Application for Priority Placement

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

**1. Case particulars**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |       | Sex/D.O.B.: |       | HKID No.: |       |
| Address: |       | Tel.: |       |
| Diagnosis: |       |
| Placement(s) required: |  () | CRSRehab No.: | D      |

**2. Reasons for priority application (Please attach additional sheet if required)**

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**3. Preference in location if necessary :**

[ ]  **No** [ ]  **Yes (Preference is not encouraged unless absolutely necessary)**

|  |  |  |
| --- | --- | --- |
| Please Specify location preference: |       | and give justifications below : |
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|       |
|       |

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| Prepared by |       |  | Endorsed by\* |       |
| Signature: |       |  | Signature: |       |
| Name: |       |  | Name: |       |
| Post: |       |  | Post: |       |

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