

Application Form for Emergency Placement Service for Elders

To : Superintendent

 (Name of Home)

Fax No. : _____

Date : _____

Part I : Personal Information

(1) Particulars of applicant

Name of applicant: _____ () Sex: M / F

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

Address: _____
 _____ Tel.: _____

Religion: _____ Native Place: _____ Dialect Used: _____

(2) Particulars of care-giver

Name: _____ () Sex: M / F 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 : -
 (* Able-bodied or 50% disabled / 100% disabled / Requiring constant attendance)
- On Disability Allowance only : -
 (* Normal Disability Allowance/ Higher Disability Allowance)
- On Old Age Allowance only
- Others (Please specify: _____)

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)

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 Condition: Stable Sad
 Confused Anxious
 Disturbing behaviour (Please elaborate: _____)
 Others (Please specify: _____)

- Mobility: Independent
 Self-ambulatory with walking aid or wheelchair
 Always need personal escort
 Bedridden

(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 Emergency Placement Service

(7) Type of emergency placement service applied and recommended

(Please ✓ appropriate item)

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

(8) Period of emergency placement service requested

From _____ to _____

(9) Main reason for application (Please ✓ appropriate items and specify where necessary)

- Homeless
 Eviction
 Discharged from hospital without caregivers
 Relationship problem at existing residence
 Suspected elder abuse

Unforeseeable absence of care-givers

Others

(Please specify: _____)

(10) Remarks

(Please put down any other relevant information worth drawing the attention of care-givers, e.g. significant events, risk factors, etc.)

(11) Referring Agency

Name of agency: _____

Address: _____

Reference No.: _____ Tel. No.: _____ Fax No.: _____

I shall be responsible for the welfare and discharge plan of the applicant being referred for emergency placement.

Referring Social Worker

Countersigning Officer

Signature : _____

Signature : _____

Name : _____

Name : _____

Post : _____

Post : _____

Tel. No. : _____

Tel. No. : _____

Date : _____

Date : _____

The personal data collected will be used for the purpose of referral for an emergency placement in residential care home for the elderly or nursing home and may be disclosed to parties concerned on a need-to-know basis. The applicant may request access to and correction of their personal data, except when the data has been erased after fulfilling the purpose of collection and necessary retention period.