**RESTRICTED**

**Data Updating Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |       |  |  | To: | Central Referral System for Rehabilitation ServicesSubsystem for the Ex-Mentally IllSocial Welfare DepartmentRoom 901, 9/F Wu Chung House213 Queen's Road East, Wanchai, Hong Kong |
|  | *(Name of Referring Office)* |  |  |  |  |
|  |       |  |  |  |  |
|  | *(Name of Organization)* |  |  |  |  |
| Ref.: |       |  |  |  |  |
| Tel.: |       |  |  | Your Ref.: |  |
| Fax: |       |  |  | Tel.: | 2892 5136 |
| Date: |       |  |  | Fax: | 2893 6983 |
|  |  |  |  |  |  |
|  |
| Name of applicant: |       | HKIC No.: |       | CRSRehab No.: |       |

Information to be updated: (✓ in the appropriate box)

|  |  |
| --- | --- |
|  | Day placement is no longer required. (Case will be removed from Day placement waiting list) Residential placement is no longer required. (Case will be removed from Residential placement waiting list) |
|  | Update in placement request: | Day placement:  Sheltered Workshop/ IVRSC |
| Residential placement:  |
|  SHOS (Subvented) |  SHOS (Subvented + BPS\*) |
|  HWH (Subvented) |  HWH (Subvented + BPS\*) | HWH(SP) |
|  LSCH (Subvented) |  LSCH (Subvented + BPS\*) |
|  |  |  |  |
|  | Change in location preference: |  Day placement: |  Residential placement: |
|  | *-*  | *-*  |
|  | *-*  | *-*  |
|  | *-*  | *-*  |
|  |  |  |
|  | Change in referring office #: | *(New office name)*  |
|  |  |  |
|  | Change in referrer #: | *(New referrer name)*  |
|  |  | *(Phone number)*  | *(Fax number)*  |
|  |  |
|  | Change in applicant’s personal particulars (residential district, disability, etc.):  |  |
|  |  |  |
|  | Update status in Special Care System: |  Intensive care case  Non-intensive care case (Special / Conventional care case) |
|  |  |  |
|  | Others, please specify:  |  |

|  |  |  |
| --- | --- | --- |
|  | Signature: |  |
|  | Name: *(in block letter)* |       |
|  | Post: |       |