

Application Form for Respite Service for Elders

Part I : Personal Information

(1) Particulars of applicant:

Name of applicant: _____ () Sex: _____

HKIC No.: _____ Age: _____ Marital Status: _____

Address: _____

_____ Tel.: _____

Religion: _____ Native Place: _____ Dialect Used: _____

(2) Particulars of care-giver (i.e. contact person):

Name: _____ Sex: _____ Relationship: _____

Address: _____

_____ Tel.: _____ Mobile/Pager: _____

(3) Particulars of family members and relatives (please fill in if information is available):

Name	Relationship with applicant	Sex	Age	Occupation	If not living with applicant, give address & telephone number

For emergency contact:

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

Address: _____

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

Address: _____

(4) Financial status & income (Please ✓ appropriate items)

- On Comprehensive Social Security Assistance : -
(* standard rate only/ Normal Disability Allowance/ Higher Disability Allowance)
 - On Disability Allowance only : -
(* Normal Disability Allowance/ Higher Disability Allowance)
 - On Old Age Allowance only
- * delete where inappropriate

Part II : Medical and Health Condition

(5) **Physical and mental condition** (Please ✓ appropriate items)

Any obvious disability and disfigurement (e.g. amputation, spastic, etc) (If yes, please specify)

Other conditions :

Vision: wearing glasses Yes No

Sight: adequate for self-care Yes No
certified blind Yes No

Hearing for Normal Communication: Adequate Inadequate Deaf

Dental Condition: Adequate Poor Wearing denture

Incontinence: *Urine* – Yes No *Faeces* – Yes No

Speech: Adequate
 Speech Defect (Please elaborate: _____)
 No speech

Mental Status: Normal
 Senile dementia
 With disturbing behaviour (Please elaborate: _____)

Mobility*: Walk independently/ satisfactorily with aids/ poorly even with aids
 Chairbound/ Bedbound/ paralysed with aids
 Frequently falls
Type of aid: _____

* Delete where inappropriate

(6) 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"/>

Part III : Application for Respite Service

(7) Type of respite service applied and recommended (Please ✓ appropriate items)

Home for the Aged Care-and-Attention Home Nursing Home

(8) Period of respite service requested

From _____ to _____

(9) Record on the period of respite service used (i.e. the period within the 12 months preceding the date of admission for respite service used this time)

- No
- Yes (Please specify)

from _____ to _____
from _____ to _____
from _____ to _____

(10) Main reason for application (Please enter one major reason only)

- Carer has to leave Hong Kong for a period
- Temporary absence of domestic helper
- Carer wants a short break
- Relieve burden of caring for the elderly
- Carer has important personal matters to handle
- Carer is expected to be hospitalised
- Others: (Please specify: _____)

(11) Remarks

(12) Referring Agency

Name of agency: _____

Address: _____

Reference No.: _____ Tel. No.: _____

Referring Social Worker

Countersigning Officer

Signature : _____

Signature : _____

Name : _____

Name : _____

Post : _____

Post : _____

Tel. No. : _____

Tel. No. : _____

Date : _____

Date : _____