Central Referral System for Rehabilitation Services (CRSRehab) Manual of Procedures

September 2016 (Revised Edition)
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</thead>
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</tr>
<tr>
<td></td>
<td>Forms of CRSRehab-ExMI</td>
</tr>
<tr>
<td></td>
<td>Forms of CRSRehab-AB</td>
</tr>
<tr>
<td></td>
<td>Forms of CRSRehab-SGHMMHC</td>
</tr>
<tr>
<td></td>
<td>Forms of CRSRehab-SE</td>
</tr>
</tbody>
</table>

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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 persons, 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:

<table>
<thead>
<tr>
<th>Age</th>
<th>0 to 6</th>
<th>6 to 18</th>
<th>15 and above</th>
<th>60 and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target group</td>
<td>Disabled Pre-schoolers</td>
<td>Mentally Handicapped</td>
<td>Mentally Handicapped</td>
<td>Physically Handicapped</td>
</tr>
<tr>
<td>Subsystem</td>
<td>CRSRehab-PS</td>
<td>CRSRehab-MPH</td>
<td>CRSRehab-ExMI</td>
<td>CRSRehab-AB</td>
</tr>
<tr>
<td>Day Training</td>
<td>Early Education and Training Centre</td>
<td></td>
<td>Supported Employment / Sheltered Workshop¹ / Integrated Vocational Rehabilitation Services Centre</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Special Child Care Centre</td>
<td></td>
<td>Day Activity Centre</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Integrated Programme in Kindergarten-cum-Child Care Centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Service</td>
<td>Residential Special Child Care Centre</td>
<td>Small Group Home for Mildly Mentally Handicapped Children</td>
<td>Supported Hostel</td>
<td>Care &amp; Attention Home for the Aged Blind</td>
</tr>
<tr>
<td></td>
<td>Integrated Small Group Home</td>
<td>Hostel for Moderately Mentally Handicapped Persons ²</td>
<td>Halfway House</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hostel for Severely Mentally Handicapped Persons</td>
<td>Hostel for Severely Physically Handicapped Persons</td>
<td>Halfway House (with Special Provision)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hostel for Severely Physically Handicapped Persons with Mental Handicapped</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Care &amp; Attention Home for Severely Disabled Persons</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ Includes the Factory for the Blind, operated by the Hong Kong Society for the Blind.

² Hostel for Moderately Mentally Handicapped Persons and Long Stay Care Home have also provided the placements under the Bought Place Scheme
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 (SWD) in 1987 and 1988 respectively. These two referral systems have been incorporated together since April 2000 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 was originally composed of 4 subsystems that cater for persons with different disabilities upon inception. It has been further expanded to include a new waiting list on Small Group Home for Mildly Mentally Handicapped Children / Integrated Small Group Home in 2000 and Supported Employment (SE) service in October 2000. 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)
Subsystem for Small Group Home for Mildly Mentally Handicapped Children (CRSRehab-SGHMMHC)
Subsystem for the Supported Employment (CRSRehab-SE)
1.4  The contact telephone numbers for general enquiries for the respective subsystems are summarized as below:

<table>
<thead>
<tr>
<th>Subsystem</th>
<th>Contact Tel. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRSRehab-PS</td>
<td>2892 5139</td>
</tr>
<tr>
<td>CRSRehab-MPH</td>
<td>2892 5141 / 2892 5565</td>
</tr>
<tr>
<td>CRSRehab-SE</td>
<td>2892 5344</td>
</tr>
<tr>
<td>CRSRehab-ExMI</td>
<td></td>
</tr>
<tr>
<td>CRSRehab-AB</td>
<td>2892 5134 / 2892 5347</td>
</tr>
<tr>
<td>CRSRehab-SGHMMHC</td>
<td></td>
</tr>
</tbody>
</table>

1.5  Description of available services and the admission criteria are detailed in the Homepage of SWD (http://www.swd.gov.hk).

1.6  For CRSRehab-PS, please refer to Manual of Procedures of Central Referral System for Rehabilitation Services-Subsystem for Disabled Pre-schoolers (September 2016).
Chapter II  Normal Referral Procedures

Workflow in the Referral Process

2.1 The referral procedures are summarised in the following table:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>By</th>
<th>Time Frame</th>
<th>Form Used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Case identification</strong></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>Case identification</td>
</tr>
<tr>
<td></td>
<td>To assess the applicant’s need for rehabilitation services</td>
<td>Referrer</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Case registration</strong></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>Case registration</td>
</tr>
<tr>
<td></td>
<td>To waitlist the applicant for the appropriate service in CRSRehab</td>
<td>Referrer</td>
<td></td>
<td>Form 1</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>To register the applicant in the waiting list and notify the referrer of the registration</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Notification of vacancy</strong></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td>Notification of vacancy</td>
</tr>
<tr>
<td></td>
<td>To confirm in writing with CRSRehab of the vacancy</td>
<td>Rehabilitation unit</td>
<td>Within 3 working days after a vacancy is identified</td>
<td>Form 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Case selection</strong></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td>Case selection</td>
</tr>
<tr>
<td></td>
<td>To select the appropriate applicants from the waiting list and inform the referrers and rehabilitation units of the case selection</td>
<td>CRSRehab</td>
<td>3 working days</td>
<td>Form 6 and/or Form 6A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Case processing by referrer upon selection to placement</strong></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td>Case processing by referrer upon selection to placement</td>
</tr>
<tr>
<td></td>
<td>To inform CRSRehab (for CRSRehab-ExMI, also the rehabilitation unit concerned) whether the placement is accepted by the applicant</td>
<td>Referrer</td>
<td>3 weeks</td>
<td>CRSRehab-MPH/AB/SGHMMHC: Form 7 to CRSRehab and attach relevant documents if applicant accepts the placement. SE: Form 7 to CRSRehab-SE and relevant documents to SEU directly ExMI: Form 7 to CRSRehab-ExMI, relevant documents to rehabilitation units directly.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2 weeks</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td>To issue reminder(s) to referrer for delayed cases and to close those cases with no response</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Case intake by rehabilitation unit</strong></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td>Case intake by rehabilitation unit</td>
</tr>
<tr>
<td></td>
<td>To process the referral and inform the result to the CRSRehab and the referrer</td>
<td>Rehabilitation unit</td>
<td>CRSRehab-MPH/AB/SGHMMHC: 4 weeks CRSRehab-ExMI: 2 weeks CRSRehab-SE 3 weeks</td>
<td>Form 9 with a copy to the referrer</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td>To issue reminder(s) to rehabilitation units for delayed cases</td>
</tr>
</tbody>
</table>
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**

- **Start**
  - Ref to assess case and send application form (Form 1) to CRSRehab

- **CRSRehab**
  - CRSRehab screens the form
    - Is the service request suitable or the form complete?
    - CRSehab puts the case on the waiting list
  - CRSRehab issues confirmation forms (Form 1A, Form 1B and/or Notification of Assessment Result) to Ref
    - Is the information on Form 1A and 1B correct?
    - Ref passes Form 1B and/or Notification of Assessment Result to App
  - Ref to conduct regular case review
    - Is placement still required?
      - Y
      - N
    - Ref to re-assess the case or amend the form accordingly
      - CRSehab returns the form to Ref
      - CRSehab to amend relevant record
      - Ref to inform CRSehab to make amendment
      - Ref informs CRSehab to delete App's name from the waiting list (Form 3)
      - CRSehab issues confirmation form (Form 4) to Ref
      - Ref sends data updating form (Form 3) to CRSehab

- **Miscellaneous**
  - CRSRehab: Central Referral System for Rehabilitation Services
  - Ref: Referrer
  - RU: Rehabilitation Unit
  - App: Applicant

Flowchart: New Application and Data Updating Process
Figure 2: Case Selection and Admission Process

CRSRehab: Central Referral System for Rehabilitation Services
Ref: Referrer
RU: Rehabilitation Unit
App: Applicant

Start

RU notifies CRSRehab of the vacancy (Form 5)

CRSRehab selects cases from the waiting list and issue notification form (Form 6) to Ref

Is the App ready to accept placement?

RU notifies CRSRehab of App's rejection (Form 9)

RU informs CRSRehab of the App's admission (Form 9)

RU conducts the intake assessment

Is App suitable for admission?

RU arranges admission of the App

Is change of service type necessary?

RU informs CRSRehab of App's rejection (Form 9)

Does App decline the placement due to hospitalisation?

CRSRehab to inform Ref case closed (Form 4) and invite Ref to reassess the case

Is the second time App being rejected by this type of service?

CRSRehab puts App back to the waiting list

Ref to send reply (Form 7) & relevant documents (as instructed in Form 6) to CRSRehab

Ref reviews App's situation

Is App ready for another placement within 3 months? (not applicable to CRSRehab-ExMI)

Ref to update information to CRSRehab via Form 1 or Form 3

Ref to enlist other professional's assistance to reassess the case

Ref to update information to CRSRehab via Form 1 or Form 3

CRSRehab to remove App's record from the waiting list
**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:

<table>
<thead>
<tr>
<th>Disability Group</th>
<th>Assessment to be Conducted by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentally Handicapped Persons</td>
<td>Clinical psychologist or educational psychologist[^1]</td>
</tr>
<tr>
<td>Ex-mentally Ill Persons</td>
<td>Psychiatrist or medical officer in psychiatric unit</td>
</tr>
<tr>
<td>Aged Blind Persons</td>
<td>Medical officer in eye clinic/eye hospital or privately practised ophthalmologist</td>
</tr>
<tr>
<td>Physically Handicapped, Visually/ Hearing Impaired and Viscerally Disabled Persons</td>
<td>Medical practitioner, ophthalmologist, audiologist, etc.</td>
</tr>
</tbody>
</table>

[^1]: Intellectual report for Mentally Handicapped Persons issued by medical officer is not accepted. The referrer has to provide the intellectual report when placement is offered.

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 five subsystems is detailed at Chapter VI.

2.5 The referrer can then make the application to CRSRehab by the relevant subsystem *Form 1*. CRSRehab will process the new application in 2 weeks 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, Form 1B and/or Notification of Assessment Result*) 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 and/or Notification of Assessment Result* to the applicant or applicant’s family member immediately for reference. 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. Whenever there is any change of information including change of type of placement 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 and Form 1B* together with the original *Form 3*. 
2.6 In making the application, please take note of the following remarks for CRSRehab-MPH, CRSRehab-ExMI, CRESRehab-SGHMMHC and CRSRehab-SE:

**CRSRehab-MPH**  On admission to single hostel services, i.e. supported hostel and single hostel for mentally/physically handicapped, applicants should have already been engaged or arranged to be engaged in day programmes such as open employment, supported employment, sheltered workshop 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**  At the stage of admission, no requirement of the commitment on day programme for halfway house or long stay care home referrals whereas day programme engagement is required for supported hostel referrals.

**CRSRehab-SGHMMHC**  On admission to Small Group Home for Mildly Mentally Handicapped Children / Integrated Small Group Home, applicants are usually attending special schools or training in other institutions.

**CRSRehab-SE**  Wherever possible, an applicant assessed to have the potential for supported employment should be encouraged to try the service. Nevertheless, if an applicant of SE is eventually assessed to be not suitable for supported employment service or discharged from a supported employment unit in less than 3 months, the referrer may, subject to justifications provided by the referrer and the rehabilitation unit, request CRSRehab-MPH/CRSReh-ExMI to retain the original date of application for placement of sheltered workshop.

**Location Preference**

2.7  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.
Updating of Case Information

2.8 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, day placement required, location preference, referrer, etc. via Form 3. If the applicant with mentally and/or physical handicapped requests to change day placement to day cum residential placement, the referrer has to submit CRSRehab-MPH Form 1. If the applicant with mentally and/or physical handicapped requests to change residential placement to day cum residential placement, the referrer has to submit CRSRehab-MPH Form 3.

Change of Service/Addition of Service

2.9 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-MPH only. For CRSRehab-SGHMMHC, the application date will be retained (with the earliest retrospective date when the applicant reaches the age of fifteen) should the applicant switch to apply for Supported Hostel under CRSRehab-MPH. For CRSRehab-ExMI, new application date will be allotted for change type of service.

2.10 For applicant who is on waiting list of residential care service (RCS) at Long Term Care Services Delivery System (LDS) but wishes to apply for Care and Attention Home for the Aged Blind, the referrer shall make a fresh application to CRSRehab-AB. Upon confirming applicants’ eligibility for the service, the referrer has to close the application for RCS at LDS and report to CRSRehab-AB for activating the application. If dating back the application to the LTC date of RCS of the applicant at LDS is required, the referrer shall apply to CRSRehab-AB for consideration on individual case’s merit.
Change of Application from CRSRehab residential service to Infirmary and Backdating Arrangement

2.11 The referrer should review the type of rehabilitation service suitable for the case regularly. For a case on the waiting list of CRSRehab residential service and whose health condition has deteriorated to require the level of care in an infirmary, the referrer should refer the case to the Hospital Authority (HA)(Central Infirmary Waiting List Office for General Infirmary Service and Central Waiting List for Severe Mental Handicap Infirmary and Rehabilitation Services) for assessment. Once the case is confirmed to be suitable for infirmary service, the referrer should notify CRSRehab to close the case via Form 3 and pass Form 1A and Form 4 to respective office of HA for backdating the application for infirmary service to that of CRSRehab residential service.

2.12 If a case is rejected admission to a CRSRehab residential placement with the reason that the case is considered in need of infirmary care during the intake process, the referrer should immediately refer the case to HA for arranging an early assessment on the suitability for infirmary service. During the interim period, the case will be put back on the waiting list of CRSRehab-MPH, CRSRehab-ExMI, CRSRehab-AB and CRSRehab-SGHMMHC as appropriate for another matching. The referrer should notify CRSRehab of the assessment result of HA via Form 3. If the case is confirmed to be suitable for infirmary service, the referrer should follow the same procedures as mentioned in para. 2.11 above.

2.13 The details of the aforementioned procedures are described at the flow chart at Appendix 4 and a referral form to HA at Appendix 5. As there has been an agreement reached with HA to mutually recognize the application dates for cases initially applying CRSRehab residential service and later change to infirmary service and vice versa, there should not be applications both for CRSRehab residential service and infirmary service at the same time. At regular intervals, CRSRehab and HA would conduct data checking to reject such cases waiting for both services. For those cases that are found to have double applications, the referrers would be requested to re-examine the actual service need of their clients within one month. Otherwise, the case would be removed from the waiting list of CRSRehab.
2.14 List of recognized CRSRehab residential services for backdating from HA
   a. Residential Special Child Care Centre
   b. Small Group Home for Mildly Mentally Handicapped Children / Integrated Small Group Home
   c. Hostel for Severely Mentally Handicapped Persons
   d. Hostel for Moderately Mentally Handicapped Persons
   e. Hostel for Severely Physically Handicapped Persons
   f. Hostel for Severely Physically Handicapped Persons with Mental Handicap
   g. Care and Attention Home for Severely Disabled Persons
   h. Care and Attention Home for the Aged Blind
   i. Supported Hostel
   j. Halfway House
   k. Long Stay Care Home
   l. Bought Place Scheme (BPS) for Private Residential Care Homes for Persons with Disabilities

**Offer of Placement**

2.15 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 does not match the applicant’s service request or location preferences;
   b. the applicant is temporarily hospitalised (please refer to para. 2.19 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.
   e. the applicant has been approved to be temporarily frozen in the waiting list because of Continuation of Study and/or Extension of Years of Study in Aided Special Schools (please refer to para. 3.1 and 3.2 for details).
Placement out of Applicant’s Preference

**CRSRehab-MPH** In order to enable the applicants to 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 the applicants 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

2.16 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 among referrers, applicants and rehabilitation units for case intake.

**CRSRehab-AB and CRSRehab-SGHMMHC** 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 2 weeks. Unlike the procedures of other CRSRehab subsystems, the referrer should send all relevant documents as specified in *Form 6* to the rehabilitation unit concerned in parallel when he/she replies to CRSRehab with the acceptance of the placement offer.
**CRSRehab-SE**  Upon receiving the “Selection for Placement” (CRSRehab-SE Form 6), a referrer should inform CRSRehab whether the applicant accepts the placement or not via Form 7 within 3 weeks. Unlike the procedures 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 with the acceptance of the placement offer.

### Essential Documents for Processing of Applications

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

<table>
<thead>
<tr>
<th>Subsystem</th>
<th>Essential Document</th>
<th>Validation Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRSRehab-MPH</td>
<td>• Clinical psychologist’s report with indication on Intellectual Disability</td>
<td>• Please refer to Appendix 3.</td>
</tr>
<tr>
<td></td>
<td>• Medical Examination Form (MEF)</td>
<td>• MEF is valid for 6 months from the date of issue.</td>
</tr>
<tr>
<td>CRSRehab-ExMI</td>
<td>• Psychiatric report</td>
<td>• Valid for 3 months from the date of issue.</td>
</tr>
<tr>
<td></td>
<td>• Chest X-ray report / other medical/laboratory test report and other medical reports</td>
<td>• Valid for 12 months from the date of issue.</td>
</tr>
<tr>
<td>CRSRehab-AB</td>
<td>• Certification on blindness</td>
<td>The period is either permanent or as stated in the certificate.</td>
</tr>
<tr>
<td>CRSRehab-SGHMMHC</td>
<td>• Clinical psychologist's report with indication on IQ Score.</td>
<td>• Please refer to Appendix 3.</td>
</tr>
<tr>
<td>CRSRehab-SE</td>
<td>• Clinical psychologist’s report with indication on IQ Score</td>
<td>• Please refer to Appendix 3.</td>
</tr>
<tr>
<td></td>
<td>• Medical/Psychiatric report</td>
<td>• Valid for 1 year from the date of issue.</td>
</tr>
<tr>
<td></td>
<td>• Medical Practitioner’s report with certification on Hearing/Visual Impairment, Visceral Disability and Physical Handicap</td>
<td>• The period is either permanent or as stated in the report.</td>
</tr>
</tbody>
</table>

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

2.18 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 Welfare 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 within the specific time frame, case will be closed automatically. The time frame for different subsystems is shown below:

<table>
<thead>
<tr>
<th>Subsystem</th>
<th>Processing time for referrer/Action by CRSRehab</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRSRehab-MPH</td>
<td>3 weeks</td>
</tr>
<tr>
<td>CRSRehab-SE</td>
<td>3 weeks</td>
</tr>
<tr>
<td>CRSRehab-AB</td>
<td>3 weeks</td>
</tr>
<tr>
<td>CRSRehab-SGHMMHHC</td>
<td>3 weeks</td>
</tr>
<tr>
<td>CRSRehab-ExMI</td>
<td>2 weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1st reminder</th>
<th>2nd reminder</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRSRehab-MPH</td>
<td>2 weeks</td>
<td></td>
</tr>
<tr>
<td>CRSRehab-SE</td>
<td>2 weeks</td>
<td></td>
</tr>
<tr>
<td>CRSRehab-AB</td>
<td>2 weeks</td>
<td></td>
</tr>
<tr>
<td>CRSRehab-SGHMMHHC</td>
<td>2 weeks</td>
<td></td>
</tr>
<tr>
<td>CRSRehab-ExMI</td>
<td>1 week</td>
<td>1 week</td>
</tr>
</tbody>
</table>

Hospitalisation of Case

2.19 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 and notified by Form 4. If the applicant could be discharged from hospital and ready for placement in rehabilitation service within 3 months since the admission to hospital, the referrer can inform CRSRehab via Form 1 and CRSRehab will re-activate the application with the original application date retained. It 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 fulfill the admission criteria of the service requested. Or else, the original offer will NOT be retained. The next offer will be provided according to the applicant’s location preference. If CRSRehab does not receive any request for re-activating the application 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. 2.19 above.

**Non-activation**

2.20 Request for non-activation or suspension will not be accepted. Applicants who have no immediate need of service should apply at a later stage.

**Case Deletion/Re-activation**

2.21 The referrer should notify CRSRehab via relevant subsystem CRSRehab 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 CRSRehab 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 CRSRehab Form 1 to apply for service again.

**Report of Vacancy**

2.22 Rehabilitation units should inform CRSRehab any vacancy or anticipated vacancy 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

2.23 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:

<table>
<thead>
<tr>
<th>Subsystem</th>
<th>Processing time for Rehabilitation Unit/Action by CRSRehab</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRSRehab-MPH</td>
<td>4 weeks 2 weeks</td>
</tr>
<tr>
<td>CRSRehab-SE</td>
<td>3 weeks 2 weeks</td>
</tr>
<tr>
<td>CRSRehab-AB</td>
<td>4 weeks 2 weeks</td>
</tr>
<tr>
<td>CRSRehab-SGHMMHC</td>
<td>4 weeks 1st reminder 2 weeks</td>
</tr>
<tr>
<td>CRSRehab-ExMI</td>
<td>2 weeks 1 week 2nd reminder 1 week</td>
</tr>
</tbody>
</table>

**CRSRehab-MPH, CRSRehab-AB and CRSRehab-SE**  The purpose of medical examination in CRSRehab-MPH, CRSRehab-AB and CRSRehab-SE 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. 2 weeks, the case should be returned to CRSRehab for another placement. If justification (e.g. pending medical document, Chest X-ray report, etc.) can be provided, the rehabilitation unit should apply to CRSRehab for delaying admission.

2.24 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

2.25 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 case would be closed and Form 4 would be issued to referrer. 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 make fresh application to CRSRehab by Form 1. For applicants who indicate preference at one centre only, no second placement can be offered if he/she is rejected by that centre. However, the referrer may inform CRSRehab for change of centre by Form 3 if the applicant wishes to be given a second offer.

**CRSRehab-MPH and CRSRehab-SE** 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, CRSRehab-AB and CRSRehab-SGHMMHC** 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. 3.5).

Cases Admitted into the Rehabilitation Units

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

**CRSRehab-AB** There will be times when applicant, who has been admitted into Care and Attention Home for the Aged Blind, is assessed to be in need of infirmary care and later transferred to the Infirmary Unit of the Home. The concerned Home should notify CRSRehab to update the case position via Form 9.
Removal from the Waiting List

2.27 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 withdrawal;

c. the applicant declines a placement offer of his/her indicated preference(s) without the approval of Continuation of Study;

d. no application for re-activation before the end of the Continuation of Study, which is the date indicated in CRSRehab-MPH Form 4.

e. the referrer does not respond to CRSRehab even after reminder(s) are sent;

f. the applicant is rejected by two different agencies of the same service. (according to para 2.25, CRSRehab-MPH and CRSRehab-SE application date can be retained)

g. the applicant has been hospitalised when a placement offer is available (please refer to para. 2.19 for circumstances in which the applicant can be placed back to the waiting list).

2.28 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

Retention of Original “Date of Application” at Central Referral System for Rehabilitation Service (CRSRehab) for Students applying for “Continuation of Study” and “Extension of Years of Study” at Aided Special Schools

Continuation of Study (COS)

3.1 In view of the measures undertaken by the Education Bureau (EDB) in respect of extension of years of study for needy special school students, the SWD has put in place the following arrangement for the students applying for Continuation of Study (COS). Students who are approved for COS may decline a placement offer and apply for a retention of their original date of application when they are selected by CRSRehab for admission to adult rehabilitation services, viz, day training [i.e. Day Activity Centre, Sheltered Workshop and Integrated Vocational Rehabilitation Service Centre] and various residential care services, during the COS:

   a. Referring worker has to notify CRSRehab vide CRSRehab-MPH Form 7 of the applicant’s request for COS and not accepting the offer.

   b. Upon notification, CRSRehab will reply the referrer vide CRSRehab-MPH Form 4 to confirm the approval of COS. The placement allocation will be cancelled and the application for all services under CRSRehab will be put aside until the referring worker requests a re-activation of placement allocation.

   c. The placement will not be reserved for the applicant but the original date of application will be retained when the application is re-activated again before the end of COS.

   d. The referring worker has to inform CRSRehab vide an updated CRSRehab-MPH Form 1 and Form 3 to re-activate the application for placement allocation. The case will be put back to the waiting list.

Extension of Years of Study (EoS) for Students of Aided Special School

3.2 Students of aided special schools under the New Senior Secondary (NSS) academic structure will graduate from school upon completion of Secondary 6. The norm is that students with intellectual disability complete the primary and secondary education in 12 years, and students with normal intelligence pursuing ordinary curriculum in schools for children with physical disability and schools for children
with hearing impairment complete the primary and secondary education in 13 years. Individual students may need to extend their years of study due to “valid reasons” and schools are provided with “pre-set quota” of additional places to address such needs. For details, please refer to the Circular on “Improvement Measures on Extension of Years of Study for Students of Aided Special Schools” and Guidelines for Special Schools on School-based Mechanism for Handling the Extension of Years of Study for Students on the website of EDB.

3.3. The SWD has put in place the arrangement as similar to COS as mentioned above for the students being granted the EoS to decline a placement offer and apply for a retention of their original date of application when they are selected by CRSRehab for admission to adult rehabilitation services during the EoS.

**Re-activation of Application under CRSRehab**

3.4 The referring worker is expected to conduct regular case review to ensure timely re-activation of application under CRSRehab. If CRSRehab does not receive any request for re-activation of the application before the end of the COS or EoS, the original date of application cannot be retained. A fresh application is needed if the applicant requires the service in the future.

**Priority Placement**

3.5 Purposes

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

3.6 Criteria

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

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

   I. The parents/carers are suffering from health/mental problem and are unable to continue assuming the caring role;
II. The applicant is facing moral/physical danger or abuse by family member(s) or carer(s);

III. The applicant is homeless and has no relatives/carers to look after him/her;

IV. The applicant is a Ward of DSW/High Court; or

V. Other justified social and/or medical grounds, etc.

3.7 Application procedures

a. The referrers are required to submit to Central Referral System for Rehabilitation Services (CRSRehab) a completed CRSRehab-Form 10 for priority placement, with endorsement of:

I. Assistant District Social Welfare Officer/Senior Social Work Officer rank or above (for SWD service units);

II. Agency Head/service coordinator/designated representative (for NGO service units); or

III. Departmental Manager (for MSSD/HA)

IV. Principal of Special School

b. For CRSRehab-MPH services, the referrers are also required to submit an updated CRSRehab-MPH Form 1.

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

d. If clarification or further information is required, CRSRehab will contact the referrer within two weeks upon receipt of the application.

e. The referrer should justify the applicant’s need and/or urgency for priority placement by requiring the applicant to submit relevant documentary proof, such as medical certificate, birth certificate/identity card, bank account, employment proof, statutory declaration, etc., for checking.

f. CRSRehab may ask referrers to submit supporting document for checking and conduct further inspections, e.g. phone enquiry, interview, home visit, etc., if necessary.

g. CRSRehab will take proper follow up actions on any revealed irregularities and cases of undue delay.
3.8 Approval of applications

a. The application will be approved/disapproved by an officer of SSWO rank or above with support of an officer of SWO rank or above and recommendation by an officer of SWA rank or above.

b. The result of the application will be given to the referrer via CRSRehab-Form10A within 4 weeks upon receipt of referrer’s application and all relevant information/documentary proofs.

c. Under normal circumstances, if the applicants decline the placement offer under priority placement, the names of the applicants will be removed from the waiting list immediately.

3.9 Review of applications

a. The referrer should review the conditions of the applicant periodically or as needed. A renewed application has to be submitted to CRSRehab according to the set procedures at para. 3.7 should the reasons for priority placement be changed.

b. When a priority placement is offered, the referrer has to confirm whether the reasons for priority placement as stated in the latest submission of CRSRehab-Form 10 is still valid.

c. Should the reasons for priority placement have subsided, the applicant could still waitlist for the placement on normal waiting list.

d. Under normal circumstances, if the applicants decline the placement offered under priority placement, the names of the applicants will be removed from the waiting list immediately.

Case Swapping

3.10 Case swapping is only allowed in CRSRehab-MPH and CRSRehab-SE:

**CRSRehab-MPH** Two service users 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 service users/parents. If the case is considered justified, CRSRehab will issue a
written reply to endorse the arrangement. Any swapping without formal approval from CRSRehab-MPH will not be recognized.

**CRSRehab-SE** In view of the expertise of individual rehabilitation units in delivering particular SE models and serving clientele of special disabilities groups, case swapping/case transfer between two agencies operating SE is allowed if it is for the best interest of the service users involved. The concerned agencies should write to CRSRehab-SE for approval for the swapping/case transfer together with the consent letters of the service users. If the case is considered justified, CRSRehab-SE will issue a written reply to endorse the arrangement. Any swapping/case transfer without formal approval from CRSRehab-SE will not be recognized.

**CRSRehab-ExMI, CRSRehab-AB and CRSRehab-SGHMMHC** Case swapping in these three subsystems are not allowed.

**Appeal Against Decision Made by Rehabilitation Units**

3.11 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 respective Social Work Officer (Rehabilitation & Medical Social Services) of CRSRehab. The Social Work Officer (Rehabilitation & Medical Social Services) 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 accepted by CRSRehab subsystems 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 enlisting 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/vocational rehabilitation 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 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 (2 weeks for CRSRehab-ExMI) 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/her 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 initiating an 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 include:

a. To assess the referral and arrange for the admission of the successful applicant within 4 weeks (2 weeks for CRSRehab-ExMI and 3 weeks for CRSRehab-SE) 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 SWD.

**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 fail 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 & Medical Social Services)**

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 Welfare Officers/ District Social Welfare 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. (only applicable to District Social Welfare Officer and Assistant District Social Welfare Officer)
Chapter V  Frequently Asked Questions

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. However, the referrer is advised to have the psychological report readily available before placement offered.

Q2: How can I know whether a psychological report is valid or not?
A2: Please refer to Appendix 3 for a detailed description on the validity of a psychological assessment report.

Q3: I find that the applicant’s psychological report is no longer valid when he/she is selected for placement. What can I do?
A3: In case 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 ascertained.

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: 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?

A1: No, the referrer should confirm by Form 6 only when all documents are sent to the rehabilitation unit. It is agreed by the rehabilitation units that psychiatric report within 3 months and chest X-ray report/other medical/laboratory test report within 12 months are considered as valid documents.

Q2: Should the referrer play an active role to contact rehabilitation units for arrangement of pre-admission interview?

A2: When a case is selected from the waiting list, CRSRehab-ExMI will send the case information and the referrer's office telephone number 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 should prepare the reply to CRSRehab-ExMI through Part II of Form 6 after sending all relevant documents to the rehabilitation unit.

Q3: If the applicant has declined the day placement offer, will his/her application for residential placement be cancelled?

A3: 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 voided.

Q4: Can the applicant retain his/her original application date if he/she is in need of other type of service within the CRSRehab-ExMI subsystem?

A4: No, the applicant cannot retain his/her original application date for change of other type of service within CRSRehab-ExMI subsystem. If the applicant is in urgent need of any type of placement, the referrer may consider applying for priority placement.
**Services for the Aged Blind**

Q1: Can I waitlist a “suspected” blind aged client for Care and Attention Home 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 the service under the subsystem CRSRehab-AB. You may waitlist appropriate service for the client under Long Term Care Services Delivery System (LDS) first while pending the certification and apply for dating back of application date according to the prevailing procedures as stated in para. 2.10 if required.

**Services for Mildly Mentally Handicapped Children**

Q1: Do I need to attach a psychological report to the application for Small Group Home for Mildly Mentally Handicapped Children / Integrated Small Group Home?

A1: Yes, the referrer should attach a psychological report with indication on IQ score when applying for such service.

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

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

Q3: Can children with borderline intelligence, moderate/severe grade mental handicap waitlist for Small Group Home for Mildly Mentally Handicapped Children / Integrated Small Group Home?

A3: Small Group Home for Mildly Mentally Handicapped Children / Integrated Small Group Home is designed to cater for the needs of mildly mentally handicapped children with IQ score ranging from 50-70.
**Supported Employment Service**

Q1: What is the “Fallback System” and its operational details?

AI: The Fallback System is set up to encourage clients of sheltered workshops and waitlistees of sheltered workshop to try supported employment. Its operational details are as follows:

i. For Ex-sheltered Workers:-

Who are found unable to benefit from the supported employment service within 3 months of discharge from sheltered workshop and who are assessed to require sheltered workshop service again, they can be readmitted into their original sheltered workshops immediately if a vacancy exists, otherwise at the first opportunity available.

ii. For existing applicants who are waitlisting for sheltered workshop placement:-

To encourage suitable applicants to try supported employment service, their original application date could be retained for transferring back to the waiting list for sheltered workshop, subject to justifications as provided by the referrer, if they are subsequently assessed by operators of supported employment units to be not suitable for supported employment service and are discharged from supported employment service unit in less than three months.

Applicants who have applied for a pair-up sheltered workshop and residential placement may take up supported employment and attend a hostel for moderately mentally handicapped persons or supported hostel when a residential placement becomes available.
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:

<table>
<thead>
<tr>
<th>Form No.</th>
<th>From</th>
<th>To</th>
<th>Name of the form</th>
<th>Applicable in CRSRehab</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MPH</td>
</tr>
<tr>
<td>F.1*</td>
<td>Ref</td>
<td>CRSRehab</td>
<td>Registration Form</td>
<td>✓</td>
</tr>
<tr>
<td>F.1A</td>
<td>CRSRehab</td>
<td>Ref</td>
<td>Confirmation of Registration</td>
<td>✓</td>
</tr>
<tr>
<td>F.1B</td>
<td>CRSRehab</td>
<td>Ref</td>
<td>申請康復服務登記書</td>
<td>✓</td>
</tr>
<tr>
<td>F.1C</td>
<td>CRSRehab</td>
<td>Ref</td>
<td>Registration of Assessment Result</td>
<td>✓</td>
</tr>
<tr>
<td>App. 6</td>
<td>CRSRehab</td>
<td>Ref</td>
<td>Notification of Assessment Result</td>
<td>✓</td>
</tr>
<tr>
<td>F.2*</td>
<td>Ref</td>
<td>RU</td>
<td>Application Form</td>
<td>X</td>
</tr>
<tr>
<td>F.3*</td>
<td>Ref</td>
<td>CRSRehab</td>
<td>Data Updating Form</td>
<td>✓</td>
</tr>
<tr>
<td>F.4</td>
<td>CRSRehab</td>
<td>Ref</td>
<td>Removal from Waiting list</td>
<td>✓</td>
</tr>
<tr>
<td>F.4A</td>
<td>CRSRehab</td>
<td>Ref</td>
<td>Removal from Waiting list</td>
<td>✓</td>
</tr>
<tr>
<td>F.5*</td>
<td>RU</td>
<td>CRSRehab</td>
<td>Report of Vacancies</td>
<td>✓</td>
</tr>
<tr>
<td>F.6</td>
<td>CRSRehab</td>
<td>Ref</td>
<td>Selection for Placement</td>
<td>✓</td>
</tr>
<tr>
<td>F.6A</td>
<td>CRSRehab</td>
<td>RU</td>
<td>Notification of Case Selection to Rehabilitation Unit</td>
<td>✓</td>
</tr>
<tr>
<td>F.7*</td>
<td>Ref</td>
<td>CRSRehab</td>
<td>Reply to CRSRehab on Selection for Placement</td>
<td>✓</td>
</tr>
<tr>
<td>F.7A</td>
<td>CRSRehab</td>
<td>Ref</td>
<td>1st Reminder to Referrer</td>
<td>✓</td>
</tr>
<tr>
<td>F.7B</td>
<td>CRSRehab</td>
<td>Ref</td>
<td>2nd Reminder to Referrer</td>
<td>X</td>
</tr>
<tr>
<td>F.8</td>
<td>CRSRehab</td>
<td>Ref</td>
<td>Referral for Admission</td>
<td>✓</td>
</tr>
<tr>
<td>F.8A</td>
<td>RU</td>
<td>Ref</td>
<td>Reply to Applicant</td>
<td>X</td>
</tr>
<tr>
<td>F.9*</td>
<td>RU</td>
<td>CRSRehab</td>
<td>Report of Case Intake/Discharge</td>
<td>✓</td>
</tr>
<tr>
<td>F.9A</td>
<td>CRSRehab</td>
<td>RU</td>
<td>1st Reminder to Rehabilitation Unit</td>
<td>✓</td>
</tr>
<tr>
<td>F.9B</td>
<td>CRSRehab</td>
<td>RU</td>
<td>2nd Reminder to Rehabilitation Unit</td>
<td>X</td>
</tr>
<tr>
<td>F.10*</td>
<td>Ref</td>
<td>CRSRehab</td>
<td>Application for Priority Placement</td>
<td>✓</td>
</tr>
<tr>
<td>F.10A</td>
<td>CRSRehab</td>
<td>Ref</td>
<td>Outcome of Application for Priority Placement</td>
<td>✓</td>
</tr>
<tr>
<td>F.11</td>
<td>RU</td>
<td>CRSRehab</td>
<td>Application for Internal Transfer</td>
<td>X</td>
</tr>
<tr>
<td>F.11A</td>
<td>CRSRehab</td>
<td>RU</td>
<td>Outcome of Application for Internal Transfer</td>
<td>X</td>
</tr>
<tr>
<td>F.12</td>
<td>RU</td>
<td>CRSRehab</td>
<td>Application for Swapping of Cases</td>
<td>X</td>
</tr>
<tr>
<td>F.12A</td>
<td>CRSRehab</td>
<td>RU</td>
<td>Outcome of Application for Swapping of Cases</td>
<td>X</td>
</tr>
</tbody>
</table>

Related Document

Day/Residential Service for Mentally or Physically Handicapped Persons - Medical Examination Form | ✓   | ✓   | X   | X   |
Visual Examination Form for Admission to Care & Attention Home for the Ages Blind | X   | X   | ✓   | X   |

Ref: Referrer
RU: Rehabilitation Unit

* Please go to the SWD website (http://www.swd.gov.hk) to download the related forms
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-MPH Tel.: Your Ref.:
Fax: Your Fax:
Date:

The following applicant has been registered in CRSRehab–MPH for rehabilitation service. Please kindly verify the following data, raise amendment and update any subsequent change to CRSRehab–MPH by Form 3 (Section I, II or VIII only) or Form 1 (including but not limited to Section III to VII). For case enquiries, please contact the staff-on-duty at 28925141 / 28925565. For data protection, only enquiries from the referrer will be answered.

I. Personal Particulars

<table>
<thead>
<tr>
<th>Name (English):</th>
<th>Name (Chinese):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex/date of birth:</td>
<td>HKIC/COE No.:</td>
</tr>
<tr>
<td>Residential district:</td>
<td>Service received:</td>
</tr>
</tbody>
</table>

II. Disability

<table>
<thead>
<tr>
<th>Physical disability:</th>
<th>Mobility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual disability:</td>
<td>Climb stairs / slope:</td>
</tr>
<tr>
<td>Date of assessment:</td>
<td>Public transport:</td>
</tr>
<tr>
<td>Other disability / illness:</td>
<td>Rehabaid used:</td>
</tr>
<tr>
<td>Treatment receiving:</td>
<td></td>
</tr>
</tbody>
</table>

III. Nursing Care Needs

<table>
<thead>
<tr>
<th>Score</th>
<th>Score</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Problem:</td>
<td>Feeding Problem:</td>
<td>Medication:</td>
</tr>
<tr>
<td>Continence Control:</td>
<td>Epilepsy:</td>
<td>OxygenTherapy:</td>
</tr>
<tr>
<td>Suctioning:</td>
<td>Bed Ridden:</td>
<td>Special Nursing Care:</td>
</tr>
<tr>
<td>Overall:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. Functional Impairment

<table>
<thead>
<tr>
<th>Score</th>
<th>Score</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing and Shampooing:</td>
<td>Dressing /Undressing:</td>
<td>Transfer:</td>
</tr>
<tr>
<td>Toilet Use:</td>
<td>Feeding/Drinking:</td>
<td>Indoor Mobility:</td>
</tr>
<tr>
<td>Overall:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

V. Challenging Behavior

<table>
<thead>
<tr>
<th>Score(s)</th>
<th>Score(s)</th>
<th>Score(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive Behavior:</td>
<td>Self-injurious Behavior:</td>
<td>Property Destruction Behavior:</td>
</tr>
<tr>
<td>Other Challenging Behaviors:</td>
<td>Coping Difficulty:</td>
<td></td>
</tr>
<tr>
<td>Total scores on itemsA1, B1, C1 &amp; D:</td>
<td>Total scores on itemsA2, B2, B3 and C2:</td>
<td>Score on item E:</td>
</tr>
</tbody>
</table>
**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-MPH Tel.:  
Fax:  

The following applicant has been registered in CRSRehab–MPH for rehabilitation service. Please kindly verify the following data, raise amendment and update any subsequent change to CRSRehab–MPH by *Form 3* (Section I, II or VIII only) or *Form 1* (including but not limited to Section III to VII). For case enquiries, please contact the staff-on-duty at 28925141 / 28925565. For data protection, only enquiries from the referrer will be answered.

### I. Personal Particulars

- **Name (English):**
- **Name (Chinese):**
- **Sex/date of birth:**
- **HKIC/COE No.:**
- **Residential district:**
- **Service received:**

### II. Disability

- **Physical disability:**
- **Intellectual disability:**
- **Date of assessment:**
- **Other disability / illness:**
- **Mobility:**
- **Climb stairs / slope:**
- **Public transport:**
- **Rehabaid used:**
- **Treatment receiving:**

### III. Nursing Care Needs

<table>
<thead>
<tr>
<th>Score</th>
<th>Score</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Problem:</td>
<td>Feeding Problem:</td>
<td>Medication:</td>
</tr>
<tr>
<td>Continence Control:</td>
<td>Epilepsy:</td>
<td>Oxygen Therapy:</td>
</tr>
<tr>
<td>Suctioning:</td>
<td>Bed Ridden:</td>
<td>Special Nursing Care:</td>
</tr>
</tbody>
</table>

**Overall:**

### IV. Functional Impairment

<table>
<thead>
<tr>
<th>Score</th>
<th>Score</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing and Shampooing:</td>
<td>Dressing /Undressing:</td>
<td>Transfer:</td>
</tr>
<tr>
<td>Toilet Use:</td>
<td>Feeding/Drinking:</td>
<td>Indoor Mobility:</td>
</tr>
</tbody>
</table>

**Overall:**

### V. Challenging Behavior

- **Aggressive Behavior:**
  - A1:  
  - A2:
- **Self-injurious Behavior:**
  - B1:  
  - B2:  
  - B3:
- **Property Destruction Behavior:**
  - C1:  
  - C2:
- **Other Challenging Behaviors:**
  - D:
- **Coping Difficulty**
  - E:

**Total scores on items A1, B1, C1 & D:**

**Total scores on items A2, B2, B3 and C2:**

**Score on item E:**
VI. Family Coping
A1. Care System

<table>
<thead>
<tr>
<th>Types of carer</th>
<th>Name</th>
<th>Sex / Age</th>
<th>Relationship</th>
<th>Live Togthr.</th>
<th>Occupation / Wkg. Hr.</th>
<th>Care Hrs / Wk.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Primary carer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Secondary carer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Other carer(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A2. Risks Encountered by the Care System:

B. Interpersonal Relationship:

C. Other Risk Factors:

VII. Conclusion on Residential Need Assessment
A. Nursing Care
   Level of nursing care:
   Whether family can offer assistance:
   Whether social service can offer assistance:

B. Functional Impairment
   Level of functional impairment:
   Whether family can offer assistance:
   Whether social service can offer assistance:

C. Challenging Behaviour
   Whether there is challenging behaviour:
   Whether family can offer assistance:
   Whether social service can offer assistance:

D. Family Coping
   Problem / Risk:
   Whether family can offer assistance:
   Whether social service can offer assistance:

E. Assessment Result
   Whether there is need for residential service at present:
   Service recommended according to the Assessor Manual:
   Whether justification for altering the assessment result is provided:
   Whether the justification is approved:

VIII. Placement Arrangement

<table>
<thead>
<tr>
<th>Service:</th>
<th>Application date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Availability for day service:</th>
<th>(i) Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiting List</td>
<td>(ii) Day</td>
</tr>
<tr>
<td>CRSRehab no.:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location preference:</th>
<th>Day placement</th>
<th>Day/Residential placement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

( )
VI. Family Coping
A1. Care System
(a) Primary carer
(b) Secondary carer
(c) Other carer(s)
A2. Risks Encountered by the Care System:
B. Interpersonal Relationship:
C. Other Risk Factors:
VII. Conclusion on Residential Need Assessment
A. Nursing Care
Level of nursing care:
Whether family can offer assistance:
Whether social service can offer assistance:
B. Functional Impairment
Level of functional impairment:
Whether family can offer assistance:
Whether social service can offer assistance:
C. Challenging Behaviour
Whether there is challenging behaviour:
Whether family can offer assistance:
Whether social service can offer assistance:
D. Family Coping
Problem / Risk:
Whether family can offer assistance:
Whether social service can offer assistance:
E. Assessment Result
Whether there is need for residential service at present:
Service recommended according to the Assessor Manual:
Whether justification for altering the assessment result is provided:
Whether the justification is approved:
VIII. Placement Arrangement
Service: Application date:
Availability for day service: (i) Residential
(ii) Day
Waiting List (ii) Day
Location preference: Day placement Day/Residential placement

Registration of Assessment Result

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, Wan Chai, Hong Kong

To: 

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

Name: 
HKIC No.: 

The assessment result on the above-named has been registered. The CRSRehab-MPH Form 1 is returned to you for retention.

☐ Recommendation for residential services in Part VII E3 of CRSRehab-MPH Form 1 is approved.

☐ Recommendation for residential services in Part VII E3 of CRSRehab-MPH Form 1 is considered not justified; the applicant has been waitlisted residential service in accordance with the assessment result.

☐ The applicant is assessed to have no residential service need. Please apply for day training service/community support service as recommended by the assessment result.

☐ The residential service need of the applicant is beyond the care level of Care and Attention Home for Severely Disabled Persons. Please consider application for infirmary service as recommended by the assessment result.

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

( )
To: ____________________________

Date: ________________

Notification of Assessment Result

You have received the Standardized Assessment for Residential Services for People with Disabilities on _____________ (Date). The assessment result is as follows:

☐ You are suitable for ____________________________ service.

☐ Your residential services need is not confirmed. Hence, your application for residential services is rejected.

☐ You are not suitable for residential services for people with disabilities, Please apply to the Hospital Authority for Infirmary Service.

Please note that this assessment result is based on your current situation. If you disagree with the assessment result, you may lodge an appeal to the Secretariat to Appeal Board for Standardized Assessment for Residential Services for People with Disabilities (Address: Room 901 Wu Chung House, 213 Queen’s Road East, Wanchai, Hong Kong) within 6 weeks from the date of this notification.

If you encounter any changes in health and family conditions in future, you may *re-apply for residential services/apply for change of service waitlisted. Examples of the changes include:

(i) significant changes in health condition or need for nursing/personal care;

(ii) increase or decrease in challenging or uncontrollable behaviour;

(iii) significant changes in physical and psychological condition of primary carer;

(iv) changes in family circumstances leading to different caring pattern for the applicant; and

(v) any significant event, e.g. abuse or neglect incident concerning the applicant or the family members.

You may approach the social workers of the Rehabilitation Services Units you are currently attending/Medical Social Services Units/Integrated Family Services Centres at your home vicinity for arrangement of re-assessment of your residential services needs.

If you have any enquiries, please contact our social worker ____________ at ____________.

_________________________________________  (Referring Social Worker)

_________________________________________  (Service Unit)

*Please delete as inapplicable
致：

先生／女士：

評估結果通知書

你於 20 年 月 日所接受的殘疾人士住宿服務評估，結果如下：

□ 你適宜 ____________________ 服務。

□ 你的住宿服務需要未被確定，因此你的住宿服務申請並未被接納。

□ 你不適宜殘疾人士住宿服務，可向醫院管理局申請療養院服務。

這個評估結果是基於申請人的現況而得出的，倘若你不滿意評估結果，可於此通知書發出日期起六星期内透過社工或直接經書面向 殘疾人士住宿服務評估上訴委員會秘書處提出上訴，地址為：香港灣仔皇后大道東 213 號胡忠大廈 901 室。

倘若將來你的身體或家庭狀況出現以下轉變，可*再申請住宿服務/申請其他住宿服務類別：

一、 身體狀況或所需的照顧出現明顯轉變；
二、 行為問題或不受控制行為明顯增加或減少；
三、 主要照顧者的身體狀況出現明顯轉變；
四、 家庭狀況出現轉變而導致對申請人有不同的照顧安排；或
五、 發生一些重要事件，例如申請人或家人受到虐待等。

你可以向正在為你提供服務的復康服務機構/醫務社會服務部/你家居附近的綜合家庭服務中心社工尋求協助，重新評估你的住宿需要。

如你有任何疑問，請致電与本辦事處社工聯絡。

*删去不適用者

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

（個案社工姓名）

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

（服務單位名稱）

年 月 日
RESTRICTED

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

Name:
HKIC:
CRSRehab No.:

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

[ ] Case closed in CRSRehab-MPH upon:


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

( )
RESTRICTED

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

Name:  
HKIC:  
CRSRehab No.:  

The residential services need of the above-named has not been confirmed by the Standardized Assessment and his/her application has been removed from the waiting list.

His/her name can be returned to the waiting list once his/her residential need is confirmed by Standardized Assessment in future with:

☐ the application date ________ is retained.

☐ a fresh date of application.

(__________ )
RESTRICTED

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

The following applicant has been selected for placement in rehabilitation unit with details shown below. Please reply to CRSRehab by Form 7 within 3 week(s).

Your early reply will facilitate the applicant’s admission for service. You may consider contacting the rehabilitation unit for arrangement of visits for the applicant or information on the service as appropriate. (For priority placement, please review and confirm the applicant still has urgent service need.)

Name of applicant:
HKIC:
CRSRehab No.:
Name of Rehabilitation Unit:
Type of Service:
Address:
Tel. No.:
Fax No.:
Date of Selection:

For applicant accepting the placement offer, please forward the following required papers:

( )
RESTRICTED

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

Listed below for your information are the application(s) that have been selected from the waiting list for placement in your service unit. These applicants have 3 week(s)’ time to decide whether they accept the placement offer or not. Subject to their acceptance of placement offer, the referrer and/or CRSRehab 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.

Name | Gender/ Age | CRSRehab No. | Referring Office | Name of Referrer | Tel | Normal/ Priority
---|---|---|---|---|---|---

( ) ( )
RESTRICTED

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

Name of applicant:  
HKIC:  
CRSRehab No.:  
Name of Rehabilitation Unit:  
Date of Selection:  

CRSRehab has not received your reply to the placement offer for the above-named applicant. I would be grateful if you would reply to CRSRehab via Form 7 within 2 week(s). 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.

( )

c.c. Agency Head
RESTRICTED

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.: Your Tel:
Fax: Your Fax:
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 28 day(s).

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

Case particulars:

Name of applicant: Hong Kong Identity Card:
Gender / D.O.B.: CRSRehab No.:

Referral papers attached:

1. Form 1
2. Psychological Report
3. Case Summary
4. Medical Report

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

(Fax no.: )
(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.: Your Tel:  
Fax: Your Fax:  
Date:  

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

<table>
<thead>
<tr>
<th>Date of Referral</th>
<th>CRSRehab No.</th>
<th>Name of Applicant</th>
<th>Gender</th>
<th>Age</th>
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c.c. Agency Head  
Referrer:
RESTRICTED

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

Name of applicant:
HKIC:
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 are 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:

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

( )
Confirmation of Registration

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: 

The following applicant has been registered in CRSRehab-ExMI 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-ExMI by Form 3. For case enquiries, please contact the staff-on-duty at 2892 5136. For data protection, only enquiries from the referrer will be answered.

A. Information of referrer:
Tel No.: Fax No.: 

B. Case particulars
Name: 姓名: 
Sex: HKIC: 
D.O.B.: Res. District.: 
Ref. No.: CRSRehab No.: 
Registered: Last Update: 

Medical History
Living in institution: Hospital: 
Date of admission: 
Psychi. Diagnosis: Onset date: 
Other illness: Other history: 
Conditional discharge: 
Intensive care case: 
Other condition 
Ex-offender: Imprisonment: 
Triad society member: 

C. Day Placement required (application date) Res. Placement required (application date)

Status of day service: Status of res. service: 
Offer at the same time: 

D. Status of application: Priority (day/residential) : / Normal 

Name: 
Post: 
Date of issue: 

Name: 
Post: 
Date of issue: 

Assignment from Waiting List

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

Name:  
HKIC:  
CRSRehab No.:

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


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

---

Notification of Registration for Rehabilitation Services
Central Referral System for Rehabilitation Services
Social Welfare Department

致：康復服務申請人（經個案社工／轉介者轉交）
To: Applicant (Via Caseworker/Referrer)

下列申請經已於社會福利署(社署)康復服務中央轉介系統內登記，詳情如下：
The following application has been registered in the Central Referral System for Rehabilitation Services of the Social Welfare Department (SWD) with details listed as below:

姓名：  
香港身份證：  
申請日期：  

住宿服務 / Residential:

Rehabilitation Service(s) Applying for:

輪候狀況：  
住宿服務 / Residential: 正常 Normal

檔案號碼  
Your Reference:

申請人編號：  
CRSRehab No.:

服務地區選擇：  
Location Preference:

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，請通知個案社工／轉介者，以便他／她將有關資料轉達本系統。就上述服務的申請及轉介事宜，社署及轉介機構不會收取任何費用。若有人藉詞協助申請而索取利益，申請人應立即向廉政公署舉報。任何人意圖行賄，亦屬違法，社署會將個案轉介廉政公署查究。

Once you are selected for a placement in rehabilitation unit, the Central Referral System for Rehabilitation Services will inform you via the referring social worker to prepare for acceptance of placement offer. For maintaining good contacts among all parties concerned, please inform the referring social worker as early as possible if you have changes in your address, telephone number or rehabilitation services required, so that information may be updated at the Central Referral System for Rehabilitation Services. SWD and the referring agency will not charge for the application and referral for service. The applicant should report to the Independent Commission Against Corruption (ICAC) immediately in case anyone offers to assist in application for placement in return for remuneration. Attempted bribery by any person is also an offence in law, SWD will refer the case to ICAC for investigation.

如你對以上的申請有任何查詢，請與你的社工／轉介者聯絡：
Should you have any enquiry on the above application, you may contact your referring social worker:

社工／轉介者姓名：  
Caseworker / Referral Name:

機構名稱：  
Centre:

辦公室地址：  
Office Address:

聯絡電話（內線）：  
Phone Contact No. (ext):
RESTRICTED

Removal from Waiting List

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:

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

Name:
HKIC:
CRSRehab No.: 

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

[ ] Case closed in CRSRehab- upon:


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

( )
PART I

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: CRSRehab Tel.: YourTel:
Fax: Your Fax:

Date:

Listed below for your information are the application(s) that have been selected from the waiting list for placement in your service unit. These applicants have 2 week(s)' time to decide whether they accept the placement offer or not. Subject to their acceptance of placement offer, the referrer and/or CRSRehab 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.

Name | Gender/ Age | CRSRehab No. | Referring Office Name
--- | --- | --- | ---

CRSRehab-ExMI Form 6

PART II

From: 
Referrer:

Referrer:

The above-named has been selected to the following rehabilitation unit. Please complete Part II and return to CRSRehab-ExMI within week(s). You are advised to prepare the following document(s) and send to the following unit directly. (For priority placement, please review and confirm the applicant still has urgent service need.)

Centre: Tel. No.
Address: Fax No.

Document(s) to be sent
to service unit: 1. Standard Agency Application Form (CRSRehab-ExMI Form 2)
2. Chest X-Ray Report

Signature: ( ) Post:

PART II Reply to CRSRehab-ExMI on Selection for Placement

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:
- Hospitalization on in due to
- 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.
RESTRICTED

Notification of Case Selection to Rehabilitation Unit

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:

CRSRehab Tel.: Your Tel:
Fax: Your Fax:
Date:

Listed below for your information are the application(s) that have been selected from the waiting list for placement in your service unit. These applicants have 2 week(s)’ time to decide whether they accept the placement offer or not. Subject to their acceptance of placement offer, the referrer and/or CRSRehab 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender/ Age</th>
<th>CRSRehab No</th>
<th>Referring Office</th>
<th>Name of Referrer</th>
<th>Tel</th>
<th>Normal/ Priority</th>
</tr>
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( ) ( )
RESTRICTED
Reminder to Referrer

PART I

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

To: Referrer: Your Ref. No.: Applicant: 姓名:

The above-named has been selected to the following rehabilitation unit. Please complete Part II and return to CRSRehab-ExMI within . You are advised to prepare the following document(s) and send to the following unit directly. (For priority placement, please review and confirm the applicant still has urgent service need.)

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

PART II

Reply to CRSRehab-ExMI

(For priority placement, the applicant is confirmed to have urgent service need.)

The applicant accepts the placement offered. (* Please delete as appropriate)

The applicant confirms 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: ________________________
Hospitalization on ________________________ in ____________________________ due to ____________________________
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.______________________________
RESTRICTED
Reminder to Referrer

PART I
Notification of Referral (Second Reminder)

From: CRSRehab No.: CRSRehab No.: To: Referrer: Your Ref. No.:
Tel. No.: Applicant: Fax No.: Date: 

The above-named has been selected to the following rehabilitation unit. Please complete Part II and return to CRSRehab-ExMI within . You are advised to prepare the following document(s) and send to the following unit directly. (For priority placement, please review and confirm the applicant still has urgent service need.)

Centre: Address: Tel. No. Fax No.

Document(s) to be sent to service unit:
1. Standard Agency Application Form (CRSRehab-ExMI Form 2)
2. Chest X-Ray Report

Signature: ( ) Post:

PART II
Reply to CRSRehab-ExMI

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

From: To:

The applicant Accepts (For priority placement, the applicant is confirmed to have urgent service need.) / 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:
  Hospitalization on in due to
  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.
RESTRICTED

REFERRAL FOR ADMISSION

PART I List of Application

From: To:
Tel. No.: Fax No.:
Fax No.:
Date:
Name of Applicant: CRSRehab-ExMI No.:
I forward the captioned application for admission to your unit. Please reply within 2 week(s) by completing this part.
Signature: ( ) Post:

PART II Report on Case Intake

(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
☐ Hospitalization on ______ in ______ due to
☐ 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.: __________________
e.c. referrer: _, (Fax no.: )
RESTRIC TED
Reminder to Rehabilitation Unit

PART I List of Application (Reminder)  

From:                                           To:
Tel. No.:                                        Fax No.:
Date:                                            
Applicant: HKIC: CRSRehab No.:
I forward the captioned application for admission to your unit. Please reply within 1 week(s) by completing Part II.

Signature:                                     ( ) Post:

PART II Notification of Result  
(be completed by Rehabilitation Unit and sent / faxed back to CRSRehab-ExMI)

From:                                           To: Oi/c CRSRehab - ExMI

The application of ________________ has been processed and the result is as follows:
Admitted with date: ___/___/______ (DD/MM/YYYY)

Attention
Please be aware that if CRSRehab-ExMI does not receive a concrete reply within 1 week(s) from the date of this form issued, second reminder will be issued. The case will be regarded as a rejected case if no concrete reply received within (1 week(s)) after the second reminder is issued.

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
☐ prefer another type of services
☐ self-withdrawal and refuse to give reason
☐ Hospitalization on __________________________ in __________________________ due to __________________________
☐ 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. Supervisor
RESTRICTED
Second Reminder to Rehabilitation Unit

PART I
List of Application (Second Reminder)

From: 
Tel. No.: 
Fax No.: 
Date: 
Applicant: 
HKIC: 
CRSRehab No.: 
I forward the captioned application for admission to your unit. Please reply within 1 week(s) by completing Part II.

Signature: __________________________ ( ) Post:

PART II
Notification of Result

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

From: 
To: Oi/c CRSRehab-ExMI

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

Admitted with date: _____ / _____ / ________ (DD/MM/YYYY)

Attention

Please be aware that if CRSRehab-ExMI does not receive a concrete reply within 1 week(s) from the date of this form issued, the case will be regarded as a rejected case.

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
☐ Hospitalization on __________________________ in __________________________ due to __________________________
☐ 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. Agency Head
RESTRICTED

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:

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

Name of applicant: 
HKIC: 
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 are 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:

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

( )
CONFIRMATION OF REGISTRATION

From: Central Referral System for Rehabilitation Services
Subsystem for the Aged Blind (CRSRehab-AB)
Social Welfare Department
Room 901, 9/F Wu Chung House,
213 Queen's Road East, Wanchai, Hong Kong

To: CRSRehab-AB
Tel.: Your Ref.
Fax: Your Fax
Date: 

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 at 2892 5136. For data protection, only enquiries from the referrers will be answered.

I. Information of referrer
Tel No.

II. Personal Particulars
Name (English): Sex:
Name (Chinese): Date of Birth:
HKIC: Residential District:

III Disability
Degree of Visual Impairment:
Mobility:
Mental State: Incontinence

IV. Placement Request
Type of placement:
CRSRehab-AB no. Application date:
Status of service:
Location preference:

V. Status of applicant:
Priority:

( )
Confirmation of Registration

From: Central Referral System for Rehabilitation Services
Subsystem for the Aged Blind (CRSRehab-AB)
Social Welfare Department
Room 901, 9/F Wu Chung House,
213 Queen's Road East, Wanchai, Hong Kong

To:

CRSRehab-AB Tel.: 
Fax: 
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 at 2892 5136. For data protection, only enquiries from the referrers will be answered.

I. Information of referrer:
Tel No.

II. Personal Particulars
Name (English): 
Name (Chinese): 
HKIC: 
Sex: 
Date of Birth: 
Residential District:

III Disability
Degree of Visual Impairment:
Mental State: 
Mobility: 
Incontinence

IV. Placement Request
Type of placement: 
CRSRehab-AB no. 
Application date: 
Status of service: 
Location preference:

V. Status of applicant: Priority : 

( )
To: Applicant (Via Caseworker/Referrer)

The following application has been registered in the Central Referral System for Rehabilitation Services of the Social Welfare Department (SWD) with details listed as below:

Name:
Hong Kong Identity Card:
Date of Application:
Rehabilitation Service(s) Applying for:
Status on Waiting List:
Your Reference:
CRSRehab No.:
Location Preference:

Once you are selected for a placement in rehabilitation unit, the Central Referral System for Rehabilitation Services will inform you via the referring social worker to prepare for acceptance of placement offer. For maintaining good contacts among all parties concerned, please inform the referring social worker as early as possible if you have changes in your address, telephone number or rehabilitation services required, so that information may be updated at the Central Referral System for Rehabilitation Services. SWD and the referring agency will not charge for the application and referral for service. The applicant should report to the Independent Commission Against Corruption (ICAC) immediately in case anyone offers to assist in application for placement in return for remuneration. Attempted bribery by any person is also an offence in law, SWD will refer the case to ICAC for investigation.

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

Caseworker / Referral Name:
Centre:
Office Address:
Phone Contact No. (ext.):
**RESTRICTED**

**Removal from Waiting List**

From: Central Referral System for Rehabilitation Services
Subsystem for the Aged Blind (CRSRehab-AB)
Social Welfare Department
Room 901, 9/F Wu Chung House,
213 Queen's Road East, Wanchai, Hong Kong

To: 

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

Name:
HKIC:
CRSRehab No.:

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

☐ Case closed in CRSRehab-AB upon:


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

( )
RESTRICTED

Selection for Placement

From: Central Referral System for Rehabilitation Services
Subsystem for the Aged Blind (CRSRehab-AB)
Social Welfare Department
Room 901, 9/F Wu Chung House,
213 Queen's Road East, Wanchai, Hong Kong

To: 

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

The following applicant has been selected for placement in rehabilitation unit with details shown below. Please reply to CRSRehab by Form 7 within 3 week(s).

Your early reply will facilitate the applicant’s admission for service. You may consider contacting the rehabilitation unit for arrangement of visits for the applicant or information on the service as appropriate. (For priority placement, please review and confirm the applicant still has urgent service need.)

Name of applicant: 
HKIC: 
CRSRehab No.: 
Name of Rehabilitation Unit: 
Type of Service: 
Address: 
Tel. No.: 
Fax No.: 
Date of Selection: 

For applicant accepting the placement offer, please forward the following required papers:
1. CRSRehab-AB Form 7 
2. CRSRehab-AB Form 2 
3. Certification on blindness
RESTRICTED

Notification of Case Selection to Rehabilitation Unit

From: Central Referral System for Rehabilitation Services
Subsystem for the Aged Blind (CRSRehab-AB)
Social Welfare Department
Room 901, 9/F Wu Chung House,
213 Queen's Road East, Wanchai, Hong Kong

To:

CRSRehab Tel.: Your Tel:
Fax: Your Fax:
Date:

Listed below for your information are the application(s) that have been selected from the waiting list for placement in your service unit. These applicants have 3 week(s)’ time to decide whether they accept the placement offer or not. Subject to their acceptance of placement offer, the referrer and/or CRSRehab 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender/ Age</th>
<th>CRSRehab No.</th>
<th>Referring Office</th>
<th>Name of Referrer</th>
<th>Tel</th>
<th>Normal/ Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

( )
RESTRICTED

Reminder to Referrer

From: Central Referral System for Rehabilitation Services  
Subsystem for the Aged Blind (CRSRehab-AB)  
Social Welfare Department  
Room 901, 9/F Wu Chung House,  
213 Queen's Road East, Wanchai, Hong Kong

To:

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

Name of applicant:  
HKIC:  
CRSRehab No.:  
Name of Rehabilitation Unit:  
Date of Selection:  

CRSRehab has not received your reply to the placement offer for the above-named applicant. I would be grateful if you would reply to CRSRehab via Form 7 within 2 week(s). 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.

( )

c.c. Agency Head
Referral for Admission

From: Central Referral System for Rehabilitation Services
Subsystem for the Aged Blind (CRSRehab-AB)
Social Welfare Department
Room 901, 9/F Wu Chung House,
213 Queen's Road East, Wanchai, Hong Kong

To:

CRSRehab Tel.: Your Tel: 
Fax: Your Fax: 
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 28 day(s).

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

Case particulars:

Name of applicant: Hong Kong
Gender / D.O.B.: / CRSRehab No.: 
Identity Card: 

Referral papers attached:

1. CRSRehab-AB Form 2
2. Certification on blindness

(c) Referring office (without enclosure):
Service Centre, (Fax no.: )
(case ref. )
Reminder to Rehabilitation Unit

From: Central Referral System for Rehabilitation Services
Subsystem for the Aged Blind (CRSRehab-AB)
Social Welfare Department
Room 901, 9/F Wu Chung House,
213 Queen's Road East, Wanchai, Hong Kong

To: 

CRSRehab Tel.: Your Tel: 
Fax: Your Fax: 
Date: 

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

<table>
<thead>
<tr>
<th>Date of Referral</th>
<th>CRSRehab No.</th>
<th>Name of Applicant</th>
<th>Gender</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

( )

c.c. Agency Head
Referrer:
RESTRICTED

Outcome of Application for Priority Placement

From: Central Referral System for Rehabilitation Services
Subsystem for the Aged Blind (CRSRehab-AB)
Social Welfare Department
Room 901, 9/F Wu Chung House,
213 Queen's Road East, Wanchai, Hong Kong

To:

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

Name of applicant:
HKIC:
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 are 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:

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

( )
Confirmation of Registration

From: Central Referral System for Rehabilitation Services
Subsystem for Small Group Home for Mildly Mentally Handicapped Children
Social Welfare Department
Room 901, 9/F Wu Chung House, 213 Queen's Road East
Wanchai, Hong Kong

To: CRSRehab–SGH
Tel.: Your Ref.
Fax: Your Fax:

Date:

The following applicant has been registered in CRSRehab–SGHMMHC 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–SGHMMHC by Form 3. For case enquiries, please contact the staff-on-duty at 2892 5136.

For data protection, only enquiries from the referrer will be answered.

I. Information of referrer:
Tel No.

II. Personal Particulars
Name (English): Sex:
Name (Chinese): Date of Birth:
HKBC: Residential District:

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

IV. Placement Request
Type of placement:
CRSRehab–SGHMMHC no. Application date:
Status of service:
Location preference: 1. 2. 3. 4. 5.

V. Status of applicant:
Priority: ( )

ab - SGHMMHC
RESTRICTED

Confirmation of Registration

From: Central Referral System for Rehabilitation Services
Subsystem for Small Group Home for Mildly Mentally Handicapped Children
Social Welfare Department
Room 901, 9/F Wu Chung House, 213 Queen’s Road East
Wanchai, Hong Kong

To:

CRSRehab-SGH Tel.: Your Ref.: 
Fax: Your Fax:
Date:

The following applicant has been registered in CRSRehab–SGHMMHC 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–SGHMMHC by Form 3. For case enquiries, please contact the staff-on-duty at 2892 5136. For data protection, only enquiries from the referrer will be answered.

I. Information of referrer:
Tel No.

II. Personal Particulars
Name (English): Sex:
Name (Chinese): Date of Birth:
HKBC: Residential District:

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

IV. Placement Request
Type of placement: 
CRSRehab-SGHMMHC no. Application date:
Status of service:
Location preference: 1.
2.
3.
4.
5.

V. Status of applicant: Priority :

( )
### Notification of Registration for Rehabilitation Services

Central Referral System for Rehabilitation Services
Social Welfare Department

致：康復服務申請人（經個案社工／轉介者轉交）
To: Applicant (Via Caseworker/Referrer)

下列申請經已於社會福利署（社署）康復服務中央轉介系統內登記，詳情如下：
The following application has been registered in the Central Referral System for Rehabilitation Services of the Social Welfare Department (SWD) with details listed as below:

<table>
<thead>
<tr>
<th>姓名：</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>香港出生證明書：</td>
<td>Hong Kong Birth Certificate:</td>
</tr>
<tr>
<td>申請日期：</td>
<td>Date of Application:</td>
</tr>
<tr>
<td>申請輪候的康復服務：</td>
<td>Rehabilitation Service(s) Applying for:</td>
</tr>
<tr>
<td>輪候狀況：</td>
<td>Status on Waiting List:</td>
</tr>
<tr>
<td>檔案號碼：</td>
<td>Your Reference:</td>
</tr>
<tr>
<td>申請人編號：</td>
<td>CRSRehab No.:</td>
</tr>
<tr>
<td>服務地區選擇：</td>
<td>Location Preference:</td>
</tr>
</tbody>
</table>

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。就上述服務的申請及轉介事宜，社署及轉介機構不會收取任何費用。若有人藉詞協助申請而索取利益，申請人應立即向廉政公署舉報。任何人意圖行贿，亦屬違法，社署會將個案轉介廉政公署查究。

如你對以上的申請有任何查詢，請與你的社工／轉介者聯絡：
Should you have any enquiry on the above application, you may contact your referring social worker:
From: Central Referral System for Rehabilitation Services
Subsystem for Small Group Home for Mildly Mentally Handicapped Children
Social Welfare Department
Room 901, 9/F Wu Chung House, 213 Queen’s Road East
Wanchai, Hong Kong

To:

Name: 
HKIC: 
CRSRehab No.: 

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

☒ Case closed in CRSRehab-SGH upon:
Admitted to required service


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

Selection for Placement

From: Central Referral System for Rehabilitation Services
Subsystem for Small Group Home for Mildly Mentally Handicapped Children
Social Welfare Department
Room 901, 9/F Wu Chung House, 213 Queen’s Road East
Wanchai, Hong Kong

To:

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

The following applicant has been selected for placement in rehabilitation unit with details shown below. Please reply to CRSRehab by Form 7 within 3 week(s).

Your early reply will facilitate the applicant’s admission for service. You may consider contacting the rehabilitation unit for arrangement of visits for the applicant or information on the service as appropriate. (For priority placement, please review and confirm the applicant still has urgent service need.)

Name of applicant: 
HKIC: 
CRSRehab No.: 
Name of Rehabilitation Unit: 
Type of Service: 
Address: 
Tel. No.: 
Fax No.: 
Date of Selection: 

For applicant accepting the placement offer, please forward the following required papers:
1. CRSRehab-SGH Form 7
2. Psychological report (for MH)
3. Referral Form for Placement in Residential Child Care Services (CRSRC 3)
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 week(s)' time to decide whether they accept the placement offer or not. Subject to their acceptance of placement offer, the referrer and/or CRSRehab 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender/Age</th>
<th>CRSRehab No.</th>
<th>Referring Office</th>
<th>Name of Referrer</th>
<th>Tel</th>
<th>Normal/Priority</th>
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</table>
CRSRehab-SGHMMHC Form 7A

RESTRICTED

Reminder to Referrer

From: Central Referral System for Rehabilitation Services
Subsystem for Small Group Home for Mildly Mentally Handicapped Children
Social Welfare Department
Room 901, 9/F Wu Chung House, 213 Queen’s Road East
Wanchai, Hong Kong

To: [Blank]

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

Name of applicant:
HKIC:
CRSRehab No.:
Name of Rehabilitation Unit:
Date of Selection:

CRSRehab has not received your reply to the placement offer for the above-named applicant. I would be grateful if you would reply to CRSRehab via Form 7 within 2 week(s). 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.

( )

c.c.
Referral for Admission

From: Central Referral System for Rehabilitation Services
Subsystem for Small Group Home for Mildly Mentally Handicapped Children
Social Welfare Department
Room 901, 9/F Wu Chung House, 213 Queen’s Road East
Wanchai, Hong Kong

To: [Name of Rehabilitation Unit]

CRSRehab Tel.: [Your Ref].
Fax: [Your Fax].
Date: [Your Fax].

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 28 day(s).

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

Case particulars:

Name of applicant: [Name of applicant]
Travel Document: [Travel Document]
Gender / D.O.B.: [Gender / D.O.B.]
CRSRehab No.: [CRSRehab No.]

Referral papers attached:

1. Psychological report (for MH)
2. Referral Form for Placement in Residential Child Care Services (CRSRC 3)

(c.c. Referring office (without enclosure):)
Outcome of Application for Priority Placement

From: Central Referral System for Rehabilitation Services
Subsystem for Small Group Home for Mildly Mentally Handicapped Children
Social Welfare Department
Room 901, 9/F Wu Chung House, 213 Queen’s Road East
Wanchai, Hong Kong

To:

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

Name of applicant: HKIC: 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 are 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:

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

Reminder to Rehabilitation Unit

From: Central Referral System for Rehabilitation Services
Subsystem for Small Group Home for Mildly Mentally Handicapped Children
Social Welfare Department
Room 901, 9/F Wu Chung House, 213 Queen’s Road East
Wanchai, Hong Kong

To: 

CRSRehab Tel.: Your Tel.: 
Fax: Your Fax.: 
Date: 

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

Date of Referral CRSRehab No. Name of Applicant Gender Age 

( )

C.c. Agency Head
Referrer:
OUTCOME OF APPLICATION FOR PRIORITY PLACEMENT

From: Central Referral System for Rehabilitation Services
Subsystem for Small Group Home for Mildly Mentally Handicapped Children
Social Welfare Department
Room 901, 9/F Wu Chung House, 213 Queen’s Road East
Wanchai, Hong Kong

To: 

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

Name of applicant:
HKIC:
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 are 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:

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

( )
RESTRICTED

Confirmation of Registration

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

To:

CRSRehab-SE Tel.: Your ref.:
Fax: YourTel:

Date: Your Fax:

The following applicant has been registered in CRSRehab–SE for supported employment service. Please kindly verify the following data and use Form 3 to amend/update the information if needed. For case enquiries, please contact the undersigned at 2892 5344. For protection of private data, only enquiries from the referrers will be answered.

I. Personal Particulars
Name (English): Sex:
HKIC: Residential District:
Date of Birth:

II. Disability
Ex-mental ill: Spastic/cerebral palsy:
Mentally Handicapped: Epilepsy:
Mental Age: Mobility:
IQ Score: Climb Stair/Slope:
Date of Assessment: Medication:
Public transport:
Physical handicap: Treatment required:
Hearing Impairment: Rehabaid used:
Visual Impairment:
Visceral disability:
Other disability:

III. Placement Request
Type of placement: Application date:
CRSRehab no. Waiting List:
Location preference:

( )
RESTRICTED

Confirmation of Registration

From: Central Referral System for Rehabilitation Services
Subsystem for the Supported Employment Service
Social Welfare Department
9/F Wu Chung House 213 Queen’s Road East
Wanchai, Hong Kong

To:

CRSRehab-SE Tel.: Your ref.: 
Fax: Your Tel: 
Date: Your Fax: 

The following applicant has been registered in CRSRehab–SE for supported employment service. Please kindly verify the following data and use Form 3 to amend/update the information if needed. For case enquiries, please contact the undersigned at 2892 5344. For protection of private data, only enquiries from the referrers will be answered.

I. Personal Particulars
Name (English): Sex: 
HKIC: Residential District: 
Date of Birth: 

II. Disability
Ex-mental ill: Spastic/cerebral palsy: 
Mentally Handicapped: Epilepsy: 
Mental Age: Mobility: 
IQ Score: Climb Stair/Slope: 
Date of Assessment: Medication: 
Physical handicap: Public transport: 
Hearing Impairment: Treatment required: 
Visual Impairment: Rehabaid used: 
Visceral disability: 
Other disability: 

III. Placement Request
Type of placement: Application date: 
CRSRehab no. Waiting List: 
Location preference: 

( )
Removal from Waiting List

From: Central Referral System for Rehabilitation Services
Subsystem for the Supported Employment Service
Social Welfare Department
9/F Wu Chung House 213 Queen’s Road East
Wanchai, Hong Kong

To:

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

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

The above-named application has been removed from the waiting list due to the following reason:
Case closed in CRSRehab-SE upon:

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

Oi/c CRSRehab-SE
**RESTRICTED**

**Removal from Waiting List**

From: Central Referral System for Rehabilitation Services
Subsystem for the Supported Employment Service
Social Welfare Department
9/F Wu Chung House 213 Queen’s Road East
Wanchai, Hong Kong

To:

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

Name: ( )
HKIC: 
CRSRehab No.:

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

☐ Case closed in CRSRehab-SE upon:


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

Selection for Placement

From: Central Referral System for Rehabilitation Services
Subsystem for the Supported Employment Service
Social Welfare Department
9/F Wu Chung House 213 Queen’s Road East
Wanchai, Hong Kong

To:

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

The following applicant has been selected for placement in a supported employment service unit with details shown below. Please reply to CRSRehab by Form 7 within 3 week(s).

Your early reply will facilitate the applicant’s admission for service. You may consider contacting the supported employment service unit for arrangement of visits for the applicant or information on the service as appropriate. (For priority placement, please review and confirm the applicant still has urgent service need.)

Name of applicant: 
HKIC: 
CRSRehab No.: 
Name of Rehabilitation Unit: 
Type of Service: 
Address: 
Tel. No.: 
Fax No.: 
Date of Selection: 

If the applicant accepts the placement offer, please send the following required papers to the supported employment service unit directly:
1. Form 1 
2. Form 7 
3. Medical report (for Ex-MI, MH, PH, HI, VI and VD)

( )
Notification of Case Selection to Supported Employment Service Unit

From: Central Referral System for Rehabilitation Services
Subsystem for the Supported Employment Service
Social Welfare Department
9/F Wu Chung House
213 Queen’s Road East
Wanchai, Hong Kong

To:

CRSRehab-SE Tel.: Your Tel:
Fax: 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, 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex/Age</th>
<th>CRSRehab No.</th>
<th>Referrer/Tel. No.</th>
<th>Normal/Priority</th>
</tr>
</thead>
</table>
**Reminder to Referrer**

From: Central Referral System for Rehabilitation Services  
Subsystem for the Supported Employment Service  
Social Welfare Department  
9/F Wu Chung House  
213 Queen’s Road East  
Wanchai, Hong Kong

To: [Blank]

CRSRehab-SE Tel.:
Fax:
Date:

Name of applicant:
HKIC No.:
CRSRehab No.:
Date of Selection:

Name of SE Unit: [Blank]

CRSRehab-SE has not received your reply to the placement offer for the above-named applicant. I would be grateful if you would reply to CRSRehab-SE 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-SE.

c.c. ADSWO(Blank) (for SWD Staff)  
Agency Head (for NGO Staff)
Referral for Admission

From: Central Referral System for Rehabilitation Services
Subsystem for the Supported Employment Service
Social Welfare Department
9/F Wu Chung House
213 Queen’s Road East
Wanchai, Hong Kong

To:

CRSRehab-SE Tel.: Your Tel:
Fax: Your Fax:

Date:

Referral for Admission to

Please be informed that the following applicant is referred for admission to your unit. Please kindly reply CRSRehab-SE by Form 9 within 21 day(s).

Case particulars:

Name of applicant: Hong Kong Identity Card.:
Gender / D.O.B.: CRSRehab No.:

By copy of this, the referrer is requested to contact the supported employment service unit for case intake and pass the following referral papers to the unit.

1. Form 1
2. Form 7
3. Psychiatric report (for ExMI)

(c) CRSRehab-SE

Referring office (without enclosure):
(case ref. )
Outcome of Application for Priority Placement

From: Central Referral System for Rehabilitation Services
Subsystem for the Supported Employment Service
Social Welfare Department
9/F Wu Chung House
213 Queen’s Road East
Wanchai, Hong Kong

To: Your Ref.: CRSRehab Tel.: Date: 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 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.

( ) Oi/c CRSRehab-SE

Reminder to Rehabilitation Unit

From: Central Referral System for Rehabilitation Services
Subsystem for the Supported Employment Service
Social Welfare Department
9/F Wu Chung House
213 Queen’s Road East
Wanchai, Hong Kong

To: CRSRehab Tel.: Your Tel: Date: Fax: Your Fax:

The following application(s) has /have been referred to your unit for consideration of admission for more than 3 weeks. So far, no reply has been received by CRSRehab. I would be grateful for your prompt decision on this/ these application(s) and reply to CRSRehab via Form 9 with a copy to the referrer concerned within 2 weeks.

<table>
<thead>
<tr>
<th>Date of Referral</th>
<th>CRSRehab No.</th>
<th>Name of Applicant</th>
<th>Sex</th>
<th>Age</th>
</tr>
</thead>
</table>

( )

c.c. Agency Head
Referrer:
Outcome of Application for Priority Placement

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

To: .................................................................

Your Ref.: ...................................................
Date: ..................................................

CRSRehab Tel.: ...........................................
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 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.
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
No Yes If yes, please elaborate:

Symptoms of Infectious Diseases e.g. diarrhea, rash, frequent cough, past chest infection, etc.

Allergy to Food or Drug

Epilepsy mild (once a month) moderate (once a week) severe (once a day)

Swallowing Difficulties/Easy Choking

Recent Auditory/Visual Deterioration

Other Significant Illness

Recent Travelling (within past 6 months)

Physical Examination
Satisfactory Fair Poor

General Condition
Normal Abnormal If abnormal, please elaborate:

Skin Condition, e.g. scabies, jaundice

Lymphatic System

Dental Condition

Thyroid

Chest

Cardiovascular System

Abdomen

Limbs, Spine

Possible Signs of Infectious Diseases

Other Findings:

BP: mmHg
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

<table>
<thead>
<tr>
<th>Symptoms of Infectious Diseases e.g. diarhoea, rash, frequent cough, past chest infection, etc.</th>
</tr>
</thead>
</table>
| □ □ No □ Yes □ If yes, please elaborate: ___________________________

<table>
<thead>
<tr>
<th>Allergy to Food or Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ No □ Yes □ mild (once a month) □ moderate (once a week) □ severe (once a day)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ No □ Yes □ mild (once a month) □ moderate (once a week) □ severe (once a day)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Swallowing Difficulties/Easy Choking</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ No □ Yes □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recent Auditory/Visual Deterioration</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ No □ Yes □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Significant Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ No □ Yes □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recent Travelling (within past 6 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ No □ Yes □</td>
</tr>
</tbody>
</table>

Physical Examination

General Condition

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skin Condition, e.g. scabies, jaundice</th>
</tr>
</thead>
</table>
| □ □ Normal □ Abnormal □ If abnormal, please elaborate: ___________________________

<table>
<thead>
<tr>
<th>Lymphatic System</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ Normal □ Abnormal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ Normal □ Abnormal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thyroid</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ Normal □ Abnormal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chest</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ Normal □ Abnormal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardiovascular System</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ Normal □ Abnormal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abdomen</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ Normal □ Abnormal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Limbs, Spine</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ Normal □ Abnormal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Possible Signs of Infectious Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ □ Normal □ Abnormal</td>
</tr>
</tbody>
</table>

Other Findings: ___________________________

BP: __________ mmHg
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.
Visual Examination Form
for Admission to Care and Attention Home for the Aged Blind
(to be completed by Medical Officer of Eye Hospital / Eye Clinic or Ophthalmologist)

Only person aged 60 or above and is certified as total blindness or with severe low vision is eligible to apply for Care and Attention Home for the Aged Blind

Name of Applicant: ___________________________  Sex: ___________________
HKID No.: ___________________________ ( )  Date of Birth: ___________________
Hospital / Clinic Reference No.: ___________________

Level of visual impairment *:

<table>
<thead>
<tr>
<th></th>
<th>Right Eye</th>
<th>Left Eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Acuity (corrected)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual Field</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cause of Blindness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certification:
This is to certify that the above-named patient is suffering from **total blindness / severe low vision / moderate low vision / mild low vision.

Remarks:

* The Classification of visual impairment (for corrected vision in the better eye):
  (Extract from Chapter 11 -- Services for Visually Impaired Persons, Hong Kong Rehabilitation Programme Plan 1998/99 to 2002/03)

<table>
<thead>
<tr>
<th>Classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total blindness</td>
<td>people with no visual function, i.e. no light perception</td>
</tr>
<tr>
<td>Severe low vision</td>
<td>people with visual acuity # of 6/120 or worse and people with constricted vision field in which the widest field diameter subtends an angular subtense of 20 degrees or less, irrespective of visual acuity</td>
</tr>
<tr>
<td>Moderate low vision</td>
<td>people with visual acuity from 6/60 to better than 6/120</td>
</tr>
<tr>
<td>Mild low vision</td>
<td>people with visual acuity from 6/18 to better than 6/60</td>
</tr>
</tbody>
</table>

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

** Please delete the inappropriate item.

Signature: ___________________________  Date: ___________________________

Doctor’s name: ___________________________  Hospital / Clinic: ___________________________

(Revised 5/2009)
### Summary of Procedures on Central Referral System for Rehabilitation Services

<table>
<thead>
<tr>
<th>Subsystem</th>
<th>Services Types</th>
<th>Maximum No. &amp; Particulars of Preference</th>
<th>No. of Offer</th>
<th>Rejection by Agency</th>
<th>Hospitalisation of Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subsystem for the Mentally/Physically Handicapped</strong></td>
<td>Small Group Home for Mildly Mentally Handicapped Children/Integrated Small Group Home</td>
<td>5 preferences by region/district/centre</td>
<td></td>
<td></td>
<td>(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/she is still in need of the service.</td>
</tr>
<tr>
<td></td>
<td>Supported Hostel, Supported Housing, Hostels for Mentally/Physically Handicapped Persons, Care &amp; Attention Home for Severely Disabled Persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sheltered Workshop, Day Activity Centre</td>
<td>3 preferences by region/district/centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subsystem for the Ex-Mentally Ill</strong></td>
<td>Training and Activity Centre for Ex-mentally Ill Persons</td>
<td>2 preferences by region/district/centre</td>
<td></td>
<td></td>
<td>(b) For an applicant admitted to a general hospital while being offered a placement, his/her name will be retained on the list for 3 months, which may be extended to 6 months in exceptional circumstances.</td>
</tr>
<tr>
<td></td>
<td>Supported Hostel</td>
<td>1 preference by region/district/centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Halfway House</td>
<td>3 preferences by region/district/centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Long Stay Care Home</td>
<td>2 preferences by region/district/centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subsystem for the Aged Blind</strong></td>
<td>Care &amp; Attention Home for the Aged Blind</td>
<td>3 preferences by region/district/centre</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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

Central Referral System for Rehabilitation Services
Social Welfare Department
Information Paper on the "Validity" of an Intellectual Assessment Report

1. No "valid period" for intellectual assessment reports in general can be given, since time is neither a necessary factor nor the only factor that affects the functioning of a person. Each case has to be decided on an individual basis.

2. Intellectual assessment consists of assessment of both intellectual functioning and adaptive functioning. From a clinical psychologist's point of view, the need for re-assessment of a client's intellectual and adaptive functioning may be indicated under the following circumstances:

(i) If the client's first assessment was conducted when he/she was at a very tender age, e.g. under six, it would be worthwhile, if necessary, for a re-assessment 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 can 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 had been living a deprived life when he/she underwent his/her first assessment, he/she may need a re-assessment after he/she has been given opportunity to learn and develop. For instance, new immigrants from mainland China might have lived 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/she 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. Examples of such events are a car accident which brings brain injury or a serious disease which leads to deterioration of a client's abilities. In these situations, a re-assessment may be needed to find out the client's current levels of intellectual functioning and adaptive functioning.

(iv) A client who is placed in a certain training centre is found to be unsuitable for it. For instance, a client who is placed in a day activity centre is found to be able to perform much better than the expected level, or a client who is placed in a sheltered workshop is found to be unable to adjust to the programmes there. In these situations, a re-assessment can be conducted to facilitate the allocation of more appropriate training programmes or placements.

________________________________

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區域/地區/中心，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區域/地區/中心，其輪候的時間會有選擇的申請為短。倘若有實際需要，申請人可以指定選擇服務區域/區/中心。

(四) 申請人在未被安排所需的服務前，可隨時更改其區域/地區/中心的選擇。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日間或間及住宿服務，除以下情況外，則該項申請會在輪候冊上被刪除：

a) 獲編配之日間或日間及住宿服務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 an Intellectual Assessment Report

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   (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. Examples of such events are a car accident which brings brain injury or a serious disease which leads to deterioration of a client’s abilities. In these situations, a re-assessment may be needed to find out the client’s current levels of intellectual functioning and adaptive functioning.

   (iv) A client who is placed in a certain training centre is found to be unsuitable for it. For instance, a client who is placed in a day activity centre is found to be able to perform much better than the expected level, or a client who is placed in a sheltered workshop is found to be unable to adjust to the programmes there. In these situations, a re-assessment can be conducted to facilitate the allocation of 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, if a client has to be transferred from a day sheltered workshop to another sheltered workshop with residential service, he/she will be assessed with the SAT (Standardized Assessment Tool for Residential Services for People with Disabilities), which covers a series of factors associated with his/her residential service needs, instead of being evaluated for an updated severity of intellectual disability only. In this case, an updated assessment on the person’s intellectual functioning and adaptive functioning is NOT necessary. Similarly, the Common Referral Form completed by special schools is much more comprehensive and informative than an intellectual assessment report for the purpose of evaluating a client’s suitability for a post-school placement. To require intellectual assessment to be conducted again in spite of the rich information supplied by the special school is simply redundant, if not totally 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 levels of general intellectual functioning and adaptive functioning. Additionally, 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, which represents his/her overall intellectual abilities and potentials, can remain quite constant over a long time under normal circumstances. Similarly, his/her overall adaptive functioning standard score, though less constant than IQ, is generally stable within a period of time if no special circumstances arise.

Clinical Psychological Service Branch
Social Welfare Department
15 July 2016
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Applicant is put on the waiting list for residential service under CRSRehab

Case should be under periodical review of referrer

Is the health condition of applicant deteriorated and the need of care beyond that provided by CRSRehab residential service?

Yes

Referrer to refer case to CWL or CWLSMHIO of HA for infirmary placement by LDS Form 5a (Infirmary) or Application Form for SMHI respectively

Applicant is selected to RU for admission to CRSRehab residential service

Is the applicant accepted by RU for admission?

No

Reason: Applicant is considered in need of infirmary care
RU to inform CRSRehab and referrer of rejection by CRSRehab Form 9

Reason: Others
RU to inform CRSRehab and referrer of rejection by CRSRehab Form 9

Arrangement of admission by RU

Follow up procedures: refer to CRSRehab Manual

No

Is applicant in need of infirmary care as assessed by HA?

Yes

Referrer to update assessment result with CRSRehab for case clearing by CRSRehab Form 3 immediately

Referrer to refer case to CWL or CWLSMHIO of HA for arrangement of early assessment by LDS Form 5a (Infirmary) or Application Form for SMHI respectively with a covering memo (Appendix 5). Meanwhile, the case is put back on waiting list of CRSRehab

No

Referrer to update assessment result with CRSRehab by CRSRehab Form 3

Applicant is put on CIWL or CWLSMHIO of HA
### Referral for Infirmary Service

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Central Waiting List for</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Name of Referrer)</td>
<td>Central Infirmary</td>
<td>SMH Infirmary Office</td>
</tr>
<tr>
<td></td>
<td>Waiting List Office</td>
<td>(Attn: SEM(MS))</td>
</tr>
<tr>
<td></td>
<td>(Attn: EM(PS))6</td>
<td>Hospital Authority</td>
</tr>
<tr>
<td></td>
<td>Room 515, Hospital</td>
<td>Room 514 S, Hospital</td>
</tr>
<tr>
<td></td>
<td>Authority Building</td>
<td>Authority Building</td>
</tr>
<tr>
<td></td>
<td>147B Argyle Street,</td>
<td>147B Argyle Street,</td>
</tr>
<tr>
<td></td>
<td>Kowloon</td>
<td>Kowloon.</td>
</tr>
<tr>
<td>Ref.</td>
<td></td>
<td>Tel.: 2300 6364</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax: 2881 5644</td>
</tr>
<tr>
<td>Tel.</td>
<td></td>
<td>Central Waiting List for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SMH Infirmary Office</td>
</tr>
<tr>
<td>Fax</td>
<td></td>
<td>(Attn: EM(PS))6</td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td>Hospital Authority</td>
</tr>
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<td>Room 514 S, Hospital</td>
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<td>Authority Building</td>
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<td>147B Argyle Street,</td>
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<td>Kowloon.</td>
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1. **Case information**

   Name: ___________________  HKIC No.: ______________  CRSRehab No.: ___________

2. **Referral for assessment of need for infirmary service/backdating application***:

   2.1 □ The above-named has been referred for admission to a Care and Attention Home for Severely Disabled Persons (C&A/SD) / Hostel for Severely Mentally Handicapped (HSMH) / Hostel for Moderately Mentally Handicapped (HMMH) / ____________________________*, but is considered to be in need of infirmary service at the intake assessment. Hence, I would like to refer the case to you for an early assessment to confirm his/her* suitability for infirmary service. Attached please find the referral document:

   □ LDS Form 5a (Infirmary) for General Infirmary

   □ Application Form for SMH Infirmary

   2.2 □ The above-named is referred to you for backdating the application for infirmary service as on. The case has already been closed at CRSRehab. Attached please find the CRSRehab-MPH Form 1A and Form 4 as the supporting documents for your follow up action.

   Signature: ___________________

   Name: ___________________

   Post: ___________________

* please delete as appropriate. For services other than these 3 services listed in the form, please fill in the blank with reference to paragraph 2.14.

c.c. Oi/c CRSRehab-MPH (for 2.1 only) w/o encl.