab-ExMI **PERMANENTLY**
(Case deletion only for deceased case or transfer to waiting list of other services not under CRSRehab-ExMI.)

Please update the following information:

Reply by : _____ Office: _____
(_____) Date: _____
Tel. No. _____ Fax No. _____

c.c. ADSWO (_____) (for SWD)
Agency Head (for NGO)

**PART I****List of Application**

CRSRehab-ExMI Form 8

From: _____ To: _____
 Tel.No.: _____
 Fax No.: _____
 Date: _____

Name of Applicant: _____ HKIC No.: _____ CRSRehab No.: _____

I forward the captioned application for admission to your unit. Please reply within 2 weeks by completing this part.

Signature: _____ (_____) Post: _____

PART II**Report on Case Intake**

CRSRehab-ExMI Form 9

(be completed by Rehabilitation Unit and sent / faxed back to CRSRehab-ExMI)

From: _____ To: _____

The application of _____ has been processed and the result is as follows:

Admitted with date: ____ / ____ / ____ (DD/MM/YYYY)

Rejected with reason: (Please **ONE MOST SIGNIFICANT** reason)

- no vacancy
 low ability / no motivation for training
 severe behavioral problem, please specify: _____
 health problem
 unstable mental / emotional condition
 others, please specify: _____

Applicant self-withdrawal with reason: (Please **ONE MOST SIGNIFICANT** reason)

- unfavorable location
 refuse to attend pre-admission interview upon approach
 lost trace
 claim to have no day and / or residential need
 open employment / supported employment (for applicant of sheltered workshop / activity centre training programme only)
 prefer to live with family / take care of family members
 the family rejects the placement offer
 refuse to follow the regulation of the rehabilitation unit
 prefer another type of services
 self-withdrawal and refuse to give reason
 others, please specify : _____

Reserved (Please as appropriate)

- no immediate vacancy but would be admitted within 1 month and admission is scheduled on _____

Signature: _____ Post: _____ Date: _____

Reply by: (_____)

Tel. no.: _____ Fax no.: _____

c.c.

Outcome of Application for Priority Placement

From: Central Referral System for Rehabilitation Services
 Subsystem for the Ex-mentally Ill
 Social Welfare Department
 Room 901, 9/F Wu Chung House
 213 Queen's Road East
 Wanchai, Hong Kong

To:

--

Your Ref.:
 Date:

CRSRehab Tel.: 2892 5136
 Fax: 2893 6983

Name:

HKIC No.:

CRSRehab 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 application 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 had 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.

()

RESTRICTED

**Central Referral System for Rehabilitation Services
Subsystem for the Aged Blind (CRSRehab-AB)
Registration Form**

Instruction : Use BLOCK LETTERS to fill in the information or give a '✓' in the boxes, whichever is required.

PART A Applicant's Personal Data

1. Name of Applicant :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(In English, Surname first)

() (In Chinese)

2. HKID No. :

								()
--	--	--	--	--	--	--	--	-----

or Cert. of exemption : L/M () in RP 3/3/220/()

3. Age/Sex/Marital Status

	Day	Month	Year								
3.1 Date of Birth :	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

3.2 Sex

M

 Male

F

 Female

3.3 Marital Status

A

 Single

B

 Married

C

 Divorced/
Separated

D

 Widowed

E

 Unknown

(please specify) : _____

B Senile dementia

C Normal/Alert

D Other (please specify) : _____

5.4 Incontinence

A Urine & faeces

B Urine

C Faeces

D Nil

6. Welfare assistance received (please ✓ in the box if yes)

Receiving DA

Receiving CSSA

Receiving OAA

Receiving Home Help Service

Receiving Community Nursing Service

Receiving Day Care Centre Service

7. Residential Service Currently receiving

HAB (Centre : _____)

C&A/AB (Centre : _____)

Institution under Hospital Authority

Subvented Elderly Home

Private Aged Home

Others (please specify): _____

Not receiving any residential service

PART B Particulars of placement required

- 1. A Care and Attention Home for the Aged Blind
- 2. B Home for the Aged Blind

Location preference
 (Either a home, a district or a region can be specified in each choice.
 Please tick “no preference” if applicant does not have special preference.)

No preference

Three parallel choices of home/district/region

PART C Source of Referral

Referring office :	File No. :	_____
_____	Tel :	_____
_____	(for contacting the worker)	
Address :	Fax :	_____

I, the Responsible Officer, hereby confirm that the applicant has been informed that the information contained in this form will be used by the Social Welfare Department and the Health and Welfare Bureau for consideration of his/her application for admission into residential care services for the elderly and for related purposes.

Signature : _____

Name of Referrer : _____

Date : _____

Supervisor's Endorsement

I have examined the case file as well as information provided in this referral form, and am satisfied that the applicant is in need of the service applying for.

Signature : _____

Name of Supervisor : _____

Date : _____

Confirmation of Registration

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

To:

--

CRSRehab Tel.: 2892 5136
 Fax: 2893 6983
 Date:

Your Ref.:
 Your Fax:

The following applicant has been registered in CRSRehab-AB for rehabilitation service. I now return the original Form 1. Please kindly verify the following data, raise amendment and update any change to CRSRehab-AB by *Form 3*. For case enquiries, please contact the staff-on-duty from 10:00 a.m. to 11:00 a.m. and from 3:00 p.m. to 4:00 p.m. at 28925134. For data protection, only enquiries from the referrers will be answered.

I. Personal Particulars

Name (English):
 Name (Chinese):
 HKIC No.:

Sex:
 Date of Birth:
 Residential District:

II. Disability

Degree of Visual Impairment:
 Mental State:

Mobility:
 Incontinence

III. Placement Request

Type of placement:
 CRSRehab no.
 Location preference:

Application date:

()

社會福利署
康復服務中央轉介系統
申請康復服務登記書

敬啟者：

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： _____
身份證 / 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。為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，請儘快通知個案社工 / 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

RESTRICTED

入住盲人安老院/盲人護理安老院申請表
**Application Form for Admission into
 Residential Services for the Aged Blind**

第一部 申請表格 (由申請人簽署)
 Part I: Application Form (to be signed by applicant)

(甲) 所申請院舍的名稱
 (A) Name of institution Applied : _____

類別
 Type :

- 盲人安老院
 Home for the Aged Blind
- 盲人護理安老院
 Care-and-Attention Home for the Aged Blind

(乙) 申請人資料
 (B) Particulars of Applicant :
 申請人姓名 性別:男/女
 Name of Applicant : _____ () Sex : M/F

地址
 Address : _____
 電話
 Tel. No. : _____

通訊地址 (如與上址不同)
 Correspondence Address if different : _____

出生日期 婚姻狀況
 Date of Birth : _____ Marital Status : _____

籍貫 所操方言
 Native Place : _____ Dialect Used : _____

身份証號碼 抵港年份
 HKID No. : _____ Year Arrived in HK : _____

宗教/教會
 Religion/Church : _____

加入教會日期
 Date of Admission to Church : _____

現職 (如屬在職人士) 薪金
 Occupation, if still employed : _____ Salary : _____

教育程度
 Education Standard : _____

- (丙) 諮詢人/保證人
(C) Sponsor/Referee :

諮詢人/保證人姓名：先生/太太/小姐/女士

Sponsor/Referee Name : Mr/Mrs/Miss/Ms _____

地址

Address : _____

電話 身份証號碼 職業

Tel. No. : _____ HKID No. : _____ Occupation : _____

與申請人關係

Relationship with Applicant : _____

- (丁) 申請人同意書
(D) Applicant's Written Consent

本人同意將所附資料，包括視力和體格檢驗結果及本人之社會背景紀錄，提供予有關機構，以便審核本人之入住盲人安老院/盲人護理安老院申請。

I consent to release the attached data, including visual, medical and social, to the appropriate authority for consideration of my application for admission into residential service for the aged blind.



申請人姓名

Name of Applicant : _____

簽署

Signed : _____

日期

Date : _____

見證人

Witness : _____

Part II CASE SUMMARY (to be completed by referring social worker)

(A) PARTICULARS OF FAMILY MEMBERS OR CLOSE RELATIVES

Name	Sex	Age	Occupation	Relationship with applicant	if not living with applicant, give address & Tel. No.

FOR EMERGENCY CONTACT

Name : _____ Relationship : _____ Tel. No. : _____

Address : _____

Name : _____ Relationship : _____ Tel. No. : _____

Address : _____

(B) FINANCIAL STATUS & INCOME (please ✓ appropriate items)

On CSSA Amount : _____

On Disability Allowance Amount : _____

On Old Age Allowance Amount : _____

Contribution from Family (Spouse or children) Amount : _____

Contribution from relative Amount : _____

On Pension Amount : _____

Others (specify) _____ Amount : _____

Total amount received per month : _____

If in receipt of CSSA/SSA

Social Security Field Unit : _____

Tel. No. : _____ Case ref. No. : _____

If the applicant is admitted, fee will be paid by :

Social Welfare Department Amount : _____

Family/Relative Amount : _____

Applicant Amount : _____

Others (specify) _____ Amount : _____

(C) LIVING ARRANGEMENT

1. Living alone
 Residing with family
 Residing with non immediate-relative or friend
2. In public housing
 In private tenements
* whole flat/mezzanine/bed space/cubicle
 Men's apartment
 Street sleeper
 In street sleeper' shelter
 In transit shelter
 In private Elderly Home
 In Subvented Elderly Home (name of home) : _____
 Other (please specify) : _____
3. Monthly rental/charges : \$ _____

* Delete where inappropriate

(D) PHYSICAL AND MENTAL CONDITION

Any obvious disability and disfigurement (e.g. amputation, spastic)

Vision :	Yes	No
Wearing glasses	<input type="checkbox"/>	<input type="checkbox"/>
Sight :		
adequate for self-care	<input type="checkbox"/>	<input type="checkbox"/>
certified blind	<input type="checkbox"/>	<input type="checkbox"/>
Hearing for Normal Communication :	<input type="checkbox"/>	Adequate
	<input type="checkbox"/>	Inadequate
	<input type="checkbox"/>	Deaf
Speech :	<input type="checkbox"/>	Adequate
	<input type="checkbox"/>	Speech Defect *
	<input type="checkbox"/>	* Please elaborate : _____
	<input type="checkbox"/>	No speech

Dental Condition :	<input type="checkbox"/>	Adequate
	<input type="checkbox"/>	Poor
	<input type="checkbox"/>	Wearing denture
Incontinence :	Yes	No
Urine	<input type="checkbox"/>	<input type="checkbox"/>
Faeces	<input type="checkbox"/>	<input type="checkbox"/>
Mental State :	<input type="checkbox"/>	Normal/alert
	<input type="checkbox"/>	Senile dementia
	<input type="checkbox"/>	With disturbing behaviour (Please elaborate)
<hr/>		
Mobility :	<input type="checkbox"/>	Walk independently
	<input type="checkbox"/>	Walk satisfactorily with aids
	<input type="checkbox"/>	Walk poorly even with aids
	<input type="checkbox"/>	Chairbound
	<input type="checkbox"/>	Bedbound/paralysed *
	<input type="checkbox"/>	Frequently falls
	Type of aid	<hr/>

* Delete where inappropriate

(E) 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"/>

(F) BRIEF SOCIAL HISTORY

(G) REASONS OF APPLICATION & SOCIAL WORKER' S RECOMMENDATION

(H) REFERRING AGENCY

Name of agency : _____

Address : _____

Reference No. : _____ Tel. No. : _____

Referring Social Worker

Countersigning Officer

Name : _____

Name : _____

Post : _____

Signature : _____

Signature : _____

Tel. No. : _____

Tel. No. : _____

Date : _____

Date : _____

Part III Medical Examination Form (to be completed by registered medical practitioner)

Name : _____ Sex : _____ Age : _____

HKID No.: _____ Weight : _____ Height : _____

Hospital/Clinic : _____

Ref. No. (if any) : _____

History of major disease and operation

	<u>NORMAL</u>	<u>NOT NORMAL</u>		<u>NORMAL</u>	<u>NOT NORMAL</u>
HEAD & NECK	<input type="checkbox"/>	<input type="checkbox"/>	ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>
SPINE	<input type="checkbox"/>	<input type="checkbox"/>	LIMBS	<input type="checkbox"/>	<input type="checkbox"/>
CHEST	<input type="checkbox"/>	<input type="checkbox"/>	LYMPHATIC SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>
HEART	<input type="checkbox"/>	<input type="checkbox"/>	SKIN	<input type="checkbox"/>	<input type="checkbox"/>
BLOOD PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	MOBILITY	<input type="checkbox"/>	<input type="checkbox"/>
PULSE READING	<input type="checkbox"/>	<input type="checkbox"/>	MENTAL STATUS	<input type="checkbox"/>	<input type="checkbox"/>
PULSE	<input type="checkbox"/>	<input type="checkbox"/>	EYES & VISION	<input type="checkbox"/>	<input type="checkbox"/>
HEARING	<input type="checkbox"/>	<input type="checkbox"/>	THYROID	<input type="checkbox"/>	<input type="checkbox"/>
THROAT	<input type="checkbox"/>	<input type="checkbox"/>	TEETH	<input type="checkbox"/>	<input type="checkbox"/>

ELABORATE ON POSITIVE FINDINGS

Laboratory finds

	<u>Positive</u>	<u>Negative</u>
Urine : Albumin	<input type="checkbox"/>	<input type="checkbox"/>
Glucose	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Yes</u>	<u>No</u>
Stool : Pathogenic organism	<input type="checkbox"/>	<input type="checkbox"/>
Parasites and Ova	<input type="checkbox"/>	<input type="checkbox"/>
Blood	<input type="checkbox"/>	<input type="checkbox"/>
Blood : Haemoglobin : _____		Blood Group : _____
Blood Count : _____		VDRL : _____
Blood Sugar : _____		HBSAG : _____
Chest film : _____		
		Date : _____
Sputum for AFB : _____		

Any evidence of infectious and contagious disease?

Yes (Please specify) _____

No.

Any further investigation or treatment required ?

Yes (Please specify, e.g. whether it is in need of special appliances)

No.

Does the applicant' s present condition require inpatient-care in:

(N.B. Welfare institutions are not designed for clients requiring inpatient medical treatment)

A Hospital Yes No

An Infirmary Yes No

Date examined : _____

Name of examiner : _____ Signed : _____

Name of Hospital/Clinic : _____

Data Updating Form

From: _____ _____ <i>(Name of Referring Office)</i> _____ _____ <i>(Name of Organisation)</i> Ref.: _____ Tel.: _____ Fax: _____ Date: _____	To: Central Referral System for Rehabilitation Services Subsystem for the Aged Blind (CRSRehab-AB) 9/F, Wu Chung House 213 Queen' s Road East Wanchai, Hong Kong Tel.: _____ Fax: _____
---	--

Name: _____ HKID No.: _____ CRSRehab No.: _____

Information to be updated: (✓ or * delete as appropriate)

- Placement is no longer required. Case can be deleted from CRSRehab-AB.
- Change in placement request: _____
- Referring office is changed to: _____
- Applicant is discharged/ready for discharge* from hospital. Please put the case back on waiting list.
- Change in applicant' s personal particulars (residential district, disability, etc.)
 Please specify : _____
- Change in location preference to : _____
- Others, please specify:

Signature: _____

Name: _____

Post: _____

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 the Aged Blind (CRSRehab-AB)
 Social Welfare Department
 9/F, Wu Chung House
 213 Queen's Road East
 Wanchai, Hong Kong

To:

Your Ref.:
 Date:

CRSRehab-AB Tel.: 2892 5136
 Fax: 2893 6983

Name:

HKID No.:

CRSRehab-AB No.:

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

Case closed in CRSRehab-AB upon

admission to required service.

passing away of applicant.

emigration of applicant.

applicant's self-withdrawal.

applicant's decline of placement offer.

no reply had ever been received after issuing reminder(s).

others:

Hospitalisation of applicant. Please refer to the *Manual of Procedures* for CRSRehab for further information.

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 Vacancies

From: _____ _____ (Name of Organisation) Ref.: _____ Tel.: _____ Fax: _____ Date: _____	To: Central Referral System for Rehabilitation Services Subsystem for the Aged Blind (CRSRehab-AB) 9/F., Wu Chung House 213 Queen' s Road East Wanchai, Hong Kong Tel.: _____ Fax: _____
---	---

1. Number of vacancies as at _____ (date):

Service	OPH		C&A		Infirmery Unit	
	M	F	M	F	M	F
(a) Capacity						
(b) Enrolment						
(c) No. of referral(s) approved and pending admission						
(d) No. of referral(s) being processed						
(e) No. of referral(s) CRSRehab-AB can send (a – b – c – d)						
Remarks						

2. Number of vacancies anticipated (excluding those reported in item 1):

Service	OPH		C&A		Infirmery Unit	
	M	F	M	F	M	F
Vacancies						
Available date(s)						
Remarks						

Signature: _____

Name: _____

Post: _____

Selection for Placement

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

To:

--

Your Ref.:

Our Ref.:

CRSRehab-AB Tel.:

Date:

Fax:

The following applicant has been selected for placement in rehabilitation unit with details shown below. Please reply to CRSRehab-AB 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. Your early reply will surely facilitate the applicant's admission for service. You may consider to contact the rehabilitation unit for arrangement for visits for the applicant or information on the services as appropriate.

Name of applicant:

HKID No.:

CRSRehab-AB No.:

Name of Rehabilitation

Unit:

Address:

Tel.:

Date of Selection:

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

CRSRehab-AB Form 7

CRSRehab-AB Form 2

Certification on blindness

Other:

()

Notification of Case Selection to Rehabilitation Unit

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

To:

--

Our Ref.:
 Date:

CRSRehab-AB Tel.:
 Fax:

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, CRSRehab-AB 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-AB.

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

()

Reminder to Referrer

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

To:

--

Your Ref.:
 Date:

CRSRehab-AB Tel.:
 Fax:

Name of applicant:

HKID No.:

CRSRehab-AB No.:

Name of Rehabilitation Unit:

Date of Selection:

CRSRehab-AB has not received your reply to the placement offer for the above-named applicant. I would be grateful if you would reply to CRSRehab-AB via *Form 7* within **2 weeks**. Otherwise, the applicant would be removed from the waiting list.

If you have already replied to this, I would much appreciate if you would forward a copy of *Form 7* to CRSRehab-AB.

()

c.c. ADSWO() (for SWD)
 Agency Head (for NGO)

Referral for Admission

From: Central Referral System for Rehabilitation Services
 Subsystem for the Aged Blind (CRSRrehab-AB)
 Social Welfare Department
 9/F, Wu Chung House
 213 Queen's Road East
 Wanchai, Hong Kong

To:

--

Your Ref.:

Our Ref.:

CRSRrehab-AB Tel.:

Date:

Fax:

Referral for Admission

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 referrer is requested to contact the rehabilitation unit for case intake.

Case particulars:

Name of applicant:

HKID No.:

Sex/D.O.B.:

CRSRrehab-AB No.:

Referral papers attached:

CRSRrehab-AB Form 2

Certification on blindness

Other: _____

()

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

Reminder to Rehabilitation Unit

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

To:

--

Ref.:

CRSRehab-AB Tel :

Date:

Fax:

The following application(s) has/ have been referred to your unit for consideration of admission for more than 4 weeks. So far, no reply have been received by CRSRehab-AB. I would be grateful for your prompt decision on this/ these application(s) and reply to CRSRehab-AB via *Form 9* with a copy to the referrer concerned within 2 weeks.

<u>Date of Referral</u>	<u>CRSRehab No.</u>	<u>Name of Applicant</u>	<u>Sex</u>	<u>Age</u>
-------------------------	---------------------	--------------------------	------------	------------

()

c.c. Agency Head
 REO()
 Referrer

Application for Priority Placement

From:

(Name of Referring Office)

(Name of Organisation)

Our Ref.:

Tel.:

Fax:

Date:

To:

Central Referral System for
 Rehabilitation Services
 Subsystem for the Aged Blind
 (CRSRehab-AB)
 9/F Wu Chung House
 213 Queen' s Road East
 Wanchai, Hong Kong

Your Ref.:

Tel.: 2892 5136

Fax: 2893 6983

1. Case particulars

Name: _____ Sex/D.O.B.: _____ HKID No.: _____

Address: _____ Tel.: _____

Disability: _____

Placement required: _____ CRSRehab-AB 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

Signature: _____

Name: _____

Post: _____

Endorsed by*

Signature: _____

Name: _____

Post: _____

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

Outcome of Application for Priority Placement

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

To:

Your Ref.:
Date:

CRSRehab-AB Tel.: 2892 5136
Fax: 2893 6983

Name:
HKBC No.:
CRSRehab-AB 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 application 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.

()

Application for Internal Transfer

From: _____ (Name of Rehabilitation Unit) _____ (Name of Organisation) Our Ref.: _____ Tel.: _____ Fax: _____ Date: _____	To: Central Referral System Rehabilitation Services Subsystem for the Aged Blind (CRSRehab-AB) 9/F Wu Chung House 213 Queen's Road East Wanchai, Hong Kong Your Ref.: _____ Tel.: 2892 5136 Fax: 2893 6983
--	---

I wish to apply for the internal transfer of the following residents from Meal Section to Care & Attention Home Section in the month of _____:

<u>CRSRehab No.</u>	<u>Name</u>	<u>HKIC No.</u>	<u>Sex</u>	<u>Age</u>	<u>Date of Registration for C&A service in CRSRehab-AB</u>	<u>Home to be Transferred</u>

The following documents are attached:

1. Certificate(s) issued by medical professional (e.g. VMO) to confirm the resident(s)' need for C&A service; and
2. The resident(s)' consent for the transfer (CRSRehab-AB Form 2, page 2).

Signature : _____

Name: _____

Post: _____

Outcome Application for Internal Transfer

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

To:

Ref.: CRSRehab-AB Tel.: 2892 5136
Date: Fax: 2893 6983

Name:
HKID No.:
CRSRehab-AB No.:
Internal Transfer to: _____

I am pleased to inform you that your application for internal transfer for the above-named applicant is approved. Please kindly arrange for transfer of this approved applicant(s) to the above-mentioned unit. By copy of this approval letter, the receiving rehabilitation unit is requested to inform CRSRehab-AB on the date of admission of this case in 4 weeks via *CRSRehab-AB Form 9*. The original rehabilitation unit should discharge the case via *CRSRehab-AB Form 9* as soon as the applicant is admitted into the receiving rehabilitation unit.

The case situation does not merit internal transfer

Others:

()

c.c. Receiving rehabilitation unit
Referrer:

RESTRICTED

Visual Examination Form
for Admission to Home/Care and Attention Home for the Aged Blind
(to be completed by M.O. of Eye Hospital/Eye Clinic or Ophthalmologist)

Name: _____ Sex: _____ Age: _____

HKID No.: _____ Hospital/Clinic Ref. No.: _____

	<u>Right Eye</u>	<u>Left Eye</u>
Visual Acuity (corrected)	_____	_____
Visual Field	_____	_____
Cause of Blindness	_____	_____

I certify the above-named patient is / is not blind *.

Remarks:

*Please delete whichever is inappropriate.

**The definition of blindness refers to:

- (a) total blindness (people with no visual function, i.e. no light perception); or
- (b) severe low vision (people with visual acuity# of 6/120 or worse and people with constricted visual field in which the widest field diameter subtends an angular subtense of 20 degrees or less, irrespective of visual acuity).

#Visual acuity refers to the visual acuity of the better eye with correcting devices.

Signature: _____

Date: _____

Doctor's name: _____

Chop of
Hospital/Clinic: _____

Summary of Procedures on Central Referral System for Rehabilitation Services

Subsystem	Services Types	Maximum No. & Particulars of Preference	No. of Offer	Rejection by Agency	Hospitalisation of Applicant			
Subsystem for Disabled Pre-schoolers	Early Education and Training Centre	3 preferences by region/district/centre	An offer will be made according to the indicated preference of the applicant. If an applicant declines the offer, his name will be removed from the waiting list. He may make a fresh application if he is still in need of the service.	If an applicant is rejected twice by different agencies for the same service, the referrer is required to reassess the type of service appropriate to the applicant.	(a) For an ex-mentally ill applicant who is admitted to a mental hospital or psychiatric ward of a general hospital while being offered a placement, his name will be removed from the waiting list. A fresh application is required if he is still in need of the service.			
	Special Child Care Centre							
	Special Provision Programme for Autistic Children in SCCC							
	Residential Special Child Care Centre							
	Integrated Programme in Child Care Centre	3 preferences by region/district/area/centre						
Subsystem for the Mentally/Physically Handicapped	Small Group Home for Mildly Mentally Handicapped Children/Integrated Small Group Home	5 preferences by region/district/centre						
	Supported Hostel, Supported Housing, Hostels for Mentally/Physically Handicapped Persons, Care & Attention Home for Severely Disabled Persons							
	Sheltered Workshop, Day Activity Centre	3 preferences by region/district/centre						
Subsystem for the Ex-Mentally Ill	Training and Activity Centre for Ex-mentally Ill Persons	2 preferences by region/district/centre						(b) For an applicant admitted to a general hospital while being offered a placement, his name will be retained on the list for 3 months, which may be extended to 6 months in exceptional circumstances.
	Supported Hostel	1 preference by region/district/centre						
	Halfway House	3 preferences by region/district/centre						
	Long Stay Care Home	2 preferences by region/district/centre						
Subsystem for the Aged Blind	Home for the Aged Blind	3 preferences by region/district/centre						
	Care & Attention Home for the Aged Blind							

Notes of Application for Rehabilitation Services

1. 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.
2. 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.
3. An applicant who has no preference in location will wait shorter than those who indicate preference. However, in case there is a genuine need, the applicant may indicate preference by region(s)/district(s)/service unit(s).
4. Change of location preference will not affect the application date as long as the applicant has not been offered the required service.
5. Except under the following circumstances, the application will be removed from the waiting list when the applicant declines a placement offer:
 - a) the placement is not offered in accordance with the applicant's indicated preference;
 - b) the applicant declines the placement offer due to hospitalisation of not exceeding 3 months (except for ex-mentally ill persons admitted into psychiatric beds/hospitals);
 - c) the applicant declines a single day placement while he/she awaits for a residential placement.

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: _____

申請康復服務須知

- (一) 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）。
- (二) 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。
- (三) 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，申請人可以指定選擇服務中心/地區/區域。
- (四) 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。這項更改，將不會影響其在輪候冊上的申請日期。
- (五) 申請人將會獲得一次編配服務的機會。如申請人不接受所編配之中心，除以下情況外，則該項申請會在輪候冊上被刪除：
 - a) 獲編配之中心並非申請人所指定的選擇；
 - b) 申請人入住醫院接受不超過三個月之治療（精神病康復者入住精神科病床/醫院除外）；
 - c) 沒有接受編配往純日間服務的日間及住宿服務申請人。

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將申請人的資料轉往提供服務的政府部門/非政府機構，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

**Information Paper on the “Validity”
of a Clinical Psychological Report**

No “valid period” for psychological reports in general could be given, since time is not a necessary factor nor the only factor that effects the intellectual functioning of a person. Each case has to be decided on an individual basis.

2. From clinical psychologist’s point of view, the need for reassessment of a client’s intellectual functioning may be indicated under the following circumstances:

- (i) If the client’s first assessment is conducted when he is at a very tender age, e.g. under six, it would be worthwhile, if necessary, for a reassessment to be conducted in a few years’ time because the developments during childhood are vigorous and the abilities of the client could change quite a lot during this period. There could be a lot of changes between age 3 and age 6, but there might not be that much of a change between age 26 and age 36 or even age 46, although the time span in the latter is much longer.
- (ii) If the client has been leading a deprived life when he undergoes his first assessment, he may need a re-assessment after he has been given opportunity to learn and develop. For instance, new immigrants from mainland China might have been living in villages where there is little stimulation for development and opportunity to learn. Sometimes, they may even speak a dialect different from the local one. In that case, it might be advisable to re-assess the client after he has settled down in the local community for a few years.
- (iii) Events have taken place after the first assessment, and there is reason to believe that such events have brought about some changes in the client. e.g. a client who sustains brain injury during a car accident, or a client who suffers from certain disease which leads to the deterioration of his abilities. Under these situations, a re-assessment may be needed to find out the client’s current level of intellectual functioning.
- (iv) When a client who is placed in certain training centres is found to be

unsuitable there. For instance, a client who is placed in a day activity centre is found to be able to perform much better, or a client who is placed in a sheltered workshop is found unable to adjust to the programmes there, then a re-assessment can be considered to facilitate more appropriate training programmes or placements.

3. In sum, a re-assessment is conducted only when there is a genuine need, not just to fulfill some administrative requirements. For instance, to require a re-assessment of the client's intelligence when he has to transfer from a day sheltered workshop to another sheltered workshop with residential facilities would serve no meaningful purpose other than fulfilling a bureaucratic procedure, for the need to transfer is a social one and not because of any change in the client's abilities. The client's adjustment in the former centre is much better proof than an assessment that he is suitable for the latter centre. Similarly, the Common Referral Form completed by special schools are much more comprehensive and informative than an IQ assessment report for the purpose of considering a client's suitability for a post-school placement. To require a re-assessment of the client's intelligence in spite of the rich information supplied by the special school is simply redundant if not irrelevant.

4. Lastly, it is essential to note that an intellectual assessment is basically different from a school examination or test. While the latter is designed to test a person's competence or knowledge in specific areas, the former gives an estimate of a person's level of general intellectual functioning. While a person's knowledge or abilities in specific areas can vary from time to time and from subject to subject, a person's IQ represents his overall abilities and potentials which can remain quite constant over a long time under normal circumstances.

Clinical Psychologist Unit
Social Welfare Department
13 March 1990

Address Lists of Rehabilitation Services Units (as at 6/2000)

Pre-school Service

Early Education & Training Centres	2
Special Child Care Centres	4
Integrated Programmes in Child Care Centres	7

Mentally/Physically Handicapped Service

Small Group Homes for Mildly Mentally Handicapped Children	23
Integrated Small Group Homes	24
Home Based Training Programmes	26
Sheltered Workshops	27
Hostels for Moderately Mentally Handicapped Persons	32
Hostels and Sheltered Workshops for Moderately Mentally Handicapped Persons	33
Single Hostel for Physically Handicapped Persons	35
Hostels and Sheltered Workshops for Physically Handicapped Persons	35
Single Day Activity Centres	36
Day Activity Centres and Hostels	39
Supported Hostels for Mentally Handicapped Persons	44
Supported Hostel for Physically Handicapped Persons	44
Supported Hostel for Visually and Mentally Handicapped Persons	44
Supported Housing for Physically Handicapped Persons	44
Care and Attention Homes for Severely Disabled Persons	45

Ex-Mentally Ill Service

Training and Activity Centres for Ex-mentally Ill Persons	47
Halfway Houses	48
Supported Hostel for Ex-mentally Ill Persons	51
Long Stay Care Homes	51

Aged Blind Service

Homes for the Aged Blind	52
Care & Attention Homes for the Aged Blind	52

Address Lists of Rehabilitation Services Units (as at 6/2000)

Early Education & Training Centres

Region	District	Name/Address	Tel	Fax	Capacity
Hong Kong	Central & Western	Lok Yau Early Education & Training Centre Caritas - Hong Kong Room 102, Caritas House, 2-8 Caine Road, Hong Kong	2843 4675	2843 4695	75
		Watchdog Early Learning & Development Centre The Watchdog Limited G/F, 12 Borrett Road, East Wing, Central, Hong Kong	2521 7364	2522 0734	60
		The Matilda Child Development Centre The Matilda Hospital 41, Mt. Kellett Road, The Peak, Hong Kong	2849 6138	2849 6900	30
	Eastern	Wan Tsui Early Education & Training Centre Hong Kong Christian Service LG/F, Chak Tsui House, Wan Tsui Estate, Chai Wan, Hong Kong	2898 9505	2889 7165	95
		Lok Miu Early Education & Training Centre Caritas - Hong Kong 1/F, CNTA Causeway Bay Community Centre 7 Fook Yum Road, North Point, Hong Kong	2570 8201	2571 8524	90
Kowloon East	Wong Tai Sin	Choi Wan Early Education & Training Centre Hong Kong Christian Service Choi Wan Estate Community Centre G/F, Choi Fung Path, Choi Wan Estate, Wong Tai Sin, Kowloon	2796 2722	2796 2790	75
		Chan Tseng Hsi Early Education & Training Centre The Spastics Association of Hong Kong G/F, 101-104 Wang Hing House Wang Tau Hom Estate, Wong Tai Sin, Kowloon	2336 6756	2336 9945	75
	Kwun Tong	Shun Lee Early Education & Training Centre Heep Hong Society 109-110, 2/F, Lee Foo House, Shun Lee Estate, Kwun Tong, Kowloon	2342 5107	2763 1476	75
		Tak Tin Early Education & Training Centre The Spastics Association of Hong Kong 1/F, Special Block, Tak Tin Estate, Kwun Tong, Kowloon	2952 6669	2772 5554	60
	Tseung Kwan O	K.C. Liang Po Lam Early Education & Training Centre Haven of Hope Christian Service G/F, Po Kin House, Po Lam Estate, Tseung Kwan O, Kowloon	2246 3400	2246 3402	60

Region	District	Name/Address	Tel	Fax	Capacity
Kowloon West	Sham Shui Po	Pak Tin Early Education & Training Centre Heep Hong Society 116-118, Block 3, Pak Tin Upper Estate, Sham Shui Po, Kowloon	2778 8308	2784 6045	75
	Mongkok	Portland Street Early Education & Training Centre Heep Hong Society G/F, 387 Portland Street, Mongkok, Kowloon	2391 9291	2391 4242	90
NT (Tsuen Wan/Kwai Tsing)	Tsing Yi	Cheung Ching Early Education & Training Centre Heep Hong Society 110-112, G/F, Ching Kwai House, Cheung Ching Estate, Tsing Yi, NT	2497 6262	2434 5146	75
	Kwai Chung	Suen Mei Speech and Hearing Centre for the Deaf Unit 5 (South Portion), G/F, Lai Chi Kok Bay Garden 272 Lai King Hill Road, Kwai Chung, NT	2743 7377	2370 3048	65
		Kwai Hing Early Education & Training Centre Hong Kong Christian Service 4-9, G/F, Hing Fuk House, Kwai Hing Estate, Kwai Chung, NT	2423 1822	2423 1838	45
	Tseun Wan	Yan Chai Hospital Early Education & Training Centre Yan Chai Hospital Yan Chai Hospital Multi-services Complex, 18 Yan Chai Street, Tsuen Wan, NT	2409 1938	2409 1968	60
NT (Tuen Mun/Yuen Long)	Tuen Mun	Leung King Early Education & Training Centre Heep Hong Society 6-8, G/F, Leung Chi House, Leung King Estate, Tuen Mun, NT	2454 0268	2467 2239	90
		Tuen Mun Early Education & Training Centre Hong Kong Christian Service Former Tuen Mun District Office Building 201 Castle Peak Road, Tuen Mun, NT	2451 6738	2440 8600	75
	Yuen Long	Yuen Long Early Education & Training Centre Hong Kong Christian Service 207-210, Bik Shui House, Shui Pin Wai Estate, Yuen Long, NT	2473 2989	2442 4761	75
NT (Shatin/Tai Po/North)	Shatin	Kwok Yip Lin Houn Early Education & Training Centre Heep Hong Society 2/F, 14-16 Sand Martin House, Sha Kok Estate, Shatin, NT	2648 9968	2646 1414	90
	Tai Po	Jessie & Thomas Tam Early Education & Training Centre Heep Hong Society 14-15, G/F, Wan Loi House, Wan Tau Tong Estate, Tai Po, NT	2638 8863	2656 6253	90
	North	Jockey Club Early Education & Training Centre Heep Hong Society 1/F, North District Community Centre, Lung Sum Ave, Sheung Shui, NT	2670 4899	2668 5523	90

Special Child Care Centres

Region	District	Name/Address	Tel	Fax	Capacity
Hong Kong	Central & Western	Wee Care Home* Mother' s Choice G/F & LG/F, Ex-commodore House, 5 Bown Road, Central, Hong Kong	2525 2393	2526 4145	12
	Southern	Apleichau Pre-school Centre* The Spastics Association of Hong Kong 1-16, G/F, Lei Yee House, Apleichau Estate (West), Apleichau, Hong Kong	2554 5019	2555 1430	48
		Catherine Lo Special Child Care Centre Heep Hong Society 19 Sandy Bay Road, Sandy Bay, Hong Kong	2817 2214	2817 1277	66
	Wan Chai	Wan Chai Special Child Care Centre Heep Hong Society 1/F, Connaught Commercial Building 185 Wan Chai Road, Wan Chai, Hong Kong	2891 8011	2891 8319	60
	Eastern	Wan Tsui Special Child Care Centre Heep Hong Society G/F, Chak Tsui House, Wan Tsui Estate, Chai Wan, Hong Kong	2889 3919	2505 3670	60
		Host Lions Special Child Care Centre Hong Kong Society for the Deaf Podium, Hong Shing Court, Healthy Village 668 King' s Road, North Point, Hong Kong	2854 2676	2815 4713	15
Kowloon East	Tseung Kwan O	Tseung Kwan O Special Child Care Centre Heep Hong Society Wing B & C, G/F, Sheung Yee House Sheung Tak Estate, Tseung Kwan O, Sai Kung	2178 2885	2178 1277	60
	Kwun Tong	Mary Wong Special Child Care Centre Heep Hong Society No. 5 G/F, Choi Sing House,Choi Ha Estate, Ngau Tau Kok, Kowloon	2755 8118	2750 0763	66
	Wong Tai Sin	Wang Tau Hom Pre-school Centre The Spastics Association of Hong Kong 9-14, G/F, Wang Fu House, Wang Tau Hom Estate Fu Mei Street, Wong Tai Sin, Kowloon	2338 3555	2336 3180	66
		Jockey Club Conductive Learning Centre* The Spastics Association of Hong Kong G/F, 6-17 Wang Leung House, Wang Tau Hom Estate Wong Tai Sin, Kowloon	2336 2011	2337 9580	30

Region	District	Name/Address	Tel	Fax	Capacity
Kowloon West	Kowloon City	Bradbury Special Child Care Centre Hong Kong Society for the Deaf 3/F, Holy Trinity Church, Centenary Bradbury Building 135 Ma Tau Chung Road, Hung Hom, Kowloon	2768 7875	2762 7124	24
	Sham Shui Po	Shek Kip Mei Pre-school Centre The Spastics Association of Hong Kong 116-126, G/F, Block 23, Shek Kip Mei Estate, Sham Shui Po, Kowloon	2778 1773	2788 3642	60
		Cheung Sha Wan Special Child Care Centre Heep Hong Society 1/F, Cheung Sha Wan Government Office Building 303 Cheung Sha Wan Road, Kowloon	2391 9696	2391 4242	60
NT (Tsuen Wan/Kwai Tsing)	Tsuen Wan	Shek Wai Kok Pre-school Centre The Spastics Association of Hong Kong G/F, Shek Ho House, Shek Wai Kok Estate, Tsuen Wan, NT	2427 0741	2489 0142	60
		Yan Chai Hospital Special Child Care Centre cum Hostel* Yan Chai Hospital 1/F, Yan Chai Hospital Multi-services Complex 18 Yan Chai Street, Tsuen Wan, NT (will commence operation in 5/2000)	2416 8380		30
		Tai Wo Hau Special Child Care Centre Heep Hong Society G/F, Fu Yin House, Tai Wo Hau Estate, Tsuen Wan, NT	2420 2222	2419 2389	60
NT (Tuen Mun/Yuen Long)	Tuen Mun	Lok Hing Child Care Centre Caritas - Hong Kong No. 15 & 40-45, G/F, Hing Yiu House, Tai Hing Estate, Tuen Mun, NT	2460 9603	2460 7840	60
		Tuen Mun Child Care Centre Hong Kong Council of The Church of Christ in China 3/F, 29 Tseng Choi Street, Tuen Mun, NT	2450 8745	2450 8372	60
	Yuen Long	Shui Pin Wai Special Child Care Centre Heep Hong Society No. 2, G/F, Dip Shui House, Shui Pin Wai Estate, Yuen Long, NT	2478 8739	2478 8366	60
NT (Shatin/Tai Po/North)	North	Tin Ping Special Child Care Centre Heep Hong Society G/F, Tin Mei House, Tin Ping Estate, Sheung Shui, NT	2673 0189	2670 3420	60
		Cheung Wah Special Child Care Centre Hong Kong Christian Service Wing A, G/F, Cheung Chi House, Cheung Wah Estate, Fanling, NT	2676 2020	22676 7673	48
	Tai Po	Alice Louey Special Care Centre Heep Hong Society Unit 1, Shin Tsui House, Fu Shin Estate, Tai Po, NT	2662 9733	2663 3745	60

Region	District	Name/Address	Tel	Fax	Capacity
		Hong Chi Pinehill Pre-school Centre* Hong Chi Association Pinehill Village, Nam Hang, Tai Po, NT	2664 2172	2663 0342	24
	Sha Tin	Chun Shek Special Child Care Centre Heep Hong Society G/F, 11-17 Shek Yuk House, Chun Shek Estate, Shatin, NT	2697 3620	2695 8054	60
		Lung Hang Pre-school Centre The Spastics Association of Hong Kong G/F, 118-125 Sin Sam House, Lung Hang Estate, Shatin, NT	2604 2798	2603 2816	60

Integrated Programmes in Child Care Centres

Region	District	Area	Name/Address	Tel	Capacity
Hong Kong	Central & Western	Central & Western	Caritas Day Nursery - Kennedy Town Caritas - Hong Kong 1/F & 2/F, Caritas Social Centre - Kennedy Town 27 Pokfield Road, Kennedy Town, Hong Kong	2816 8008	12
			Thomas Tam Day Nursery Hong Kong Society for the Protection of Children King George V Memorial Pavilion, Hospital Road, Sai Ying Pun, Hong Kong	2549 5107	6
			Western Garden Grace Child Care Centre Evangelical Lutheran Church Social Service - Hong Kong Podium 2, Western Garden, First Street, Western District, Hong Kong	2540 7583	6
			Kwok Chi Leung Child Care Centre Yan Chai Hospital 43 Eastern Street, Sai Ying Pun, Hong Kong	2547 8250	6
			Tai Hon Fan Nursery Hong Kong Young Women's Christian Association G/F, The Centre, No. 99 Queen's Road, Central, Hong Kong	2545 1177	6
	Eastern	North Point/ Quarry Bay/ Sai Wan Ho	Fong Shu Chuen Day Nursery Tung Wah Group of Hospitals G/F, CNTA Causeway Bay Community Centre, 7 Fuk Yum Road, North Point, Hong Kong	2887 2106	6
			Ching Lok Day Nursery Hong Kong Federation of Youth Groups G/F, Lee Ga Building, 129 Sai Wan Ho Street, North Point, Hong Kong	2886 8856	6
			Lai Kwai Tim Day Nursery Women's Welfare Club (Eastern District) 53 Tanner Road, Island Place, North Point, Hong Kong	2856 3192	6
		Chai Wan	Caritas Day Nursery - Chai Wan Caritas - Hong Kong G/F, Yue Tai House, Yue Wan Estate, Chai Wan, Hong Kong	2556 1875	6
			Chai Wan Nursery The Salvation Army 5/F, Chai Wan Community Centre, 230 Chai Wan Road, Chai Wan, Hong Kong (will be closed in 9/00)	2557 3728	6
			Hing Man Child Care Centre Lutheran Philip House Limited Limited Level 3, Community Building, Hing Man Estate, Chai Wan, Hong Kong	2558 8070	12

Region	District	Area	Name/Address	Tel	Capacity
			Wan Tsui Nursery Hong Kong & Kowloon Kaifong Women's Association G/F, Hei Tsui House, Wan Tsui Estate, Chai Wan, Hong Kong	2898 8241	6
			Caritas Lions Club of Hong Kong (Pacific) Day Nursery Caritas - Hong Kong G/F, Carport Block, Harmony Garden, 9 Siu Sai Wan Road, Chai Wan, Hong Kong	2505 3553	12
		Shauiwan	Ting Yuk Chee Nursery Hong Kong & Kowloon Kaifong Women's Association Podium, Level 6, Perfect Mount Garden, Po Man Street, Shauiwan, Hong Kong	2885 9622	6
			Hong Kong Chinese Women's Club Day Nursery Hong Kong Chinese Women's Club G/F, Yiu Fook House, Yiu Tung Estate, Shauiwan, Hong Kong	2568 2110	6
	Southern	Southern	Wah Fu Day Nursery The Salvation Army 123-127, & 223-229, Wah Sang House, Wah Fu Estate, Hong Kong	2551 6341	6
			Yam Tsz Day Nursery Po Leung Kuk Lower 2/F & 3/F, Wong Chuk Hang Welfare Building Wong Chuk Hang Estate, Lam Long Shan Road, Hong Kong	2553 6053	6
			Mrs. Vicwood K.T. Chong Nursery Po Leung Kuk 4/F, Neighbourhood Community Centre, Wah Kwai Estate, Pokfulam, Hong Kong	2551 6908	6
			TWGHs Aberdeen Child Care Centre Tung Wah Group of Hospitals Comfort Centre, 108 Old Main Street, Aberdeen, Hong Kong	2580 2273	6
		Apleichau	Lei Tung Lutheran Day Nursery Hong Kong Lutheran Social Service - Lutheran Church Synod 113-123, G/F, Tung Mau House, Lei Tung Estate, Hong Kong	2871 3164	6
			Ap Lei Chau Day Nursery Women's Welfare Club (Western District) No. 1-11, G/F, Lei Ning House, Apleichau Estate (West), Apleichau, Hong Kong	2554 3470	12
			Lei Tung Child Care Centre Christian & Missionary Aillance Church Union Hong Kong Limited 102-112, G/F, Tung Hing House, Lei Tung Estate, Apleichau, Hong Kong	2871 2791	6
			C & MA South Horizons Child Care Centre Christian & Missionary Aillance Church Union Hong Kong Limited Upper G/F, 29 Yi Nam Road, Phase IV, South Horizons, Apleichau, Hong Kong	2873 3026	6

Region	District	Area	Name/Address	Tel	Capacity
	Wanchai	Wanchai/ Causeway Bay	Po Leung Kuk Day Nursery Po Leung Kuk 66 Leighton Road, Causeway Bay, Hong Kong	2576 3386	6
			Kathleen McDouall Day Nursery St James' Settlement 98A Kennedy Road, G/F, 1/F & 2/F & Roof, Wanchai, Hong Kong	2574 3201	24
			Ng Sheung Lan Memorial Day Nursery Tung Wah Group of Hospitals 2/F, Tung Wah Mansion, 199-203, Hennessy Road, Wanchai, Hong Kong	2507 3997	6
			Lady Trench Day Nursery Social Welfare Department 44, Oi Kwan Road, Wanchai, Hong Kong	2575 4321	10
			Causeway Bay Day Care Centre St. James' Settlement G/F & 1/F, Progress Commercial Building, 7-17 Irving Street, Causeway Bay, Hong Kong	2808 1780	12
			Times Day Care Centre Hong Kong Christian Service G/F, Shop B & 1/F, Time Tower, 391-407 Jaffe Road, Wanchai, Hong Kong	2833 6600	6
	Island	Tung Chung	Tung Chung Day Nursery Sheng Kung Hui Diocesan Welfare Council 3/F, Fu Tung Shopping Centre, Tung Chung	2109 0118	6
Kowloon East	Tseung Kwan O	Tseung Kwan O	EFCC Verbena Heights Nursery The Association of Evangelical Free Churches of Hong Kong Podium Floor, Block 1, Verbena Heights, 8 Mau Tai Road, Tseung Kwan O, Kowloon	2997 0777	6
			Ming Tak Nursery The Salvation Army G/F, Hin Ming Court, Tseung Kwan O, Kowloon	2623 7555	6
			King Lam Lutheran Day Nursery Hong Kong Lutheran Social Service 3/F, King Lam Neighbourhood Community Centre King Lam Estate, Tseung Kwan O, Kowloon	2701 8234	6
			Caritas Day Nursey - Tsui Lam Caritas - Hong Kong 306-311, Pik Lam House, Tsui Lam Estate, Tseung Kwan O, Kowloon	2702 0076	12
			EFCC Abundant Grace Church Abundant Grace Nursery The Association of Evangelical Free Churches of Hong Kong G/F, Tak Yue House, Hau Tak Estate, Tseung Kwan O, Kowloon	2704 3222	6

Region	District	Area	Name/Address	Tel	Capacity
			Sister Annie's Nursery The Mission Covenant Church of Norway Wing A, Ground Floor, Po Tai House, Tseung Kwan O, Kowloon	2701 0939	6
			Cheerland Day Nursery (Tseung Kwan O) Boys' and Girls' Club Association of Hong Kong G/F, Tong Wang House, Tong Ming Court, Tseung Kwan O, Kowloon	2177 4831	6
	Kwun Tong	Lam Tin	Ling On Nursery Evangelical Lutheran Church Social Service - Hong Kong 5/F, Lam Tin (West) Estate Community Centre, Kai Tin Road, Lam Tin, Kowloon	2775 6767	6
			Lam Tin Nursery Po Leung Kok 5/F, Lam Tin (East) Community Centre, Ping Tin Street, Lam Tin, Kowloon	2346 0513	6
			Tak Tin Day Nursery Christian Family Service Centre Hong Nga Court, Lam Tin, Kowloon	2775 2881	6
			Chan Hsui Fong Lam Day Nursery Pok Oi Hospitals Kwong Tin Estate, Kwun Tong, Kowloon	2349 1588	6
			Lee Siu Chan Nursery Po Leung Kuk Shun Lee Estate, Lam Tin Street, Kwun Tong, Kowloon	2343 9038	6
		Sau Mau Ping	Kwun Tong Day Nursery Hong Kong Christian Service 4/F, Kwun Tong Community Centre, 17 Tsui Ping Road, Kwun Tong, Kowloon	2389 1866	12
			On Ning Child Care Centre Tsunng Tsin Mission of Hong Kong Unit 16-23, 1/F, Lee Foo House, Shun Lee Estate, Kwun Tong, Kowloon	2344 6197	12
			Chan Han Day Nursery Tung Wah Group of Hospitals Unit 2, G/F, Sau Fu House, Sau Mau Ping Estate, Kwun Tong, Kowloon	2340 5982	6
			Kwun Tong Nursery Po Leung Kuk Unit 21-34, Podium Level, Tsui To House, Tsui Ping Estate, Kwun Tong, Kowloon	2727 1405	6
			Sau Mau Ping Child Care Centre Gospels Debating Society Limited Sau Mau Ping (Central) Community Centre, Block A, 5/F Sau Ming Road, Sau Mau Ping, Kowloon	2346 0072	6

Region	District	Area	Name/Address	Tel	Capacity	
			Shun Tin Rhenish Child Care Centre The Chinese Rhenish Church Hong Kong Synod Unit No. 19-30, G/F, Tin Wan House (Low Block), Shun Tin Estate, Kwun Tong, Kowloon	2790 2765	6	
			Cheerland Day Nursery Christian Family Service Centre Tsui Ping Road, No. 3, 3rd Floor, Kwun Tong, Kowloon	2861 0283	6	
			Sy Siok Chun Day Nursery Pok Oi Hospital No. 1, G/F, Tsui Mei House, Tsui Ping (South) Estate, Kwun Tong, Kowloon	2772 0811	6	
		Kwun Tong/ Ngau Tau Kok		Kai Yip Child Care Centre Lutheran Philip House Limited Limited 15-18 & 24-27, G/F, Kai Ning House, Kai Yip Estate, Kowloon	2757 9529	6
				Ping Shek Nursery Po Leung Kok 125-132, G/F, Wong Shek House, Ping Shek Estate, Kwun Tong, Kowloon	2320 6671	6
				Lok Wah Nursery New Kowloon Women Association 5/F, Lok Wah Estate Community Centre, Chun Wah Road, Ngau Tau Kok, Kowloon	2796 2535	6
				St. Vincent de Paul Day Nursery Society of St. Vincent De Paul 2/F, Bo Fung Building, 5 Horse Shoe Lane, Kwun Tong, Kowloon	2389 3228	6
				BGCA Cheerland Nursery Boys' and Girls' Club Association of Hong Kong G/F, Shops 11-13, Chevalier Commercial Centre, 8 Wang Hoi Road, Kwun Tong, Kowloon	2796 2122	6
				Buddhist Chi Wai Day Nursery Hong Kong Buddhist Association Unit 3, G/F, Hon Chung House, Wan Hon Estate, Kwun Tong, Kowloon	2345 6832	6
	Wong Tai Sin	Wong Tai Sin North	Tsz Wan Shan Day Nursery New Kowloon Women Association 5/F, Tsz Wan Shan (South) Estate Community Centre, Tsz Wan Shan, Kowloon	2320 0444	6	
			Fong Shiu Yee Day Nursery Tung Wah Group of Hospitals 55 Lung Cheung Road, Wong Tai Sin, Kowloon	2320 0336	6	
			On Keung Child Care Centre Tsun Tsin Mission of Hong Kong 5/F, Fung Tak Estate Community Centre, Fung Tak Estate, Diamond Hill, Kowloon	2321 0580	6	

Region	District	Area	Name/Address	Tel	Capacity
			Caritas Day Nursery - Chuk Yuen Caritas - Hong Kong 5/F, Chuk Yuen Estate Community Centre Chuk Yuen (South) Estate, Wong Tai Sin, Kowloon	2329 6716	6
			Cheung Chuk Shan Nursery Five Districts Business Welfare Association Level 5, Commercial Complex, Lung Poon Court, Diamond Hill, Kowloon	2327 3317	6
			Ho Tsz Day Nursery Sik Sik Yuen G/F, Wing A, Yung Yuen House, Chuk Yuen North Estate, Wong Tai Sin, Kowloon	2324 3098	6
			Fong Tam Yuen Leung (TWS) Nursery Po Leung Kuk Unit 1, 2 & 5-12, G/F, Man Tai House, Tsz Man Estate, Wong Tai Sin, Kowloon	2327 7561	6
		Wong Tai Sin South	Caritas Kai Yau Day Nursery Caritas - Hong Kong Unit 1-8, G/F, Fu Tung House, Tung Tau Estate, Wong Tai Sin, Kowloon	2382 2660	6
			Caritas Hong Yau Day Nursery Caritas - Hong Kong Unit 1-8, G/F, Tai Tung House, Tung Tau Estate, Wong Tai Sin, Kowloon	2382 2604	6
			Fu Shan Child Care Centre C & M Alliance Church Union of HK Central Administration Office for Social Services Unit 1-6, LG 1, Fu Shun House, Fu Shan Estate, Po Kong Village Road, Kowloon	2351 2833	6
			Wong Siu Ching Day Nursery Po Leung Kuk 5/F, Choi Wan Estate Community Centre, Choi Wab Estate, Wong Tai Sin, Kowloon	2755 3438	6
			Wong Tai Sin Day Nursery Sister of Immaculate Heart of Mary 4/F, Wong Tai Sin Community Centre, Wong Tai Sin, Kowloon	2321 1574	6
			Faith Hope Nursery Hong Kong Young Women's Christian Association G/F, Lung Hong House, Lower Wong Tai Sin Estate, Kowloon	2322 5308	6
			Lok Fu Rhenish Child Care Centre The Chinese Rhenish Church Hong Kong Synod G/F, Wang Cho Estate, Wong Tai Sin, Kowloon	2338 0538	6
			Choi Wan Nursery Hong Kong Young Women's Christian Association 109-114, G/F, Ngan Ho House, Choi Wan Estate, Wong Tai Sin, Kowloon	2755 1546	6

Region	District	Area	Name/Address	Tel	Capacity
			WFB Wong Shin Tsang Nursery World Fellowship of Buddhists, Hong Kong & Macau Regional Centre Limited 2/F, Podium, Wong Tai Sin Shopping Centre, Lower Wong Tai Sin Estate, Kowloon	2726 2420	12
			San Po Kong Rhenish Child Care Centre The Chinese Rhenish Church Hong Kong Synod G/F, San Po Kong Plaza, 33 Shung Ling Street, San Po Kong, Kowloon	2326 1336	6
Kowloon West	Kowloon City	Kowloon City/ Ma Tau Wai	Ma Tau Wai Child Care Centre Lutheran Philip House Limited 115, 117 - 118, G/F, Magnolia House, Hung Hom, Kowloon	2712 8648	6
			Lok Man Day Nursery The Salvation Army 1/F, Block H, Lok Man Sun Chuen, Tokwawan, Kowloon	2365 1994	6
			Ma Tau Chung Day Nursery Hong Kong Society for the Protection of Children 2/F, 107 Ma Tau Chung Road, Kowloon	2711 0787	6
			Kowloon City Day Nursery Po Leung Kuk G/F, 1 & 2/F, Honour Court, 188-194, Ma Tau Wai Road, Kowloon	2364 7170	6
			Ho Oi Day Nursery Sik Sik Yuen G/F, Shop 1A, 1B, 2A & 2B, Harmony Garden, 55 Kowloon City Road, Kowloon	2760 8360	6
		Hung Hom	Lo Wong Pik Shan Day Nursery Tung Wah Group of Hospitals 425-434, G/F, Po Man House, Oi Man Estate, Homantin, Kowloon	2712 9383	6
			Ting Mau Hung Hom Nursery Po Leung Kuk G/F, Ka On Lau, Ka Wai Chuen, Hung Hom, Kowloon	2364 9480	12
			SIA Whampoa Day Nursery Hong Kong Society for the Protection of Children 1/F, Willow Court, Whampoa Garden, Hung Hom, Kowloon	2365 0558	6
			Homantin Day Nursery Yang Memorial Methodist Social Service G/F, Ching Man House, Homantin South Estate, Homantin, Kowloon	2242 0678	6
			Yaumatei/ TsimShaTsui/ Mongkok	Mongkok	Portland Street Day Nursery Hong Kong Society for the Protection of Children 4/F, 387 Portland Street, MongKok, Kowloon
	Park'N Shop Staff Charitable Fund Day Nursery Hong Kong Society for the Protection of Children 6/F, 387 Portland Street, MongKok, Kowloon	2399 0909			6

Region	District	Area	Name/Address	Tel	Capacity
			Tai Kok Tsui Nursery Po Leung Kuk Flat 2, 1/F, Ho Hong Building, 43 Tit Shu Street, Tai Kok Tsui, Kowloon	2395 3623	6
		Yaumatei	Hong Kong Bank Foundation Centre Hong Kong Society for the Protection of Children 6/F, Henry G. Leong, Yaumatei Centre, Public Square Street, Yau Ma Tei, Kowloon	2385 6699	6
			Yang Memorial Social Service Centre Day Nursery Yang Memorial Social Service Centre 54 Waterloo Road, 3/F, Yau Ma Tei, Kowloon	2388 7141	12
	Shamshuipo	Shamshuipo South	Lei Cheng Uk Day Nursery Hong Kong Christian Service 316 Podium Level, Shun Yee House, Lei Cheng Uk Estate, Shamshuipo, Kowloon	2361 2355	12
			Lam Tam Yin Wah Day Nursery Cheung Sha Wan Kai Fong Welfare Association 310-316, 3/F, Lai Kwai House, Lai Kok Estate, Shamshuipo, Kowloon	2386 2826	6
			Precious Blood Day Nursery Sister of Precious Blood 123 Un Chau Street, Shamshuipo, Kowloon	2386 2586	12
			St. Olav's Child Care Centre Evangelical Lutheran Church Social Service - Hong Kong 1/F, 157-159 Tai Nam Street, Shamshuipo, Kowloon	2393 5674	6
			Lai Chi Kok Nursery The Salvation Army 1/F, 150-174, Lai Chi Kok Road, Shamshuipo, Kowloon	2787 5788	6
			Nam Cheong Day Nursery Pentecostal Church of Hong Kong Limited 5/F, Nam Cheong Community Centre, Nam Cheong Estate, Shamshuipo, Kowloon	2725 9292	6
			Health Kids Centre Heep Hong Society G/F, Shop AB & 1/F, Yee King Court, 513-521 Shun Ning Road, Shamshuipo, Kowloon	2786 2990	6
		Shamshuipo North	Shek Kip Mei Day Care Centre Hong Kong Christian Service Unit 201-208, 1/F, Block 23, Shek Kip Mei Estate, Shamshuipo, Kowloon	2779 1891	12
			Chak On Child Care Centre C & M Alliance Church Union of HK Central Administration Office for Social Services 9-15, G/F, Wing Chak House, Chak On Estate, Shamshuipo, Kowloon (will be closed in 9/00)	2778 2660	6

Region	District	Area	Name/Address	Tel	Capacity
			Tai Hang Tung Day Care Centre Hong Kong Christian Service 4/F, Tai Hang Tung Community Centre, Tong Ya m Street, Tai Hang Tung, Kowloon	2777 8020	12
			Fung Pak Lim Nursery Po Leung Kuk 201-205, 2/F, Block 3, Upper Pak Tin Estate, Shamshuipo, Kowloon	2778 7182	6
			On Hong Child Care Centre Tsunng Tsin Mission of Hong Kong 2/F, Block C, Prince Centre, 70 Tai Po Road, Shamshuipo, Kowloon	2779 6861	6
NT (Tsuen Wan/ Kwai Tsing)	Tsing Yi	Tsing Yi South	Chueng Ching Lutheran Day Nursery Hong Kong Lutheran Social Service 309-314, 2/F, Ching Kwai House, Cheung Ching Estate, Tsing Yi, NT	2435 8799	6
			Cheung Hong Estate Children Garden The NT Women & Juveniles Welfare Association Limited G/F, Block S, Hong Mei House, Cheung Hong Estate, Tsing Yi, NT	2495 7599	6
			WFB Manjusri Nursery The World Fellowship of Buddhists, Hong Kong & Macau Regional Centre Limited G/F, Hong On House, Cheung Hong Estate, Tsing Yi, NT	2495 7897	6
	Tsing Yi North	Caritas Day Nursery - Cheung On Caritas - Hong Kong Unit 111-120, G/F, On Wu House, Cheung On Estate, Tsing Yi, NT	2433 3198	6	
		Ling Kung Nursery Evangelical Lutheran Church Social Service - Hong Kong Wing B, G/F, Yee Kui House, Tsing Yi Estate, Tsing Yi, NT	2497 0600	6	
		Cheung Fat Estate Children Garden The NT Women & Juveniles Welfare Association Limited 5/F, Cheung Fat Estate Community Centre, Cheung Fat Estate, Tsing Yi, NT	2433 8184	6	
		Maritime Square Lutheran Day Nursery Hong Kong Lutheran Social Service Portion of G/F, Maritime Square, 33 Tsing King Road, Tsing Yi, NT	2449 0052	6	
		Cheung Ching Nursery Hong Kong Young Women' s Christian Association 5/F, Cheung Ching Estate Community Centre, Tsing Yi, NT	2495 7678	6	
		Zonta Club of Kowloon Child Care Centre Yan Chai Hospital G/F, Hang Yip House, Cheung Hang Estate, Tsing Yi, NT	2434 1420	6	
		Lai King Rhenish Nursery The Chinese Rhenish Church Hong Kong Synod 1/F, Block 5, Yeung King House, Lai King Estate, Kwai Chung, NT	2742 1714	6	
	Kwai Chung	Kwai Fong/ Kwai Shing			

Region	District	Area	Name/Address	Tel	Capacity
			Lady Macle hose Centre Day Nursery Sheng Kung Hui Diocesan Welfare Council 3/F, Landy Macle hose Centre, 22 Wo Yi Hop Road, North Kwai Chung, Tsuen Wan, NT	2427 3523	6
			St. Nicholas Day Nursery Sheng Kung Hui Diocesan Welfare Council 5/F, Tai Wo Hau Estate Community Centre, Tsuen Wan, NT	2420 0928	6
			Lions Club of the Peak, Hong Kong Day Nursery Tung Wah Group of Hospitals G/F, Block 10, Kwai Shing West Estate, Kwai Chung, NT	2427 0128	6
			Tai Woh Hau Day Nursery The Salvation Army 215, 217, 219 & 221-232, 1/F, Fu Keung House, Tai Wo Hau Estate, Kwai Chung, NT	2614 7662	6
			Kwai Fong Nursery Po Leung Kuk 15-22, G/F, Kwai On House, Kwai Fong Estate, Kwai Chung, NT	2421 6021	6
		Shek Lei	Lei Muk Shue Day Nursery The Salvation Army G/F, Block 10, Lei Muk Shue Estate, Tsuen Wan, NT	2420 2491	6
			Ju Ching Chu Child Care Centre Yan Chai Hospital G/F, Chak Yam House, On Yam Estate, Kwai Chung, NT	2480 1975	6
			Tung Pak Ying Child Care Centre Yan Chai Hospital Wing B & C, G/F, Shek Tai House, Shek Lei (I) Estate, Kwai Chung, NT	2480 1953	6
			Lei Muk Shue Nursery Po Leung Kuk 1/F, Block 2, Lei Muk Shue Estate, Kwai Chung, NT	2426 7643	6
			Tsuen Wan	Tsuen Wan	Tsuen Wan Nursery Hong Kong Young Women' s Christian Association 4/F, Princess Alexandra Community Centre, Tai Ho Road, Tsuen Wan, NT
	Tsuen Wan Day Nursery The Salvation Army 1/F, Clague Garden Estate, 22 Hoi Shing Road, Tsuen Wan, NT	2417 1400			6
	Fong Tam Yuen Leung Nursery Po Leung Kuk M/F, Block 1, Blevedere Garden, Castle Peak Road, 9½Miles, Tsuen Wan, NT	2411 1799			6
	Fuk Yau Day Nursery The Hong Kong Council of Church of Christ in China Flat 3, G/F, Shek Tsui House, Shek Wai Kok Estate, Tsuen Wan, NT	2416 6805			6

Region	District	Area	Name/Address	Tel	Capacity
			Fuk Yau No. 2 Day Nursery & Creche The Hong Kong Council of Church of Christ in China Flat 5-16, 18 & 20, G/F, Shek Wai Kok Estate, Tsuen Wan, NT	2498 0926	6
			Gordon Pei Nursery Alice Lan & Vera Shen Education Fund Limited G/F, Block 3, Bo Shek Mansion, 328 Sha Tsui Road, Tsuen Wan, NT	2406 2062	6
			Choi Pat Tai Child Care Centre Yan Chai Hospital 1/F, Yan Chai Hospital Multi-service Complex, 18 Yan Chai Street, Tsuen Wan, NT	2439 9661	6
New Territories (Tuen Mun and Yuen Long)	Tuen Mun	Yau Oi/ On Ting	Yan Yan Child Care Centre First Assesmbly of God Church Room 401-407, Oi Yung House, Yau Oi Estate, Tuen Mun, NT	2451 1283	12
			Lau Wong Fat Nursery Yan Oi Tong Limited 3/F, Yan Oi Tong Community Indoor Sports Centre, 18, Kai Man Path, Tuen Mun, NT	2452 1780	6
			Yan Oi Nursery Po Leung Kuk G/F, Block 6, Oi Lai House, Yau Oi Estate, Tuen Mun, NT	2451 4336	6
			Yau Oi Child Care Centre Yan Chai Hospital G/F, Oi Fai House (Block 4), Yau Oi Estate, Tuen Mun, NT	2450 2143	6
			On Ting Children Garden The NT Women & Juveniles Welfare Association Limited G/F, Ting Fuk House, On Ting Estate, Tuen Mun, NT	2450 1176	6
			On Ting Nursery Hong Kong Young Women' s Christian Association 5/F, On Ting/Yau Oi Community Centre, On Ting Estate, Tuen Mun, NT	2458 0578	6
			Butterfly	Butterfly Bay Nursery Po Leung Kuk 5/F, Butterfly Estate Community Centre, Tuen Mun, NT	2467 3121
			Tin Ka Ping Day Nursery Tung Wah Group of Hospitals 2/F, Tip Ling House, Butterfly Es tate, Tuen Mun, NT	2466 7454	6
			WFB Mantra Institute Nursery The World Fellowship of Buddhists Hong Kong & Macau Regional Centre Limited Shop 2, G/F, Siu Hei Commercial Centre, Siu Hei Court, Tuen Mun, NT	2457 3959	6
			WFB Avalokitesvara Nursery Hong Kong & Macau Regional Centre of WFB Limited 1/F, Carpark Block, Lung Mun Road, Tuen Mun, NT	2449 5008	6

Region	District	Area	Name/Address	Tel	Capacity
		Sam Shing	Sam Shing Nursery The Salvation Army G/F, Adjacent to Moon Yu House, Sam Shing Estate, Tuen Mun, NT	2452 0032	6
		Kin Sang/ Leung King	Fong Tam Yuen Leung Day Nursery Tung Wah Group of Hospitals Flat 1-5, G/F, Tin Yue House, Tin King Estate, Tuen Mun, NT	2461 0774	6
			Kin Sang Baptist Church Bradbury Child Care Centre Baptist Mid-missions G/F, Tai Sang House, Kin Sang Estate, Tuen Mun, NT	2455 9803	6
			St. Simon's Leung King Child Care Centre Sheng Kung Hui Diocesan Welfare Council 9-16, G/F, Leung Chi House, Leung King Estate, Tuen Mun, NT	2464 6939	6
		Shan King	St. Simon's Shan King Child Care Centre Sheng Kung Hui Diocesan Welfare Council 3/F, Community Recreation Building, Shan King Estate, Tuen Mun, NT	2466 0163	6
			St. Simon's Tai Hing Child Care Centre Sheng Kung Hui St. Simon's Social Services G/F, Commercial Complex, Tai Hing Estate (Phase I), Tuen Mun, NT	2462 3856	6
			Rita Liu Child Care Centre Yan Chai Hospital Unit 27-34, G/F, Hing Ping House, Tai Hing Estate, Tuen Mun, NT	2455 2260	6
			Shan King Child Care Centre Yan Chai Hospital Block 4, Shan King Estate (Phase I), Tuen Mun, NT	2462 3234	6
			EFCC - So Sum Memorial Nursery The Association of Evangelical Free Churches of Hong Kong G/F, King Lok House, Shan King Estate, Tuen Mun, NT	2465 2188	12
		Sui Hong	Tin Ka Ping Nursery Yan Oi Tong Limited Podium Level, Siu Hang House & Siu Shun House, Siu Hong Court, Tuen Mun, NT	2465 5719	6
	Yuen Long	Shui Pin Wai	Children Garden The NT Women & Juveniles Welfare Association Limited 3/F, Yuen Long Town Hall, Tai Yuk Road, Yuen Long, NT	2477 0104	6
				St. Matthias' Church Day Nursery St. Matthias' Church 15-20, G/F, Woo Shui House, Shui Pin Wai Estate, Yuen Long, NT	2479 9938

Region	District	Area	Name/Address	Tel	Capacity
		Tin Shui Wai	Nina Lam Child Care Centre Yan Chai Hospital G/F, Yan Chai Hospital, 24th Term Board of Directors Social Service Centre 6 Tin Ho Road, Yuen Long, NT	2445 2110	6
			Tin Yiu Nursery Yan Oi Tong Limited 5/F, Tin Yiu Community Centre, Tin Yiu Estate, Yuen Long, NT	2448 2316	6
			Yuen Long Rhenish Child Care Centre Chinese Rhenish Church Hong Kong - Synod 1/F, 111, Tin Yiu Shopping Centre, Tin Yiu Estate, Yuen Long, NT	2445 6306	6
			Mrs. Chu Kwok King Memorial Day Nursery Pok Oi Hospital G/F, Wong G & C, Shui Moon House, Tin Shui Wai, Yuen Long, NT	2617 3415	6
			Ha Sui Wan Day Nursery Sheng Kung Hui Diocesan Welfare Council G/F, 4 Tin Lung Road, Tin Shui Wai, Yuen Long, NT	2446 9220	6
			Wai Yin Day Nursery Hong Kong Society for the Protection of Children 3/F, Tin Shui Neighbourhood Community Centre, Tin Shui Wai, Yuen Long, NT	2448 7501	6
		Long Ping	Chan Poon Pui Ching Memorial Nursery Pok Oi Hospital G/F, Block 9, Hor Ping House, Long Ping Estate, Yuen Long, NT	2442 0776	6
			Long Ping Child Care Centre Christian & Missionary Aillance Church Union Hong Kong Limited 9-14, Shek Ping House, G/F, Long Ping Estate, Yuen Long, NT	2475 4966	6
		Yuen Long	Yuen Long Day Nursery The Neighbourhood Advice - Action Council G/F & 1/F, Orion Court, 23 Mau Tan Street, Yuen Long, NT	2527 4567	12
			Yuen Long (Shui Che Kwun) Day Nursery Po Leung Kuk G/F, Flat 1-8, Shun Fat Building, 44 Shui Che Kwun Street, Yuen Long, NT	2479 0999	6
NT (Shatin/ Tai Po/North)	North	Fanling	Caritas Day Nursery - Ta Kwu Ling Caritas - Hong Kong Caritas - Ta Kwu Ling Centre, G/F, Peng Che Road, Fanling, NT	2674 3207	6
			Hung Wong Kar Gee Day Nursery Tung Wah Group of Hospitals Unit 104-108 & 113-115, G/F, Cheung Wo House, Cheung Wah Estate, Fanling, NT	2676 1308	6

Region	District	Area	Name/Address	Tel	Capacity	
			Zonta Club of Hong Kong Day Nursery Caritas - Hong Kong G/F, Fu Ming House, Wah Ming Estate, Fanling, NT	2675 0099	6	
			Ka Fuk Baptist Church Child Care Centre Baptist Mid-missions G/F, Fuk Lok House, Ka Fuk Estate, Fanling, NT	2677 1696	6	
			Fanling Children Garden The NT Women & Juveniles Welfare Association Limited G/F, Wing B-C Chun King House, King Shing Court, Fanling, NT	2682 0877	6	
			Operation Santa Claus Fanling Day Nursery Hong Kong Society for the Protection of Children G/F, Wah Koon House, Wah Sum Estate, Fanling, NT	2676 4000	6	
		Sheung Shui	Tin Ping Nursery The Salvation Army 106-110, Wing B, G/F, Tin Hor House, Tin Ping Estate, Sheung Shui, NT	2671 9972	6	
			Sheung Shui Children Garden The NT Women & Juveniles Welfare Association Limited 5/F, North District Community Centre, Lung Sum Avenue, Sheung Shui, NT	2672 5710	6	
		Tai Po	Tai Po North	Tai Yuen Nursery The Salvation Army G/F, Tai Ling House, Block 6, Tai Yuen Estate, Tai Po, NT	2664 9725	6
				On Yan Day Nursery Tsung Tsin Mission of Hong Kong Fu Shin Estate, Tai Po, NT	2661 2866	12
				Lam Woo Day Nursery Hong Kong Society for the Protection of Children 3/F, Fu Heng Neighbourhood Community Centre, Fu Heng Estate, Tai Po, NT	2660 7808	6
				Tai Yuen Rhenish Child Care Centre Chinese Rhenish Church G/F, Tai Yan House, Tai Yuen Estate, Tai Po, NT	2665 0610	6
	Tai Po South		Fong Lai Ming Day Nursery Tung Wah Group of Hospitals 5/F, Tai Po Community Centre, Heung Sze Wui Street, Tai Po Market, Tai Po, NT	2653 2393	6	
			Kwong Fuk Estate Children Garden The NT Women & Juveniles Welfare Association Limited 118-125 Kwong Yau House, G/F, Kwong Fuk Estate, Tai Po, NT	2658 4226	6	
			Kwong Fuk Nursery Po Leung Kuk G/F, Kwong Lai House, Kwong Fuk Estate, Tai Po, NT	2653 2932	6	

Region	District	Area	Name/Address	Tel	Capacity
			Mrs. Augusta Cheung Nursery Yan Oi Tong Limited 3/F, Neighbourhood Community Centre, Phase II, Wan Tau Tong Estate, Tai Po, NT	2638 3082	12
			Tai Wo Day Nursery Pentecostal Church of Hong Kong Limited 3/F, Neighbourhood Community Centre, Tai Wo Estate, Tai Po, NT	2651 7772	6
			C & MA Plover Cove Child Care Centre C & M Alliance Church Union of Hong Kong Level 1, Shop 106, Plover Cove Garden, 3 Plover Cove Road, Tai Po, NT	2650 8223	6
			EFCC Po Nga Nursery The Association of Evangelical Free Churches of Hong Kong 117-124 G/F, Hing Wo House, Po Nga Court, Tai Po, NT	2650 9286	6
	Shatin	Ma On Shan	Caitas Day Nursery - Heng On Caritas - Hong Kong 5/F, Heng On Estate Community Centre, Heng On Estate, Ma On Shan, NT	2641 2270	6
			Chun Lei Nursery Free Method Church of Hong Kong Bradbury 4-9, 2/F, Yiu Wo House, Yiu On Estate, Ma On Shan, NT	2641 6338	6
			Lions Club of South Kowloon Day Nursery Tung Wah Group of Hospitals G/F, Block T6, Chung On Estate, Ma On Shan, NT		6
		Tai Wai	Ting Sun Hui Chiu Nursery Hong Kong & Kowloon Kaifong Women's Association G/F, Block 3, Mei Yeung House, Mei Lam Estate, Shatin, NT	2605 6575	6
			Caritas Day Nursery - Shatin Caritas - Hong Kong 23-25, Man Lai Road, Shatin, NT	2691 7175	6
		Sun Tin Wai/ Hin King	Oi Lun Child Care Centre Lutheran Philip House Limited 301-320 & Children Play Area, 3/F, Neighbourhood Community Centre Hin Wo Lane, Hin Keng, Shatin, NT	2697 9238	6
			Shatin Day Nursery Sheng Kung Hui Diocesan Welfare Council 106-113, G/F, Fung Wai House, Sun Tin Wai Estate, Shatin, NT	2605 3966	6
			Sun Chui Nursery New Kowloon Women Association 1-8, G/F, Sun Wai House, Sun Chui Estate, Shatin, NT	2699 2386	6

Region	District	Area	Name/Address	Tel	Capacity
			Lung Hang Nursery Hong Kong Young Women's Christian Association 5/F, Lung Hang Estate, Community Centre, Shatin, NT	2606 7962	12
			PLK 86 Hin Keng Nursery Po Leung Kuk G/F, Hin Keng House, Shatin, NT	2698 9721	6
			Delia Pei Nursery Alice Lan & Vera Shen Education Fund Limited Wing B, G/F, Fu Shing House, Fung Shing Court, Chun Shek Estate, Shatin, NT	2691 8504	6
		Town Centre/ Lek Yuen	Lek Yuen Nursery Po Leung Kuk 223-232, 1/F, Block 4, Lek Yuen Estate, Shatin, NT	2692 0428	6
			Wo Che Nursery The Salvation Army Bays 101-114, G/F, Tak Wo House, Wo Che Estate, Shatin, NT	2604 0428	6
		Sha Kok	Pok Hong Estate Children Garden The NT Women & Juveniles Welfare Association Limited 21-28, G/F, Pok On House, Pok Hong Estate, Shatin, NT	2649 9006	6
			Jat Min Chuen Nursery The Salvation Army 1/F, 15 Jat Min Chuen Street, Shatin, NT	2647 4897	6
			Sha Kok Nursery New Kowloon Women Association 28-40, G/F, Bean Goose House, Sha Kok Estate, Shatin, NT	2648 2509	6
			Emmanuel Church Shatin Day Nursery Emmanuel Church G/F, Cypress House, Kwong Yuen Estate, Shatin, NT	2635 0536	6
			C&MA Shatin Child Care Centre C & M Alliance Church Union of HK Central Administration Office for Social Services 1-13, G/F, Oriole House, Sha Kok Estate, Shatin, NT	2648 9486	6
		Fo Tan	Sun Fong Chung Nursery Hong Kong & Kowloon Kaifong Women's Association Unit No. G37, G/F, Commercial Complex, Sui Wo Court, Shatin, NT	2604 1381	6

Small Group Homes for Mildly Mentally Handicapped Children

Region	District	Name/Address	Tel	Capacity
Kowloon East	Wong Tai Sin	Choi Tung Small Group Home Neighbourhood Action-Advice Council G/F, Choi Tung House, Tung Tau Estate, Kowloon.	2726 2480	8
		Hing Tung Small Group Home Neighbourhood Action-Advice Council G/F, Choi Tung House, Tung Tau Estate, Kowloon.	2726 2480	8
	Tseung Kwan O	Shing Shun Small Group Home Christian Family Service Centre P1, Block 5 & 6, Verbena Heights, Tseung Kwan O, Kowloon.	2997 0390	8
		Shing Mong Small Group Home Christian Family Service Centre P1, Block 5 & 6, Verbena Heights, Tseung Kwan O, Kowloon.	2997 0390	8
		Shing Oi Small Group Home Christian Family Service Centre P1, Block 5 & 6, Verbena Heights, Tseung Kwan O, Kowloon.	2997 0390	8
	NT (Shatin/Tai Po/North)	Tai Po	Hong Chi Little House Hong Chi Association Pinehill Village, Chung Nga Road, Nam Hang, Tai Po, NT	2660 7884
Hong Chi Santa House Hong Chi Association Pinehill Village, Chung Nga Road, Nam Hang, Tai Po, NT			2660 7884	8
Ching Fai Small Group Home Hong Kong Federation of Youth Groups Flat 2, G/F, Shin Tsui House, Fu Shin Estate, Tai Po, NT			2564 7604	8
Ching Ngar Small Group Home Hong Kong Federation of Youth Groups Flat 2, G/F, Shin Tsui House, Fu Shin Estate, Tai Po, NT			2564 7604	8

Integrated Small Group Homes

Region	District	Name/Address	Tel	Capacity
Hong Kong	Eastern	Lok Hang (Integrated) Small Group Home Tung Wah Group of Hospitals Flat 11B, Block F, Lok Man Road, Chai Wan, Hong Kong	2859 7682	1
		Lok Sze (Integrated) Small Group Home Tung Wah Group of Hospitals Flat 12A, Block F, Lok Man Road, Chai Wan, Hong Kong	2859 7682	1
		Chai Wan (Integrated) Small Group Home I Mother' s Choice Flat 8A, Block F, Lok Man Road, Chai Wan, Hong Kong	2537 4122	1
		Chai Wan (Integrated) Small Group Home II Mother' s Choice Flat 8A, Block F, Lok Man Road, Chai Wan, Hong Kong	2537 4122	1
		Chai Wan (Integrated) Small Group Home III Mother' s Choice Flat 9A, Block F, Lok Man Road, Chai Wan, Hong Kong	2537 4122	1
		Yin Tak (Integrated) Small Group Home International Social Service-Hong Kong Branch Flat 13A, Block F, Lok Man Road, Chai Wan, Hong Kong	2834 6863	1
		Mo Tak (Integrated) Small Group Home International Social Service-Hong Kong Branch Flat 13, Block F, Lok Man Road, Chai Wan, Hong Kong	2834 6863	1
		Ming Tak (Integrated) Small Group Home International Social Service-Hong Kong Branch Flat 12B, Block F, Lok Man Road, Chai Wan, Hong Kong	2834 6863	1
Kowloon East	Kwun Tong	Hok Shun (Integrated) Small Group Home Tung Wah Group of Hospitals Flat 201-204, Tsui Cheung House, Tsui Ping Estate, Kwun Tong, Kowloon.	2859 7681	1
		Hok Kan (Integrated) Small Group Home Tung Wah Group of Hospitals Unit 102, Block 1, Ko Chi House, Ko Yee Estate, Kwun Tong, Kowloon.	2859 7639	1
		Hok Ngai (Integrated) Small Group Home Tung Wah Group of Hospitals Unit 203, Block 1, Ko Chi House, Ko Yee Estate, Kwun Tong, Kowloon.	2859 7639	1
		Hok Him (Integrated) Small Group Home Tung Wah Group of Hospitals Unit 303, Block 1, Ko Chi House, Ko Yee Estate, Kwun Tong, Kowloon.	2859 7639	1

Region	District	Name/Address	Tel	Capacity
	Wong Tai Sin	Pak Hei (Integrated) Small Group Home International Social Service-Hong Kong Branch Flat 110-112, Lung Hei House, Lower Wong Tai Sin Estate, Wong Tai Sin, Kowloon.	2834 6863	1
		Chung Hei (Integrated) Small Group Home International Social Service-Hong Kong Branch Flat 210-212, Lung Hei House, Lower Wong Tai Sin Estate, Wong Tai Sin, Kowloon.	2834 6863	1
		Shun Hei (Integrated) Small Group Home International Social Service-Hong Kong Branch Flat 310-312, Lung Hei House, Lower Wong Tai Sin Estate, Wong Tai Sin, Kowloon.	2834 6863	1
		Choi Fai (Integrated) Small Group Home Po Leung Kuk Room 201-213, Choi Yip House, Choi Fai Estate, Ngau Chi Wan, Kowloon.	2576 3386	1
		Choi Yip (Integrated) Small Group Home Hong Kong Children & Youth Service Flat 109-111, Choi Yip House, Choi Fai Estate, Ngau Chi Wan, Kowloon.	2366 7271	1
	Tseung Kwan O	Yan Lok (Integrated) Small Group Home Hong Kong Student Aid Society Room 412, Tak Fu House, Hau Tak Estate, Tseung Kwan O, Kowloon.	2702 6737	1
		Yan Yee (Integrated) Small Group Home Hong Kong Student Aid Society Room 512, Tak Fu House, Hau Tak Estate, Tseung Kwan O, Kowloon.	2702 6737	1
		Yan Wai (Integrated) Small Group Home Hong Kong Student Aid Society Room 312, Tak Fu House, Hau Tak Estate, Tseung Kwan O, Kowloon.	2702 6737	1
	NT (Tsuen Wan/Kwai Tsing)	Kwai Tsing	Shek Lei (Integrated) Small Group Home I Hong Kong Christian Service Flat 212-214, Shek Kai House, Shek Lei (II) Estate, Kwai Chung, NT	2731 6392
Shek Lei (Integrated) Small Group Home II Hong Kong Christian Service Flat 312-314, Shek Kai House, Shek Lei (II) Estate, Kwai Chung, NT			2731 6392	1
Shek Lei (Integrated) Small Group Home III Hong Kong Christian Service Flat 412-414, Shek Kai House, Shek Lei (II) Estate, Kwai Chung, NT			2731 6392	1
NT (Shatin/Tai Po/North)	Shatin	Lee On (Integrated) Small Group Home International Social Service-Hong Kong Branch Room 209, Lee Shing House, Lee On Estate, Ma On Shan, Shatin, NT	2834 6863	1

Home Based Training Programmes

Region	Name/Address	Tel	Fax	Capacity
Hong Kong	Home-based Training Programme St. James' Settlement 10/F, 85 Stone Nullah Lane, Wanchai, Hong Kong	2574 5201 Ext 388	2575 3766	70
Kowloon East	Home-based Training Programme Hong Chi Association G/F, High Block Tsui Nam House, Tsui Ping Estate, Kwun Tong, Kowloon	2344 9724	2357 5478	70
Kowloon West	Home-based Training Programme Wai Ji Christian Service Room 109, 2/F, Tai Hang Tung Community Centre 17 Tong Yam Street, Shek Kip Mei, Kowloon	2776 2622	2708 4556	70
NT (Tsuen Wan/Kwai Tsing/Tuen Mun)	Home-based Training Programme The Society of Homes for the Handicapped Level 204, Shopping Block, Lai Yiu Estate, Kwai Chung, NT	2745 0543	2784 6717	70
NT (Shatin/Tai Po/North/Yuen Long)	Braemar Hill & Peninsula Lioness Clubs Home based Training Programme Yan Chai Hospital 4/F, Tai Wo Neighbourhood Community Centre, Tai Po Estate, Tai Po, NT	2657 3331	2657 3299	70

Sheltered Workshops

Region	District	Name/Address	Tel	Fax	Capacity *
Hong Kong	Central/Western	Home of Love SW Chinese Young Men's Christian Association 51 Bridges Street, Sheung Wan, Hong Kong	2857 6769	2517 3754	120
	Eastern	Chai Wan SW The Spastics Association of Hong Kong Room 511-513, G/F, On Hing House, Hing Wah Estate, Hong Kong	2558 3212	2557 5436	126
		New Jade Manufacturing Centre The Richmond Fellowship of Hong Kong Level 1, Block 6, New Jade Garden, 233 Chai Wan Road, Hong Kong	2889 3275	2889 3121	150
		The Jockey Club Hong Chi Siu Sai Wan Workshop Hong Chi Association G/F, Sui Shing House, Siu Sai Wan Estate, Chai Wan, Hong Kong	2896 0373	2976 0463	125
	Southern	Ngai Shing SW The Society of Homes for the Handicapped The Society of Homes for the Handicapped Rehabilitation CTN 85, Yue Kwong Road, Aberdeen, Hong Kong	2870 1172	2870 1205	140
		Ngai Chun SW Tung Wah Group of Hospitals G/F, Block B, TWGHs-Jockey Club Rehabilitation Complex, 4 Welfare Road, Wong Chuk Hang, Hong Kong	2870 9305	2554 1748	160
		Mok Law Sui Wah Memorial SW Tung Wah Group of Hospitals G/F, District Comm. Ctr, Wah Kwai Estate, Aberdeen, Hong Kong	2550 1222	2538 0265	140
		Wong Chuk Hang SW New Life Psychiatric Rehabilitation Association Room 17-45, G/F, Block 10, Wong Chuk Hang Estate, Aberdeen, Hong Kong	2552 4202	2814 7577	160
	Wanchai	Lion's Club of Tai Ping Shan SW Po Leung Kuk 66 Leighton Road, Causeway Bay, Hong Kong	2576 3386 Ext. 140	2808 4595	60
		St. James' SW St. James' Settlement 6/F, 85 Stone Nullah Lane, Wanchai, Hong Kong	2835 4364	2572 3286	145
	Kowloon East	Kwun Tong	Kai Nang SW Social Welfare Department 4 Fuk Tong Road, Kwun Tong, Kowloon	2342 0524	2372 0794

Region	District	Name/Address	Tel	Fax	Capacity *	
		88 Kwun Tong SW Po Leung Kuk G/F, Tsui Tung House, Tsui Ping Estate, Kowloon	2772 3046	2379 5021	127	
		Kwun Tong SW Mental Health Association of Hong Kong G/F, Tsui Mui House, Tsui Ping Estate, Kwun Tong, Kowloon	2343 3391	2304 7719	127	
		Jockey Club Building SW Mental Health Association of Hong Kong MHA Jockey Club Building, 2 Kung Lok Road, Kwun Tong, Kowloon	2772 0170	2790 5225	214	
		Bradbury Tak Tin SW The Spastics Association of Hong Kong G/F, Tak Shing Hse, Tak Tin Estate, Kwun Tong, Kowloon	2340 2110	2347 9800	130	
	Wong Tai Sin	Choi Wan SW Social Welfare Department G/F, Annex To, Boon Yuet House, Choi Wan Estate, Kowloon	2756 3121	2318 0193	120	
		Chuk Yuen (South) SW Social Welfare Department G/F, Lai Yuen House, Chuk Yuen (South) Estate, Kowloon	2320 3103	2306 1976	65	
		Chuk Yuen SW New Life Psychiatric Rehabilitation Association G/F, Cheung Yuen House, Chuk Yuen (North) Estate, Kowloon	2324 9974	2328 5178	125	
		Vocational Advancement Centre Yang Memorial Mehtodist Social Service G/F., Ching Yi House, Tsz Ching Estate, Tsz Wan Shan, Kowloon	2327 7116	2327 7181	100	
	Sai Kung	Wing Lung Bank Golden Jubilee SW Social Welfare Department 33 Razor Hill Road., Sai Kung, Kowloon	2358 3301	2358 3957	140	
	Tseung Kwan O	Yue Yiu Sun Memorial SW Po Leung Kuk G/F, King Yu House, King Lam Estate, Tseung Kwan O, Kowloon	2706 2998	2706 7070	125	
		Tsui Lam SW The Christian Family Service Centre G/F, On Lam House, Tsui Lam Estate, Tseung Kwan O, Kowloon	2703 6670	2703 6767	145	
	Kowloon West	Kowloon City	Hong Chi Ma Tau Kok Workshop Hong Chi Association 2/F, Podium Level Jubilant Place 33 Ma Tau Kok Road, Kowloon	2246 7238	2762 0500	100

Region	District	Name/Address	Tel	Fax	Capacity *
		Factory for the Blind Tokwawan Workshop Hong Kong Society for the Blind 19, Mok Cheong Street, To Kwa Wan, Kowloon * (including 20 capacities of Factory for the Blind Tuen Mun Workshop)	2333 0265	2764 4904	170 (190)*
	Shamshuipo	Pak Tin SW Social Welfare Department Block 9, Upper Pak Tin Estate, Shamshuipo, Kowloon	2779 9567	2777 1875	140
		Wai Ji Christian Sheltered Workshop at Un Chau Estate Wai Ji Christian Services 1st Floor, Un Hong House, Un Chau Estate, Shamshuipo	2729 0178	2470 6191	140
		Shek Kip Mei Workshop Po Leung Kuk Podium Floor, Block 42 and 43, , Shek Kip Mei Estate, Kowloon	2778 1237	2777 3861	140
		Lei Cheng Uk SW Mental Health Association of Hong Kong G/F, Tao Tak House, Lei Cheng Uk Estate, Shamshuipo, Kowloon	2729 2165	2307 9851	140
		New Life Building SW New Life Psychiatric Rehabilitation Association New Life Building, 332 Nam Cheong Street, Shamshuipo, Kowloon	2778 6023	2776 7612	160
	Yaumatei	Caritas Lok Hang SW Caritas - Hong Kong 4 Cliff Road, Yaumatei, Kowloon	2710 2567	2780 1276	160
NT (Tsuen Wan/Kwai Tsing)	Kwai Tsing	Kwai Hing SW The Society of Home for the Handicapped G/F, Block C, Sun Kwai Hing Garden, 151-165 Tai Wo Hau Road, Kwai Chung, NT	2426 1514	2426 1769	125
		Caritas Lok Kin SW Caritas - Hong Kong G/F, On Chiu House, Cheung On Estate, Tsing Yi, NT	2434 8123	2432 7190	130
		Kwai Shing SW New Life Psychiatric Rehabilitation Association Room 101-118, Block 10, Kwai Shing Estate, NT	2428 8711	2485 1833	140
	Tsuen Wan	Shek Wai Kok SW The Society of Homes for the Handicapped G/F, Block 2, Carpark Building, Shek Wai Kok Estate, Tsuen Wan, NT	2493 4422	2498 8375	150
		Mdm Lo Lee Pui Ching Memorial SW Yan Chai Hospital Room 23-26, G/F, Shek Ho House & Room 100-109, 1/F, Shek Fong House, Shek Wai Kok Estate, Tsuen Wan, NT	2498 3391	2416 3690	150

Region	District	Name/Address	Tel	Fax	Capacity *	
		Yiu Tsuen Workshop Stewards Limited G/F, Bo Shek Mansion 328 Sha Tsui Road, Tsuen Wan, NT	2499 0249	2499 1160	150	
NT (Tuen Mun/Yuen Long)	Tuen Mun	On Ting Workshop The Spastics Association of Hong Kong Ting Tai Hse, On Ting Estate, Tuen Mun, NT	2458 1028	2452 6068	130	
		Pentecostal Church of Hong Kong SW Pentecostal Church of Hong Kong 201 Castle Peak Road, Tuen Mun, NT	2452 2302	2440 1379	150	
		Tin King SW New Life Psychiatric Rehabilitation Association G/F & 1/F, Block 10, Tin Lok Hse, Tin King Estate, Tuen Mun, NT	2466 0068	2464 6960	150	
		New Life Farm SW New Life Psychiatric Rehabilitation Association 33, Sun Fok Road, Tuen Mun, NT	2461 8385	2456 3201	140	
		NAAC Tuen Mun SW The Neighbourhood-Advice Action Council G/F, Tip Yee House, Butterfly Estate, Tuen Mun, NT	2465 7498	2454 8665	160	
	Yuen Long	Hor Ping SW Wai Ji Christian Service Unit 5-8, 204-214 Hor Ping House, Long Ping Estate, Yuen Long, NT	2443 3830	2470 6191	100	
		Long Ping SW Wai Ji Christian Service 5-20, Yuet Ping House, Long Ping Estate, Yuen Long, NT	2477 6905 2477 6900	2470 1276	140	
	Tin Shui Wai	Tin Yiu Workshop The Spastics Association of Hong Kong G/F, Yiu Man House, Tin Yiu Estate, Tin Shui Wai, Yuen Long, NT	2448 0761	2447 3384	130	
	NT (Shatin/Tai Po/North)	Shatin	Lek Yuen SW Social Welfare Department G/F, Wing Shiu House, Lek Yuen Estate, Shatin, NT	2697 5391	2692 4955	100
			Jockey Club Sun Chui Centre Parents' Association of the Mentally Handicapped Limited G/F, Sun Fong House, Sun Chui Estate, Shatin, NT	2694 8819	2609 1388	126
Wo Che SW The Spastics Association of Hong Kong G/F, Man Wo House, Wo Che Estate, Shatin, NT			2697 3360	2696 2203	130	
Ma On Shan		Heng On Workshop The Salvation Army G/F, Heng Kong House, Heng On Estate, Ma On Shan, Shatin, NT	2640 0656	2643 3897	160	

Region	District	Name/Address	Tel	Fax	Capacity *
		Yiu On SW Stewards Limited 1/F, Yiu Shun House, Yiu On Estate, Ma On Shan, Shatin, NT	2641 1707	2641 9299	150
	Tai Po	Hong Chi Kwong Fuk Wai Yin SW Hong Chi Association G/F, Kwong Wai House, Kwong Fuk Estate, Tai Po, NT	2653 2292	2652 1994	150

* Including capacity of Hostel cum Sheltered Workshop placement.

Hostels for Moderately Mentally Handicapped Persons

Region	District	Name/Address	Tel	Fax	Capacity
Hong Kong	Eastern	Hong Chi North Point Hostel Hong Chi Association G/F, 20 Tong Shui Road, West Main Block North Point Estate, Hong Kong	2562 0202	2562 0282	33
	Southern	Home of Love-Wah Fu Hostel Chinese Young Men's Christian Association of Hong Kong 401-406 & 425-434 Wah Shun House, Wah Fu (I) Estate, Hong Kong	2538 9899	2538 0680	70
Kowloon East	Kwun Tong	Shun Lee Hostel Hong Kong Red Cross G/F, Lee Ming House, Shun Lee Estate, Kwun Tong, Kowloon	2343 5593	2793 5822	38
		Hong Ping Hostel Mental Health Association of Hong Kong G/F, Tsui Wing House, Tsui Ping (South) Estate, Kwun Tong, Kowloon	2349 1918	2952 5964	53 (Males only)
		Hong Tsui Hostel Mental Health Association of Hong Kong G/F, Tsui Heng House, Tsui Ping Estate, Kwun Tong, Kowloon	2952 2640	2174 4018	53 (Females only)
NT (Tsuen Wan/Kwai Tsing)	Kwai Tsing	Kwai Shing Hostel Social Welfare Department Unit 121-136, G/F, Block 5, Kwai Shing West Estate, Kowloon	2429 0922	2480 4743	40
		Cheung Hong Home The Society of Homes for the Handicapped 21-40, 1/F, Hong Wo House, Cheung Hong Estate, Tsing Yi, NT	2495 6163	2497 6178	41
NT (Tuen Mun/Yuen Long)	Tuen Mun	Tai Hing Hostel Neighbourhood Advice-Action Council G/F, Hing Cheung House, Tai Hing Estate, Tuen Mun, NT (to be paired up with NAAC Tuen Mun SW)	2467 6280	2462 5185	100
		New Life Jubilee Hostel New Life Psychiatric Rehabilitation Association G/F, Wing A & B, King On House, Shan King Est, Tuen Mun.	2463 7190	2463 7219	51 (Males only)

Hostels and Sheltered Workshops for Moderately Mentally Handicapped Persons

Region	District	Name/Address	Tel	Fax	Capacity
Hong Kong	Central/Western	Home of Love SW & Hostel Chinese Young Men' s Christian Association 51 Bridges Street, Sheung Wan, Hong Kong	2803 7715	2549 8510	50
	Eastern	Chai Wan Hostel The Spastics Association of Hong Kong Unit 201-210, Lok Hing House, Hing Wah Estate, Chai Wan, Hong Kong	2557 0963	2896 5841	52
	Southern	Ngai Shing SW & Ngai Shun Home The Society of Homes for the Handicapped The Society of Homes for the Handicapped, Rehabilitation CTN 85 Yue Kwong Road, Aberdeen, Hong Kong	2870 1115	2870 1213	51
		Ngai Ching Hostel & Ngai Chun SW Tung Wah Group of Hospitals 1/F, Block B, TWGHs-Jockey Club Rehabilitation Complex 4 Welfare Road, Wong Chuk Hang, Hong Kong	2870 9307	2554 1748	51
		Ngai Pok Hostel & Ngai Chun SW Tung Wah Group of Hospitals 1/F, Block B, TWGHs-Jockey Club Rehabilitation Complex 4 Welfare Road, Wong Chuk Hang, Hong Kong	2870 9307	2554 1748	51
	Wanchai	Pui Nang Hostel & Lion' s Club of Tai Ping Shan SW Po Leung Kuk 66 Leighton Road, Causeway Bay, Hong Kong	2576 3386 Ext. 142	2805 7314	42 (Females only)
Kowloon East	Kwun Tong	Kai Nang SW & Hostel Social Welfare Department 4 Fuk Tong Road, Kwun Tong, Kowloon	2342 0524	2372 0794	40
		88 Kwun Tong SW & Hostel Po Leung Kuk G/F, Tsui Tung House, Tsui Ping Estate, Kwun Tong, Kowloon	2772 3049	2379 5021	54 (Females only)
		Jockey Club Building MMH Hostel at JC Building Mental Health Association of Hong Kong MHA Jockey Club Building, 2 Kung Lok Road, Kwun Tong, Kowloon	2865 4883	2142 6784	55
	Sai Kung	Wing Lung Bank Golden Jubilee SW & Hostel Social Welfare Department 33 Razor Hill Road, Sai Kung, Kowloon	2358 3301	2358 3957	100
	Tseung Kwan O	Yue Yiu Sun Memorial King Lam Hostel Po Leung Kuk G/F & 1/F, King Yung House, King Lam Estate, Tseung Kwan O, Kowloon	2701 5333	2623 2105	54
Kowloon West	Shamshuipo	Wai Ji Christain SW & Hostel at Un Chau Estate	2729 0178	2470 6191	50

Region	District	Name/Address	Tel	Fax	Capacity
		Wai Ji Christian Service Un Hong House, 1st floor, Un Chau Estate, Shamshuipo, Kowloon			
NT (Tsuen Wan/Kwai Tsung)	Kwai Tsing	Caritas Lok Kin SW & Lok Wo Hostel Caritas - Hong Kong G/F, On Chiu House, Cheung On Estate, Tsing Yi, NT	2433 3089	2433 5140	55
NT (Shatin/Tai Po/North)	Shatin	Jockey Club Sun Chui SW & Hostel Parents' Association of the Mentally Handicapped Limited G/F, Sun Fong House, Sun Chui Estate, Shatin, NT	2694 8819	2609 1388	90
	Ma On Shan	Heng On Hostel The Salvation Army G/F, Heng Shan House, Heng On Estate, Ma On Shan, Shatin, NT	2640 0581	2631 2530	62
NT (Tuen Mun/Yuen Long)	Tuen Mun	Pentecostal Church of Hong Kong SW & Hostel Pentecostal Church of Hong Kong 201 Castle Peak Road, Tuen Mun, NT	2452 2302	2450 6311	55
		Tin King SW & Hostel New Life Psychiatric Rehabilitation Association G/F & 2/F, Tin Lok House, Tin King Estate, Tuen Mun, NT	2461 7115	2465 2916	50
	Yuen Long	Long Ping Sheltered Workshop & Hostel Wai Ji Christian Service 216-226, Yuet Ping Hse, Long Ping Est, Yuen Long, NT	24776 900	2470 1276	51
		Hor Ping SW & Hostel Wai Ji Christian Service Unit 5-8, 201-214, Hor Ping Hes, Long Ping Estate, Yuen Long, NT	2443 3830	2470 6191	52

Single Hostel for Physically Handicapped Persons

Region	District	Name/Address	Tel	Fax	Capacity
Kowloon East	Kwun Tong	Lok Wah Hostel The Spastics Association of Hong Kong Wing A & B, Man Wah House, Lok Wah Estate, Kwun Tong, Kowloon	2795 2231	2796 7786	50

Hostels and Sheltered Workshops for Physically Handicapped Persons

Region	District	Name/Address	Tel	Fax	Capacity
Kowloon East	Wong Tai Sin	Choi Wan SW & Hostel Social Welfare Department G/F, Boon Yuet House, Choi Wan Estate, Kowloon	2756 3121	2318 0193	20 (Males only)
		Bradbury Tak Tin SW & Wong Tai Sin Hostel The Spastics Association of Hong Kong G/F, Lung Fung House, Lower Wong Tai Sin Estate, Kowloon	2322 8585	2351 9354	50
NT (Shatin/Tai Po/North)	Shatin	Wo Che SW & Hostel The Spastics Association of Hong Kong G/F, Hip Wo House, Wo Che Estate, Shatin, NT	2697 3689	2691 1845	36
NT (Tuen Mun/Yuen Long)	Tuen Mun	On Ting SW & Hostel The Spastics Association of Hong Kong Ting Tai House, On Ting Estate, Tuen Mun, NT	2458 1034	2613 2769	50
	Tin Shui Wai	Tin Yiu SW & Hostel The Spastics Association of Hong Kong G/F, Yiu Foo House, Tin Yiu Estate, Yuen Long, NT	2448 0639	2447 3387	50

Single Day Activity Centres

Region	District	Name /Address	Tel	Fax	Capacity
Hong Kong	Eastern	Priscilla Home The Society of Homes for the Handicapped Room 103, 1/F, Lee Ga Building, 131 Sai Wan Ho Street, Shaukiwan, Hong Kong	2567 3144	2567 3144	5
		Shaukeiwan Day Activity Centre The Salvation Army G/F & 1/F, 456 Shaukiwan Road, Shaukeiwan, Hong Kong	2560 8123	2560 7656	40
	Southern	The Hong Kong Vocational Centre Flat 1A, New Senior Staff Quarters Queen Mary Hospital, 122 Pokfulam Road, Hong Kong	2813 4550	2813 4536	10
		Caritas Lok Fung Day Activity Centre Caritas - Hong Kong G/F, Wah Lai House, Wah Kwai Estate, Aberdeen, Hong Kong	2875 5168	2875 5768	10
		Lei Tung Lutheran Day Activity Centre Hong Kong Lutheran Social Service No 217-224, Tung Yat House, Lei Tung Estate, Apleichau, Hong Kong	2871 1013	2871 1381	8
	Wanchai	Wanchai Day Activity Centre St. James' Settlement 10/F, 85 Stone Nullah Lane, Wanchai, Hong Kong	2835 4385	2572 3766	50
		Happy Valley Day Activity Centre St. James' Settlement G/F, Shing Wo Court, Kwai Shing Lane Shing Wo Road, Happy Valley, Hong Kong	2893 5364	2893 4598	100
	Kowloon East	Kwun Tong	Shun Tin Centre Mental Health Association of Hong Kong G/F, Tin Hang House, Shun Tin Estate, Kwun Tong, Kowloon	2790 0966	2763 5484
Shun Lee Adult Training Centre The Society of Homes for the Handicapped 3/F, Lee Hong House, Shun Lee Estate, Kwun Tong, Kowloon			2341 6357	2304 0287	20
Sau Mau Ping Day Activity Centre Social Welfare Department 2/F, Sau Mau Ping (Central) Estate Community Centre Sau Mau Ping, Kwun Tong, Kowloon			2346 4386	2775 8403	30
Lok Wah Adult Training Centre The Society of Homes for the Handicapped G/F, Hei Wah House, Lok Wah South Estate, Kwun Tong, Kowloon			2796 9244	2758 6691	10

Region	District	Name /Address	Tel	Fax	Capacity
		Hong Chi Lam Tin Centre Hong Chi Association 2/F, Lam Tin (West) Estate Community Centre Lam Tin Estate, Kai Tin Road, Lam Tin Kowloon	2717 8267	2346 9251	40
	Wong Tai Sin	The Hong Kong Bank Foundation Hong Chi Fung Tak Centre Hong Chi Association G/F, Suet Fung House, Fung Tak Estate, Tsz Wan Shan, Kowloon	2327 0090	2327 1174	10
		Lung On Day Activity Centre Hong Kong Lutheran Social Service G/F, Lung On House, Lower Wong Tai Sin Estate Wong Tai Sin, Kowloon	2322 7910	2322 7910	50
		NAAC Wong Tai Sin Day Activity Centre Neighbourhood Advice Action Council Room 101-105, 1/F, Wong Tai Sin Community Centre 104 Ching Tak Street, Wong Tai Sin, Kowloon	2321 2623	2320 9926	50
Kowloon West	Kowloon City	Martha Boss Day Activity Centre Hong Kong Lutheran Social Service 1/F, Martha Boss Community Centre 89 Chung Hau Street, Homantin, Kowloon	2199 9352	2199 9355	50
		Lok Yin Day Activity Centre Caritas - Hong Kong M/F, Whampoa Plaza, Whampoa Garden 7 Tak On Street, Hung Hom, Kowloon	2303 1392	2330 8488	50
		Lok Ngai Day Activity Centre Caritas - Hong Kong M/F, Whampoa Plaza, Whampoa Garden 7 Tak On Street, Hung Hom, Kowloon	2330 2226	2330 8488	50
	Mongkok	Hong Chi Tai Kok Tsui Day Activity Centre Hong Chi Association 2/F, Hoi Hang Building, 47 Tit Shu Street, Tai Kok Tsui, Kowloon	2393 3660	2393 3744	50
	Yaumatei	Bradbury Day Activity Centre Yang Memorial Methodist Social Service 54 Waterloo Road, Yaumatei, Kowloon	2388 7141	2770 1417	50
		Yaumatei Day Activity Centre Mental Health Association of Hong Kong G/F, Block 3, Prosperous Garden, Ching Ping Street, Yaumatei, Kowloon	2388 9330	2782 7111	50
	Shamshuipo	Sheung Li Uk Adult Training Centre The Society of Homes for the Handicapped G/F, Crownin Garden, 2A Po On Road, Shamshuipo, Kowloon	2958 0331	2729 3581	50

Region	District	Name /Address	Tel	Fax	Capacity
		Cheung Sha Wan Adult Training Centre The Society of Homes for the Handicapped 3/F, Cheung Sha Wan Community Centre, 55 Fat Tseung Street, Shamshuipo, Kowloon	2360 0364	2361 1467	50
		Nam Shan Day Activity Centre Wai Ji Christian Service G/F Nam Ming House, Nam Shan Estate, Shek Kip Mei, Kowloon	2784 6687	2994 1138	50
NT (Tsuen Wan/Kwai Tsing)	Kwai Tsing	Cho Yiu Adult Training Centre The Society of Homes for the Handicapped G/F, Kai Kwong House, Cho Yiu Chuen, Kwai Chung, NT	2370 3836	2742 6217	50
	Tsuen Wan	Tsuen Wan Day Activity Centre Mental Health Association of Hong Kong G/F, Belvedere Garden Phase II, 620 Castle Peak Road, Tsuen Wan, NT	2490 3884 2490 5735	2498 4699	50
		Lei Muk Shue Centre Hong Chi Association Unit 9-18, G/F, Block 3, Lei Muk Shue Estate, Kwai Chung, NT	2489 9039	2489 0087	50
NT (Shatin/Tai Po/ North)	Shatin	Lung Hang Centre Mental Health Association of Hong Kong G/F, Lok Sam House, Lung Hang Estate, Shatin, NT	2695 9060	2681 2122	40
		Chun Shek Adult Training Centre The Society of Homes for the Handicapped G/F, Shek Ying House, Chun Shek Estate, Shatin, NT	2699 2969	2699 2976	50
	Tai Po	Hong Chi Tai Po (South) Centre Hong Chi Association 3/F, Tai Po Community Centre, Heung Sze Wui Street, Tai Po, NT	2651 2889	2653 3114	40
		Hong Chi Wan Tau Tong Centre Hong Chi Association Unit 118-128, 1/F, Wan Loi House, Wan Tau Tong Estate, Tai Po, NT	2638 3112	2658 0061	10
NT (Tuen Mun/Yuen Long)	Tuen Mun	Shan King Adult Training Centre The Society of Homes for the Handicapped 2/F, Community Recreational Building, Shan King Estate, Tuen Mun, NT	2464 6126	2462 5050	50
		Tai Tung Pui Day Activity Centre Tung Wah Group of Hospitals 5/F Tai Tung Pui Social Service Building, 32 Tsing Sin Street, Tuen Mun, NT	2450 8155	2430 1900	50

Day Activity Centres and Hostels

Region	District	Name/Address	Tel	Fax	Capacity
Hong Kong	Eastern	Hing Wah Adult Training Centre The Society of Homes for the Handicapped 401-409 Wo Hing House, Hing Wah Estate, Chai Wan, Hong Kong	2558 0244	2558 4269	50
		Priscilla Home - Adult Training Centre The Society of Homes for the Handicapped Room 103, 1/F, Lee Ga Building 121-135 Sai Wan Ho Street, Shau Kei Wan, Hong Kong	2567 3144	2513 6549	15 M
		Fong Shu Chuen Day Activity Centre & Hostel Tung Wah Group Hospitals 6-7 Fong Shu Chuen Social Service Building 6 Po Man Street, Shau Kei Wan, Hong Kong	2859 7889	2859 7881	50
		Sunny Integrated Development Centre & Sunny Residence St. James' Settlement 6/F & 7/F, Carpark Block, Hing Wah (I) Estate, Chai Wan, Hong Kong	2896 3119	2896 6609	50
	Islands	Fu Tung Training Centre & Hostel The Spastics Association of Hong Kong G/F, 1/F & Room 221-222 Tung Po House Fu Tung Estate, Tung Chung, Lantau	2109 3195	2109 3192	52
	Southern	Caritas Lok Fung Day Activity Centre & Lok Shing Hostel Caritas - Hong Kong G/F, Wah Hau House, Wah Kwai Estate, Aberdeen, Hong Kong	2875 5768	2550 7487	40
		Lei Tung Lutheran Day Activity Centre & Hostel Hong Kong Lutheran Social Service No 118-123, Tung On House, Lei Tung Estate, Apleichau, Hong Kong	2871 1913	2871 1282	47
		Tsin Cheung Day Activity Centre & Hostel Tung Wah Group of Hospitals 2/F, Block D, TWGHs Jockey Club Rehabilitation Complex 4 Welfare Road, Wong Chuk Hang, Hong Kong	2870 9163	2859 7881	50
		Tsin Hang Day Activity Centre & Hostel Tung Wah Group of Hospitals 2/F, Block A, TWGHs Jockey Club Rehabilitation Complex 4 Welfare Road, Wong Chuk Hang, Hong Kong	2870 9256	2554 0858	50
		Tsin Kan Day Activity Centre & Hostel Tung Wah Group of Hospitals 1/F, Block A, TWGHs Jockey club Rehabilitation Complex 4 Welfare Road, Wong Chuk Hang, Hong Kong	2870 9196	2554 0304	50

Region	District	Name/Address	Tel	Fax	Capacity
		Tsin Ngai Day Activity Centre & Hostel Tung Wah Group of Hospitals 3/F, Block A, TWGHs Jockey club Rehabilitation Complex 4 Welfare Road, Wong Chuk Hang, Hong Kong	2870 9276	2554 1709	50
		Tsin Shing Day Activity Centre & Hostel Tung Wah Group of Hospitals 4/F, Block A, TWGHs Jockey Club Rehabilitation Complex 4 Welfare Road, Wong Chuk Hang, Hong Kong	2870 9296	2554 1624	50
		Tsin Yin Day Activity Centre & Hostel Tung Wah Group of Hospitals G/F, Block A, TWGHs Jockey Club Rehabilitation Complex 4 Welfare Road, Wong Chuk Hang, Hong Kong	2870 9176	2554 8830	50
		Si Lok Adult Training Centre The Society of Homes for the Handicapped 3/F, 85 Yue Kwong Road, Aberdeen, Hong Kong	2870 1134	2870 1210	50
		Yi Lok Adult Training Centre The Society of Homes for the Handicapped 2/F, 85 Yue Kwong Road, Aberdeen, Hong Kong	2870 1143	2870 1207	50
Kowloon East	Kwun Tong	Dick Chi Day Activity Centre & Hostel Christian Family Service Centre 5-6/F, Christian Family Service Centre Headquarters 3 Tsui Ping Road, Kwun Tong, Kowloon	2951 9322	2304 4708	50
		Lok Wah Adult Training Centre The Society of Homes for the Handicapped Wing A & B, G/F, Hei Wah House; Lok Wah South Estate, Kowloon	2796 9244	2758 6691	41
		Shun Lee Adult Training Centre The Society of Homes for the Handicapped 3/F, Lee Hong House, Shun Lee Estate, Kwun Tong, Kowloon	2341 6357	2304 0287	32
		Shun Tin Centre & Hostel Mental Health Association of Hong Kong G/F, Tin Hang House, Shun Tin Estate, Kwun Tong, Kowloon	2790 0966	2763 5484	52 F
	Tseung Kwan O	Caritas Lok Him Day Activity Centre & Lok King Hostel Caritas - Hong Kong G/F, Verbena Heights, Tseung Kwan O, Kowloon	2997 0115	2843 4695	50
		Haven of Hope Ming Tak Day Activity Centre & Hostel Haven of Hope Christian Service 1/F, Ming Tao House, Ming Tak Estate, Tseung Kwan O, Kowloon	2706 6931	2706 6961	56
		Haven of Hope Po Lam Day Activity Centre & Hostel Haven of Hope Christian Service 2/F, Po Kan House, Po Lam Estate, Tseung Kwan O, Kowloon	2702 8389	2702 0234	49

Region	District	Name/Address	Tel	Fax	Capacity
		Po Lam Day Activity Centre & Hostel Wai Ji Christian Service G/F, Po Ning House (East), Po Lam Estate, Tseung Kwan O, Kowloon	2701 7778	2703 7235	50
	Wong Tai Sin	HKBF Hong Chi Fung Tak Day Activity Centre & Tung Tau Hostel Hong Chi Association G/F, Kwai Tung House, Tung Tau Estate, Wong Tai Sin, Kowloon	2327 0090	2716 9000	44
		NAAC Lower Wongtaisin Day Activity Centre & Hostel Neighbourhood Advice Action Council G/F, Lung Moon House, Lower Wong Tai Sin Estate, Wong Tai Sin, Kowloon	2326 8301	2326 1048	40
		Lok Fu Hostel Mental Health Association of Hong Kong UG/F, Lok Tai House, Lok Fu Estate, Wong Tai Sin, Kowloon	2338 1300	2336 7521	33
Kowloon West	Kowloon City	Homantin Lutheran Hostel Hong Kong Lutheran Social Service L5, Yan Man House, Homantin Estate, Fat Kwong Street, Homantin, Kowloon	2242 1919 2242 1920	2242 1661	50
		Shamshuipo	Chak On Adult Training Centre The Society of Homes for the Handicapped G/F, Wah Chak House, Chak On Estate, Shamshuipo, Kowloon	2788 2533	2784 6615
		Morning Glory Day Activity Centre & Hostel Hong Kong Society for the Blind 248 Nam Cheong Street, Sham Shui Po, Kowloon	2778 8332 Ext.337	2788 0040	60
NT (Tsuen Wan/Kwai Tsing)	Kwai Tsing	Caritas Chan Chun Ha Day Activity Centre & Hostel Caritas - Hong Kong 227-252, Wing A, On Tao House, Cheung On Estate, Tsing Yi, NT	2433 0600	2431 4343	37
		Cheung Hong Hostel & Day Activity Centre Social Welfare Department Level 2 & 3 Hong Cheung House, Cheung Hong Estate, Tsing Yi, NT	2432 1774	2433 7321	50
		Grace Day Activity Centre & Hostel Evangelical Lutheran Church Social Service - Hong Kong Fung Yat Social Service Complex, 364 Kwai Shing Circuit, Kwai Chung, NT	2418 9090	2419 2121	52
		Lai King Home The Salvation Army 200 Lai King Hill Road, Kwai Chung, NT	2744 1511	2744 9766	100
		Lai Yiu Adult Training Centre The Society of Homes for the Handicapped Level 204 Shopping Block, Lai Yiu Estate, Kwai Chung, NT	2745 0014	2310 8177	72
	Tsuen Wan	Father Tapella Home The Society of Homes for the Handicapped 201-207, Shek Fong House, Shek Wai Kok Estate, Tsuen Wan, NT	2490 9080	2415 4000	32

Region	District	Name/Address	Tel	Fax	Capacity
		Budda Light Association of Hong Kong Day Activity Centre & Hostel I Yan Chai Hospital 2/F, Yan Chai Hospital Multi-Service Complex 18 Yan Chai Street, Tsuen Wan, NT	24395115	24396416	52
		Budda Light Association of Hong Kong Day Activity Centre & Hostel II Yan Chai Hospital 2/F, Yan Chai Hospital Multi-Service Complex 18 Yan Chai Street, Tsuen Wan, NT	24395115	24396416	51
NT (Shatin/Tai Po/North)	Shatin	82 Hin Keng Centre & Hostel Po Leung Kuk G/F & 1/F, Hin Pui House, Hin Keng Estate, Shatin, NT	2605 6801	2697 8929	52 F
		Wo Che Hostel The Society of Homes for the Handicapped Unit 102-109, 111-114, High Block, Tai Wo House, Wo Che Estate, Shatin, NT	2692 6606	2693 0816	36
		Lung Hang Centre & Hostel Mental Health Association of Hong Kong G/F, Lok Sam House, Lung Hang Estate, Shatin, NT	2695 9060	2681 2122	43 M
		Y C Cheng Centre & Hostel Po Leung Kuk 9 Yau Ting Street, Tai Wai, Shatin, NT	2699 3355	2697 1773	206
	Tai Po	Wan Tau Tong Day Activity Centre & Jockey Club Tai Yuen Hostel Hong Chi Association G/F, Tai Lok House, Tai Yuen Estate, Tai Po, NT	2666 6664	2666 9574	44
NT (Tuen Mun/Yuen Long)	Tuen Mun	Leung King Adult Training Centre The Society of Homes for the Handicapped G/F, Leung Shiu House, Leung King Estate, Tuen Mun, NT	2454 5223	2454 5458	35
		On Ting Day Activity Centre & Hostel Wai Ji Christian Service G/F, Ting Tak House, On Ting Estate, Tuen Mun, NT	2457 1108	2457 5808	50
		Tai Tung Pui Day Activity Centre & Hostel Tung Wah Group of Hospitals 4/F, Tai Tung Pui Social Service Building, 32 Tsing Sin Street, Tuen Mun, NT	2450 8058	2441 4996	53
		Bradbury Tin King Day Activity Centre & Hostel Wai Ji Christian Service G/F & 1/F, Block 15, Tin Tun House, Tin King Estate, Tuen Mun, NT	2465 0098	2462 5199	50
		Wu King Day Activity Centre & Hostel Hong Kong Sheng Kung Hui Welfare Council G/F, Wu Fai House, Wu King Estate, Tuen Mun, NT	2468 0386	2464 4670	53

Region	District	Name/Address	Tel	Fax	Capacity
		Yau Oi Day Activity Centre & Hostel Neighbourhood Advice Action Council G/F, High & Low Block, Oi Shun House, Yau Oi Estate, Tuen Mun, NT	2450 3086	2452 0366	50
	Yuen Long	Hong Chi Shui Choi Centre & Hostel Hong Chi Association G/F & 1/F, Shui Choi House, Tin Shui Estate, Tin Shui Wai, NT	2445 6111	2445 6219	54

Supported Hostels for Mentally Handicapped Persons

Region	District	Name/Address	Tel	Fax	Capacity
NT (Shatin/Tai Po/North)	Tai Po	Hong Chi Fu Heng Hostel Hong Chi Association Unit 107-126, Heng Shing House, Fu Heng Estate, Tai Po, NT	2662 9218	2667 7138	40
NT (Tuen Mun/Yuen Long)	Tuen Mun	Yau Chong Home The Society of Homes for the Handicapped 396 Castle Peak Road Hin Fat Lane, Castel Peak Bay, Tuen Mun, NT	2404 8538	2404 8538	20
	Yuen Long	Yuet Ping Supported Hostel Wai Ji Christian Service Unit 204-214, Yuet Ping House, Long Ping Estate, Yuen Long, NT	2443 3385	2475 2879	40

Supported Hostel for Physically Handicapped Persons

Region	District	Name/Address	Tel	Fax	Capacity
Kowloon East	Wong Tai Sin	Lung Tai Hostel The Spastics Association of Hong Kong Wing C, G/F, Lung Tai House, Lower Wong Tai Sin Estate, Kowloon	2321 6136	2321 6273	24

Supported Hostel for Visually and Mentally Handicapped Persons

Region	District	Name/Address	Tel	Fax	Capacity
Kowloon West	Kowloon City	Bradbury Home Hong Kong Society for the Blind Flat F, 6/F, Gallant Court, 240-246 Prince Edward Road, Kowloon	2778 8332	2788 0040	10

Supported Housing for Physically Handicapped Persons

Region	District	Name/Address	Tel	Fax	Capacity
NT (Tuen Mun/Yuen Long)	Tuen Mun	Leung King Home The Spastics Association of Hong Kong Room 412, Leung Yin House, Leung King Estate, Tuen Mun, NT	2454 6637	2455 6245	17

Care and Attention Homes for Severely Disabled Persons

Region	District	Name/Address	Tel	Fax	Capacity
Hong Kong	Eastern	Ching Lan Home The Society of Homes for the Handicapped 2/F, Block F, Pamela Youde Nethersole Eastern Hospital 3 Lok Man Road, Chai Wan, Hong Kong	2896 2123	2896 2496	50
		Oi Wah Home Society of Homes for the Handicapped 1-2/F, Block F, Pamela Youde Nethersole Eastern Hospital 3 Lok Man Road, Chai Wan, Hong Kong	2896 2543	2896 3673	50
	Southern	Kin Yee Home Tung Wah Group of Hospitals 2/F, Block B, TWGHs Jockey Club Rehabilitation Complex 4 Welfare Road, Aberdeen, Hong Kong	2870 9323	2554 2632	50
		Kin Fai Home Tung Wah Group of Hospitals 3/F, Block B, TWGHs Jockey Club Rehabilitation Complex 4 Welfare Road, Aberdeen, Hong Kong	2870 9353	2554 3570	50
		Kin Yat Home Tung Wah Group of Hospitals 4/F, Block B, TWGHs Jockey Club Rehabilitation Complex 4 Welfare Road, Aberdeen, Hong Kong	2870 9363	2554 3754	50
	NT (Tsuen Wan/Kwai Tsing)	Kwai Tsing	Bradbruy Sheung Kit Home Society of Homes for the Handicapped No.9 Bungalow-Tsuen Wan Filter Station, Shing Mun Road, Sheung Kwai Chung, NT	2412 7611	2412 0732
Lai Yiu Home Society of Homes for the Handicapped Level 204, Shopping Block, Lai Yiu Estate, Kwai Chung, NT			2742 1112	2785 1660	50
Tsuen Wan		Bradbury Siu Hong Home Society of Homes for the Handicapped Shing Mun Waterworks Bungalow, Lower Shing Mun Road, Tsuen Wan, NT	2484 1000	2401 0045	20
NT (Shatin/Tai Po/North)	North	Jockey Club Bradbury Wah Sum Care Centre The Spastics Association of Hong Kong G/F, Wah Min House, Wah Sum Estate, Fanling, NT	2682 5166	2682 5260	50
NT (Tuen Mun/Yuen Long)	Yuen Long	Tin Shui Home Mental Health Association of Hong Kong 1 & 2/F, Shui Choi House, Tin Shui Estate, Tin Shui Wai, NT	2617 8781	2446 1776	50

Region	District	Name/Address	Tel	Fax	Capacity
		Tin Yiu Home Society of Homes for the Handicapped Room 203-206, Yiu Lung House, Tin Yiu Estate, Tin Shui Wai, NT	2617 6161	2448 4242	50

Training and Activity Centres for Ex-mentally Ill Persons

Region	District	Name/Address	Tel	Fax	Capacity
Hong Kong	Wanchai	Lai Kwan Activity Centre Baptist Oi Kwan Social Service 4/F, 36 Oi Kwan Road, Wanchai, Hong Kong	2572 4365 Ext 440	2834 4473	50
Kowloon East	Kwun Tong	Kwun Tong Amity Centre Mental Health Association of Hong Kong 4/F, Sai Tso Wan Neighbourhood Community Centre 6 Cha Kwo Ling Road, Kwun Tong, Kowloon.	2346 0709	2348 2428	50
Kowloon West	Shamshuipo	New Life Building Training and Activity Centre New Life Psychiatric Rehabilitation Association New Life Building, 332 Nam Cheong Street, Shamshuipo, Kowloon	2319 2103	2351 7871	50
NT (Tuen Mun/Yuen Long)	Tuen Mun	Tuen Mun Training and Activity Centre New Life Psychiatric Rehabilitation Association G/F, On Ting/Yau Oi Community Centre, Tuen Mun, NT	2450 2172	2441 5625	30

Halfway Houses

Region	District	Name/Address	Tel	Fax	Capacity	
Hong Kong	Chai Wan	Wan Tsui Halfway House Richmond Fellowship of Hong Kong G/F, Fu Tsui House, Wan Tsui Estate, Chai Wan, Hong Kong	2558 8449	2558 3914	40	
	Shaukeiwan	Shaukeiwan Halfway House The Society for the Rehabilitation of Offenders No. 8, Tai Lok Street, Shaukeiwan, Hong Kong	2567 8679	2885 1037	40	
	Wanchai	Lok Kwan Halfway House Baptist Oi Kwan Social Service 5/F, Tang Shiu Kin Social Service Centre, 36 Oi Kwan Road, Wanchai, Hong Kong	2572 4365 Ext. 550	2834 4473	35	
	Southern		Yuet Kwan Home The Society of Homes for the Handicapped 4/F, 85 Yue Kwong Road, Aberdeen, Hong Kong	2870 1162	2870 1201	40
			Yuet Chi Home The Society of Homes for the Handicapped 5/F, 85 Yue Kwong Road, Aberdeen, Hong Kong	2870 1184	2870 1201	40
			Yuet Hang Home The Society of Homes for the Handicapped 6/F, 85 Yue Kwong Road, Aberdeen, Hong Kong	2870 1193	2870 1198	40
			Lei Tung Halfway House New Life Psychiatric Rehabilitation Association 1111-1114 & 209-216, Tung Yat House, Lei Tung Estate, Apleichau, Hong Kong	2874 7770	2871 4729	40
	Kowloon East	Kwun Tong	Jockey Club Building (1) Halfway House Mental Health Association of Hong Kong Jockey Club Building, 2 Kung Lok Road, Kwun Tong, Kowloon	2172 6036	2172 6219	40
Jockey Club Building (2) Halfway House Mental Health Association of Hong Kong Jockey Club Building, 2 Kung Lok Road, Kwun Tong, Kowloon			2172 7970	2340 5955	40	
Tseung Kwan O		Tsui Lam Halfway House Christian Family Service Centre G/F, Hong Lam House, Tsui Lam Estate, Tseung Kwan O, Kowloon	2703 6249	2706 3114	40	
		Sheung Tak House Richmond Fellowship of Hong Kong G/F, Sheung Chun House, Sheung Tak Estate, Tseung Kwan O, Kowloon	2178 0965	2178 0966	40	
Wong Tai Sin		Choi Wan Halfway House Mental Health Association of Hong Kong 208-215 Pak Fung House, Choi Wan Estate, Kowloon	2756 8267	2707 0064	30	

Region	District	Name/Address	Tel	Fax	Capacity
		Irene House Mental Health Association of Hong Kong G/F, Lung Gut House, Lower Wong Tai Sin Estate, Kowloon	2320 2511	2327 8596	40
		Chuk Yuen Halfway House New Life Psychiatric Rehabilitation Association G/F, No.102-107 & 201-208, Mui Yuen House Chuk Yuen North Estate, Kowloon	2327 4926	2246 0945	40
Kowloon West	Shamshuipo	Lei Cheng Uk Halfway House Mental Health Association of Hong Kong G/F, Wing B, Hau Chi House, Lei Cheng Uk Estate, Shamshuipo, Kowloon	2725 9232	2720 7974	40
		New Life Building (1) Halfway House New Life Psychiatric Rehabilitation Association New Life Building, 332 Nam Cheong Street, Shamshuipo, Kowloon	2776 7318	2994 9220	40
		New Life Building (2) Halfway House New Life Psychiatric Rehabilitation Association New Life Building, 332 Nam Cheong Street, Shamshuipo, Kowloon	2776 8072	2994 9220	40
		New Life Building (3) Halfway House New Life Psychiatric Rehabilitation Association New Life Building, 332 Nam Cheong Street, Shamshuipo, Kowloon	2776 1086	2994 9220	40
NT (Shatin/Tai Po/North)	Shatin	Sun Chui Halfway House New Life Psychiatric Rehabilitation Association G/F, Low Block, Sun Chun House, Sun Chui Estate, Shatin, NT	2606 7456	2693 0172	40
		Pok Hong Halfway House New Life Psychiatric Rehabilitation Association No. 10, G/F, Block 6, Pok Yat House, Pok Hong Estate, Shatin, NT	2646 1884	2632 7570	40
		Chun Shek Halfway House The Society for the Rehabilitation of Offenders Room 301-320, Shek Yuk House, Chun Shek Estate, Shatin, NT	2695 4863	2607 2600	40
		Hin Keng Halfway House Mental Health Association of Hong Kong G/F, & 1/F, Hin Yau House, Hin Keng Estate, Shatin, NT	2695 7805	2691 2507	40
	Ma On Shan	Yiu On Halfway House Steward's Limited 1/F, Yiu Shun House, Yiu On Estate, Ma On Shan, Shatin, NT	2641 1887	2641 1990	40
Tai Po	Kwong Fuk Halfway House Mental Health Association of Hong Kong B105-108, B201-208, Kwong Shung House, Kwong Fuk Estate, Tai Po, NT	2651 8948	2656 9211	40	

Region	District	Name/Address	Tel	Fax	Capacity
NT (Tsuen Wan/Kwai Tsing)	Kwai Chung	Shek Lei Halfway House New Life Psychiatric Rehabilitation Association No. 1, G/F, Shek Yat House, Shek Lei (1) Estate, Kwai Chung, NT	2426 7577	2425 3209	40
	Tsing Yi	Yan Kwan Halfway House Baptist Oi Kwan Social Service G/F, Yee Wai House, Tsing Yi Estate, Tsing Yi, NT	2433 6414	2433 6242	40
NT (Tuen Mun/Yuen Long)	Tuen Mun	Shan King Halfway House New Life Psychiatric Rehabilitation Association C208-212 King Wah House, Shan King Estate, Tuen Mun, NT	2462 6481	2469 9545	40
		Tuen Mun Halfway House New Life Psychiatric Rehabilitation Association G/F, No. 15-21 & 26-32, Block 1, Sun Fat Estate, Tuen Mun, NT	2459 8080	2452 4023	40
		Jockey Club Farm House New Life Psychiatric Rehabilitation Association 33 Sun Fuk Road, Tuen Mun, NT	2461 2818	2469 9645	40
		Chan Chun Ha Yee Tsui House The Society for the Rehabilitation of Offenders Butterfly Bay Park, Lung Mun Road, Pak Kok, Tuen Mun, NT	2618 8713	2618 8207	20
	Yuen Long	Yuen Long Halfway House The Society for the Rehabilitation of Offenders 3/F, Block 3, Yuen Long Estate, NT	2476 0406	2443 3797	30
		Ping Shan Halfway House Richmond Fellowship of Hong Kong DD122, Ping Shan Lane, Ping Shan, Yuen Long, NT	2478 6983	2478 4059	22

Supported Hostel for Ex-mentally Ill Persons

Region	District	Name/Address	Tel	Fax	Capacity
NT (Shatin/Tai Po/North)	Shatin	Tsun Kwan Supported Hostel Baptist Oi Kwan Social Service 2/F & 3/F, Shatin Baptist Church Bradbury Social Services Building 1 Lek Yuen Street, Shatin, NT	2608 2698	2608 2714	20

Long Stay Care Homes

Region	District	Name/Address	Tel	Fax	Capacity
Hong Kong	Southern	Yeung Sing Memorial Long Stay Care Home Tung Wah Group of Hospitals 2 Wong Chuk Hang Path, Wong Chuk Hang, Hong Kong	2814 2814	2518 8145	170
Kowloon West	Shamshuipo	New Life Building Long Stay Care Home New Life Psychiatric Rehabilitation Association New Life Building, 332 Nam Cheong Street, Shamshuipo, Kowloon	2776 2820	2779 7431	200
NT (Tuen Mun/Yuen Long)	Tuen Mun	Tuen Mun Long Stay Care Home New Life Psychiatric Rehabilitation Association Tuen Mun Lot. 254, Area 3 Tuen Mun, NT	2454 3866	2454 0980	200

Homes for the Aged Blind

Region	District	Name/Address	Tel	Fax	Capacity
Hong Kong	Southern	Ebenezer Care and Attention Home Ebenezer School & Home for the Visually Impaired 131 Pokfulam Road, Hong Kong	28171730	28174872	20
Kowloon West	Shamshuipo	Kowloon Home for the Aged Blind Hong Kong Society for the Blind 6/F, 248 Nam Cheong Street, Shamsuipo, Kowloon	27788332 Ext.369	27880040	42
NT (Tuen Mun/Yuen Long)	Tuen Mun	Jockey Club Tuen Mun Home For the Aged Blind Hong Kong Society for the Blind 8 Tsin Fuk Lane, Tuen Mun, NT	24688222	24645895	60
	Yuen Long	Yuen Long Home for the Aged Blind Hong Kong Society for the Blind 155-175 On Ning Road, Yuen Long, NT	24750114	24776119	74

Care & Attention Homes for the Aged Blind

Region	District	Name/Address	Tel	Fax	Capacity
Hong Kong	Southern	Ebenezer Care And Attention Home Ebenezer School & Home for the Visually Impaired 131 Pokfulam Road, Hong Kong	28171730	28174872	25
		Yee King Care and Attention Home Tung Wah Group of Hospitals 5/F, Block C, TWGHs Jockey Club Rehabilitation Complex, 4 Welfare Road, Wong Chuk Hang, Hong Kong	28709115	25544396	50
		Yee Tai Care and Attention Home Tung Wah Group of Hospitals 4/F, Block C, TWGHs Jockey Club Rehabilitation Complex, 4 Welfare Road, Wong Chuk Hang, Hong Kong	28709373	25543963	50
		Yee Hong Care and Attention Home Tung Wah Group of Hospitals 3/F, Block C, TWGHs Jockey Club Rehabilitation Complex, 4 Welfare Road, Wong Chuk Hang, Hong Kong	28709393	25544621	50
		Yee Lok Care and Attention Home Tung Wah Group of Hospitals 2/F, Block C, TWGHs Jockey Club Rehabilitation Complex, 4 Welfare Road, Wong Chuk Hang, Hong Kong	28709383	25544396	50

Region	District	Name/Address	Tel	Fax	Capacity
		Yee Yeung Care and Attention Home Tung Wah Group of Hospitals 1/F, Block C, TWGHs Jockey Club Rehabilitation Complex, 4 Welfare Road, Wong Chuk Hang, Hong Kong	28709378	25544197	50
		Yee On Care and Attention Home Tung Wah Group of Hospitals G/F, Block C, TWGHs Jockey Club Rehabilitation. Complex, 4 Welfare Road, Wong Chuk Hang, Hong Kong	28709373	25543963	50
Kowloon West	Shamshuipo	Kowloon Home for the Aged Blind Hong Kong Society for the Blind 6/F, 248 Nam Cheong Street, Shamshuipo, Kowloon	27788332 Ext.369	27880040	52
	Kowloon City	Bradbury C & A Home for the Aged Blind Hong Kong Society for the Blind 19 Mok Cheong Street, Tokwawan, Kowloon	23333782	23309401	52
NT (Tuen Mun/Yuen Long)	Tuen Mun	Jockey Club Tuen Mun Home For the Aged Blind Hong Kong Society for the Blind 8 Tsing Fuk Lane, Tuen Mun, NT	24688222	24645895	152
	Yuen Long	Yuen Long Home for the Aged Blind Hong Kong Society for the Blind 155-175 On Ning Road, Yuen Long, NT	24760114	24776119	28