**RESTRICTED**

Data Updating Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  |  |  | To: | Central Referral System for Rehabilitation Services Subsystem for the Mentally/Physically Handicapped Social Welfare Department 6/F., West Coast International Building, 290-296 Un Chau Street, Sham Shui Po, Kowloon |
|  | *(Name of Referring Office)* |  |  |  |  |
|  | *(Name of Organisation)* |  |  |  |  |
| Ref.: | *(Address of Referring Office)* |  |  |  |  |
| Tel.: |  |  |  |  | 3586 3809 (DAC/HSMH/C&A/SD)  3586 3826 (SW/IVRSC/SHOS/HMMH/HSPH)  3422 3995 (Inactive Waitlisting Mechanism) |
| Fax: |  |  |  | Tel.: |  |
| Date: |  |  |  | Fax: | 3755 4946 |
|  |  |  |  |  |  |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Placement is no longer required. Case can be deleted from CRSRehab–MPH. Please give reason: | | | |
|  | Applicant has passed away | | |  |
|  | Other reasons (please specify): | |  | |
|  | Applicant 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 1: This option is applicable only after the roll out of the Inactive Waitlisting Mechanism (exact date to be confirmed).*  *Note 2: The applicant and his/her family members should note that the case would not be selected for RCHD placement as far as the applicant is in the inactive waiting list.* | | | |
|  | Applicant who is currently on the inactive waiting list is still not yet ready for admission to RCHD. Case can be remained in the inactive waiting list. | | | |
|  | Applicant who is currently on the inactive waiting list is now ready for admission to RCHD. Case can be put back to the waiting list. | | | |
|  | Change in the applicant’s health condition (please also submit CRSRehab-MPH Form 1)  No change in the applicant’s health condition (please also submit CRSRehab-MPH Form 1D) | | | |
|  | Change in placement request: |  | | |
|  | Referring office is changed to: |  | | |
|  | Change in request for HMMH [also apply for private home(s) under BPS#] | | | |
|  | Change in request for SW/IVRSC and HMMH [also apply for private home(s) under BPS#] | | | |
|  | Change in request for SHOS [also apply for private home(s) under BPS#] | | | |
|  | Change in request for SW/IVRSC and SHOS [also apply for private home(s) under BPS#] | | | |
|  | Change in applicant’s personal particulars (residential district, disability, etc.): | | | |
|  | Applicant is discharged/ready for discharge\* from hospital. Please put the case back on waiting list (for applicant waitlisting for single day rehabilitation service only). | | | |
|  | Applicant is ready for leaving the school. Please put the case back on waiting list. Attached please find the updated CRSRehab-MPH Form 1 (for applicant waitlisting for single day rehabilitation service only). | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Change in location preference: | | | | | | |
|  | Day placement | |  | Residential placement | | | |
|  | 1. |  |  | 1. | |  | |
|  | 2. |  |  | 2. | |  | |
|  | 3. |  |  | 3. | |  | |
|  |  |  |  | 4. | |  | |
|  |  |  |  | 5. | |  | |
|  | Others, please specify (e.g. prefer day and residential service to be offered at the same time): | | | | | | |
|  |  | | | | | | |
|  | | | | | Signature: | |  |
|  | | | | | Name: | |  |
|  | | | | | Post: | |  |

\* *Please delete as appropriate*

*# BPS refers to “Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities”*

c.c. New Referring Office (for reporting change of referring office):