Oi/c CRSRehab-PS

## RESTRICTED

## Notification of Case Selection to Rehabilitation Unit/Project Team

	F	Subsys Social 9/F Wi	Central Referral System for Rehabilitation Services Subsystem for the Disabled Pre-schoolers (CRSRehab-PS) Social Welfare Department 9/F Wu Chung House 213 Queen's Road East Wanchai, Hong Kong							
		То:								
	CRSRehab-PS	Tel.: 2892 5 Fax: 2119 9 Date:				ır Tel.: ır Fax:				
		-				een selected from	_	_		
						they accept the pl				
the	ar acceptance o	f placement of	ter, the referre	r will send rele	vant documen	ts to you for case	intake once t	they are availa	able.	
ref	While the appearing officers,	_	_	_		hey and/or their far	amily membo	ers may, throu	igh the	
abo	Since some		-	-	_	offer, if you need	updated refe	erral situation	of the	
cer	As reported attre/project tear		tre/project tea	am on (date),	the following	g case(s) is/are to	o fill the va	acancy(ies) o	f your	
<u>Name</u>	Gender / Age	CRSRehab-PS <u>No.</u>	Date of App.	Referring Office	Case Ref.	Referrer/Ref./ Tel. No.	Normal / Priority	<u>Date of</u> <u>Selection</u>	KGs/Ko cum-CC Attendin to be Attende	
			Rema	aining vacancie	es for (date) (	reported on (date)	):			
							,		,	