## RESTRICTED

## **Reminder to Referrer**

From: 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 T	Tel.: 2892 5139	Your Ref.:
Fax: 2119 9035		Your Tel:
Da	ate:	Your Fax:
Name of ap	plicant:	
НКВС:		
CRSRehab-	-PS No.:	
Name of Re	ehabilitation Unit/Project Tea	m:
KG/KG	-cum-CCC Attending:	
Name:		
Code:		
KG/KG	-cum-CCC to be Attended (if	applicable):
Name:		
Code:		
Date of Sele	ection:	
would be grateful	-	eply to the placement offer for the above-named applicant. I ehab-PS via <i>Form 7</i> within 2 week(s). Otherwise, the applicant
If you have CRSRehab-PS.	already replied to this, I wo	ould much appreciate if you would forward a copy of Form 7 to
		( Oi/c CRSRehab-PS