CRSRehab-MPH Form 7

(Revised 12/2023)

#### RESTRICTED

#### Reply to CRSRehab-MPH on Selection for Placement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |       |  |  | To: | Central Referral System for Rehabilitation ServicesSubsystem for the Mentally / Physically HandicappedSocial Welfare Department6/F, West Coast International Building290-296 Un Chau StreetSham Shui Po, Kowloon |
|  |       |  |  |
|  | *(Name of Referring Office and Organization)* |  |  |
|  |       |  |  |
|  | *(Address of Referring Office)* |  |  |
| Tel.: |       | Fax: |       |  |  |  | 3586 3809 (DAC/HSMH/C&A/SD)3586 3826 (SW/IVRSC/SHOS/HMMH/HSPH) 3422 3995 (Inactive Waitlisting Mechanism) |  |  |
| Date: |       | Ref.: |       |  |  | Tel.: | Fax: | 3755 4946 |
|  |  |  |  |  |  |

|  |
| --- |
| Selection for Placement to *(name of rehabilitation unit)*:        |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |       | ID No.: |       | CRSRehab No.: |       |

|  |  |
| --- | --- |
|  | **Applicant accepts the offer of day service / applicant is assessed to have need for residential service under the Standardised Assessment Mechanism \*** (For priority placement, the applicant is confirmed to have urgent service need.)The following documents are attached:  |
|  |  | CRSRehab-MPH Form 1 |  | Case summary |
|  |  | Psychological/psychiatric/medical\* report |  | Medical Examination Form (MEF) |
|  |  | School progress/VTC\* report/Occupational Therapist report |  | Certificate of blindness |
|  | **Applicant is assessed to have no residential service need under the Standardised Assessment Mechanism. Case can be deleted from CRSRehab-MPH.** |
|  | **Applicant is assessed to have residential service need under the Standardised Assessment Mechanism but he/she is not yet ready for admission to RCHD at the current stage. Case can be transferred to the inactive waiting list and be reviewed annually.***Note: The applicant /family members/carer/guardian should note that the case would not be offered RCHD placement as far as the applicant is in the inactive waiting list.* |
|  | **Applicant is assessed to have other residential service need under the Standardised Assessment Mechanism.**  |
|  | **Applicant declines the offer** (Please ✓ only one box):  |
|  |  | Applicant considers the location of rehabilitation unit unfavourable. |
|  |  | Prefer to live with/be looked after by family member(s). |
|  |  | Satisfied with the present arrangement of day training or community support service. |
|  |  | Transport not available/cannot be arranged. |
|  |  | Applicant left Hong Kong or emigrated overseas. |
|  |  | Lost contact with applicant. |
|  |  | Applicant passed away. |
|  |  | Applicant is engaged in open employment at present. |
|  |  | Applicant is engaged in supported employment at present. |
|  |  | Applicant is attending special school at present. |
|  |  | Applicant is residing in self-financing or private home. |
|  |  | The placement offer does not match applicant’s service request or location preference. |
|  |  | Applicant applies for Continuation of Study (COS). The applicant will continue to study in school until       (Date) |
|  |   | Others, please specify:  |       |

CRSRehab-MPH Form 7

(Revised 12/2023)

CRSRehab No.:

|  |  |
| --- | --- |
|  | **Applicant is temporarily hospitalised.** Name of Hospital: Admission date: Diagnosis/Treatment required:**Please transfer the Applicant to the inactive waiting list if he/she is waitlisting for pair-up or residential service.** |
|  |  |
|  | *(for day and residential service applicant only)* **Applicant prefers that day service be offered with residential placement together.** |

|  |  |  |
| --- | --- | --- |
|  | Signature: |  |
|  | Name: |       |
| \* *Please delete as inapplicable* | Post: |       |