**RESTRICTED**

**Data Updating Form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | | |  |  | To: | | 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 | | |
|  | *(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: |  |