Standardised Assessment Mechanism for Residential Services for People with Disabilities

Manual of Procedures

February 2014

社會福利署
Social Welfare Department

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INTRODUCTION

About this Manual

1 The purpose of this manual is to provide a general depiction on the implementation of the Standardised Assessment Mechanism for Residential Services for People with Disabilities (Standardised Assessment Mechanism). This manual provides all the relevant information about the operational procedures with regard to assessments, waitlisting for residential services, admission to residential services units and appeal relating to the application of the Standardised Assessment Tool for Residential Services for People with Disabilities (Assessment Tool).

2 This manual is designed and developed for the following types of readers:

- **assessors** recognised by the Social Welfare Department to conduct assessment by the Assessment Tool.
- **referrers** of Social Welfare Department (SWD), Non-governmental Organisations (NGOs) and Hospital Authority (HA).
- **service providers** of residential services units for mentally and physically handicapped persons.

Objectives of the Standardised Assessment Mechanism

3 The main objectives of the Standardised Assessment Mechanism are:

(a) structured approach of need assessment – to adopt a standardised assessment tool to confirm the residential services needs of mentally and physically handicapped persons and to match them with appropriate types of services; and

(b) effective utilisation and management of resources – the resources will be targeted for mentally and physically handicapped persons with residential services needs, thereby facilitating effective service planning and resources management.

Scope of the Standardised Assessment Mechanism

4 The Standardised Assessment Mechanism covers all residential services for adult mentally/physically handicapped persons managed under the CRSRehab-MPH as follows:

(a) Supported Hostel (SHOS);

(b) Hostel for Moderately Mentally Handicapped Persons (HMMH);

(c) Hostel for Severely Mentally Handicapped Persons (HSMH);

(d) Hostel for Severely Physically Handicapped Persons (HSPH);

(e) Hostel for Severely Physically Handicapped Persons with Mental Handicap (HSPH/MH); and

(f) Care & Attention Home for Severely Disabled Persons (C&A/SD).

The Assessment Tool

5 The Assessment Tool is a structured multi-dimensional assessment instrument designed to focus on 4 key domains, i.e. nursing care need, functional impairment, challenging behaviour and family coping. The needs so identified under the four domains will then be considered against the supportive network of family and community resources available to the People with Disabilities (PWD). In addition, it also provides indication as to how PWD's needs could be matched to appropriate types of residential services.

6 In order to streamline application procedures for residential services, the Assessment Tool is incorporated in the application form for services managed under CRSRehab-MPH. The ***CRSRehab-MPH Form 1*** is at Appendix 1.

7 The SWD has been conducting training workshops for social workers on the conduction of assessments using the Assessment Tool, which shall be utilised in its entire form in order to preserve its integrity as an assessment tool.

Assessor Manual

8 The Assessor Manual of Assessment Tool provides information to facilitate an accurate and consistent assessment of mentally/physically handicapped persons. It gives information on why the items are included, their supplementary definitions and sources of information to be collected or consulted for specific items. Assessors should use the Assessor Manual alongside with the Assessment Tool and refer to the service-matching table and relevant flowcharts in recommending services for the mentally/physically handicapped persons after assessment. The Assessor Manual is at Appendix 2.

Stakeholders

9 A list of major stakeholders relating to Standardised Assessment Mechanism is as follows:

Stakeholders	Descriptions
a. Referrers	Refers to any social worker/professional that makes an application to CRSRehab on behalf of their applicants for residential services.
b. Assessors	Refers to those who have completed training on the administering of the Assessment Tool and recognised by the Social Welfare Department to perform the assessment.
c. Applicants	Refers to adult mentally/physically handicapped persons who have applied for residential services under CRSRehab-MPH.
d. Residential services units	Refers to any service unit providing residential services to mentally/physically handicapped persons and receiving case referrals from CRSRehab-MPH.
e. CRSRehab-MPH	Refers to the Central Referral System for Rehabilitation Services, Sub-system for the Mentally/Physically Handicapped. It centralizes the management of case application, selection and waitlisting of various subvented residential services.

Enquiries

10 The SWD provides help desk service to answer queries arising from the implementation of the Standardised Assessment Mechanism. In case of doubt, please contact the help desk at ~~**2892 5132**~~. 3586 3458

For enquiries to CRSRehab-MPH, the contact telephone numbers are ~~**2892 5141/2892 5565**~~. 3586 3809 / 3586 3826

PART I

Assessment Procedures

Basic Principles

1.1 All applications for adult residential services managed under CRSRehab-MPH shall observe the basic principles guiding applications for residential services for mentally/physically handicapped persons upon implementation of the Standardised Assessment Mechanism as follows:

(a) all applicants should undergo assessment by the Assessment Tool (Standardised Assessment) and only those with confirmed residential services needs will be put on the waiting list corresponding to the matched type of residential services under CRSRehab-MPH;

(b) for those applicants who are already on the waiting list for residential services under CRSRehab-MPH before 1 January 2005, their residential services needs and appropriate type of services should be established by Standardised Assessment before they are offered a placement at the residential services unit;

(c) Standardised Assessments must be conducted by assessors who have received training on the administering of Standardised Assessment Tool and recognised by the Social Welfare Department to perform the duties; and

(d) the latest assessment result will supersede the former assessment results administered on the same applicant.

Use of CRSRehab-MPH Form 1

1.2 Standardised Assessments can be conducted and recorded using CRSRehab-MPH Form 1, which is applicable to the following conditions:

(a) all new applications for adult residential services;

(b) applicants who are selected for residential placement but do not possess a Standardised Assessment result; and

(c) change of the applicants' condition on any of the 4 key domains, i.e. nursing care need, functional impairment, challenging behaviour and family coping.

1.3 The referrers and the assessors should normally be the same persons. In case there is need for inviting other assessors to conduct the assessments, they are required to fill in Part I & II of the Form 1 and pass it to the assessors for conducting assessments, i.e. completing Part III to VII. The assessors should put down their names and assessor codes at end of Part VII. Otherwise, the assessment will be invalid.

1.4 Part VIII "Placement Arrangement" is to be completed with the services applied corresponding to the type of service recommended to the applicants in Part VII E2. If the assessors are also the referrers, they should also complete this part.

Applicants on the Waiting List for Residential Services

1.5 There are two categories of applicants on the waiting list for residential services under CRSRehab-MPH, i.e. "new applicants" and "applicants before implementation of the Standardised Assessment Mechanism":

(a) "New applicants" refers to applicants who apply for residential services after the Assessment Mechanism is in place.

(b) "Applicants before implementation of the Standardised Assessment Mechanism" refers to applicants who have already been registered for residential services on the waiting list of CRSRehab-MPH before the Assessment Mechanism is in place.

New Applicants

1.6 Upon implementation of the Standardised Assessment Mechanism on 1 January 2005, the following applicants are treated as new applicants who are required to undergo Standardised Assessment to confirm their residential services needs and appropriate types of services before making an application to CRSRehab-MPH:

(a) applicants requesting for residential services for the first time – they may approach the referrers of Integrated Family Service Centres (IFSCs), Medical Social Services Units (MSSUs), Special Schools and rehabilitation services units to raise their requests;

(b) existing users of residential services who have not yet been waitlisted for other types of residential services – they may raise their requests to referrers who are normally the social workers of the residential services units where they are residing; and

(c) those who are only on the waiting list of single day services under CRSRehab-MPH – they may approach their referrers to raise request for residential services.

1.7 Upon receiving the applicants' requests, the referrers should:

(a) make sure that the applicants have reports from relevant professionals confirming their disabilities. Otherwise, the referrers should arrange the applicants to undergo assessment by relevant professionals;

(b) check with CRSRehab-MPH to see if the applicants are already on the waiting list for residential services, and if so, the types of services the applicants are waitlisting for; and

(c) if the applicants are already known to other referrers, they should discuss with the referrers concerned to sort out who will follow up the applicants' residential services needs.

1.8 Referrers should inform the applicants and their family members the Standardised Assessment Mechanism and obtain the applicants' consent for data collection and transferring of data to concerned parties for the purposes of assessment and application for residential services.

Applicants before Implementation of Standardised Assessment Mechanism

1.9 Upon implementation of the Standardised Assessment Mechanism, all applicants who are already on the waiting list for residential services on or before 31 December 2004 are required to undergo Standardised Assessment to confirm their need for residential services and the appropriate types of services before admission to residential services units.

1.10 Standardised Assessment will normally be conducted at the time when these applicants are selected for consideration of admission to residential services units. Upon receiving notifications from CRSRehab-MPH, the referrers should inform the applicants and their family members the Standardised Assessment Mechanism and obtain their consent for data collection and data transfer to concerned parties for the purpose of assessment and application for residential services.

1.11 If the applicants refuse to receive Standardised Assessment, the referrers should clarify with them the purpose of the assessment. If the applicants still refuse the assessment, the referrers should reply CRSRehab-MPH by CRSRehab-MPH Form 7 (Appendix 3). Their names will be deleted from the waiting list. The applicant has to apply afresh if he/she has residential services needs in future.

Standardised Assessment

1.12 Before arranging the applicants for Standardised Assessment, the referrers should make sure that the applicants' health, medical and social conditions are stable and suitable for assessment.

1.13 Assessor should normally be the referrer of the case. In case the referrer has not received assessor training, the Officer-in-charge should arrange an assessor within the referring unit to conduct the assessment.

1.14 Assessors are required to refer to the Assessor Manual on Standardised Assessment on Residential Services for People with Disabilities when conducting the assessments, which should be completed **within 2 weeks** under normal circumstances.

1.15 Assessors will conduct the assessments in an environment where the applicants are most familiar with, such as his/her place of residence and school, and collect information from family members, carers, medical and health professionals, etc. wherever necessary.

1.16 After assessments, assessors are required to inform the applicants and/or family members the preliminary assessment results, including the services matched for the applicants. They should also inform the applicants that the assessment results will be confirmed after auditing by CRSRehab-MPH. The assessors should then complete Part VIII of the Form 1 if they are also the referrers.

1.17 All completed Form 1, **including those cases assessed having no residential services need,** should be sent to CRSRehab-MPH for auditing and statistical purposes. CRSRehab-MPH will seek clarification with the referrers in case of doubt. After recording of data, the CRSRehab-MPH Form 1 would be returned to the referrers together with a notification whether the applicants have been/would not be put on the waiting list.

PART II

Service Waitlisting

New Applicants

2.1 For those applicants with residential services needs confirmed, CRSRehab-MPH will register the applicants on the appropriate waiting list and return CRSRehab-MPH Form 1A (Appendix 4) and 1B (Appendix 5) together with the original Form 1 to the referrers to confirm the registration. Referrers should inform the applicants and their family members the confirmed assessment results by issuing a Notification of Assessment Result (Appendix 6) together with the Form 1B. The applicants' **date of application** for residential service will be the date on which CRSRehab-MPH receives the completed CRSRehab-MPH Form 1.

2.2 For those applicants assessed with no residential services need, CRSRehab-MPH will register the assessment results and return CRSRehab-MPH Form 1C (Appendix 7) and the original Form 1 to the referrers to reject the application. Referrers should inform the applicants and their family members the confirmed assessment results by issuing a Notification of Assessment Result and suggest/arrange other appropriate services, such as day training programmes or community support services for them.

Applicants before Implementation of Standardised Assessment Mechanism

2.3 The referrers should action in regards to the following scenarios:

(A) Result matched with the applied residential service

- As the applicants have been selected for placement, the referrers should arrange the applicants for completing the Medical Enquiry Form (MEF) as specified in the *Manual of Procedures for Central Referral System for Rehabilitation Services (CRSRehab)* and forward the following completed documents to CRSRehab-MPH for endorsement and placement arrangement within 3 weeks:

  (i) CRSRehab-MPH Form 1 & Form 7;

  (ii) case summary;

  (iii) Clinical Psychologist's report; and

  (iv) MEF

- CRSRehab-MPH, after auditing and registering the assessment results, will return Form 1A to the referrers and forward the documents to the residential services units concerned.

- The referrers should inform the applicants and their family members the confirmed assessment results and placement arrangement by a Notification of Assessment Result.

(B) Result indicating other type of residential service

- The referrers should forward the completed Form 1 to CRSRehab-MPH for endorsement and updating of the type of residential service waitlisted and location preference for the applicants.

- CRSRehab-MPH will audit and register the assessment results, put the applicants on the appropriate waiting list, and return Forms 1A and 1B together with the original Form 1 to the referrers to confirm change of service waitlisted.

- The referrers should inform the applicants and their family members the confirmed assessment results and change of service waitlisted by a Notification of Assessment Result and the Form 1B to them for reference.

- The applicants' date of application will remain intact.

(C) *Result indicating no residential services need*

- The referrers should forward the completed Form 1 to CRSRehab-MPH for endorsement.
- CRSRehab-MPH will audit, register the assessment results and remove the names of the applicants from the waiting list. A Form 1C, CRSRehab-MPH Form 4A (Appendix 8) and the original Form 1 will be returned to the referrers.
- The Referrers should inform the applicants and their family members the confirmed assessment results by a Notification of Assessment Result, and suggest/arrange other appropriate services, such as day training programmes or community support services for them.
- The date of application of these applicants will be retained. In case the applicants have changes in health and social conditions, they can approach referrers again for re-assessment. Their names will be returned to the waiting list with the original application date once their residential services needs are confirmed by assessments.

Handling of Part VII E3 of CRSRehab-MPH Form 1

2.4 Part VII E3 of Form 1 is a provision for assessors to specify situations that are not covered in the assessment but may affect assessment on the applicants' residential services needs and/or the service matching results.

2.5 If such situations are unveiled, the assessors are required to specify the details and the residential services recommended to the applicants in Part VII E3, and seek endorsement from Assistant District Social Welfare Officers/SWD, or Agency Head/Service Coordinators of NGO units, or School Principals of special schools. The referrers should then complete Part VIII of the Form 1, with the applied residential services corresponding to the services recommended in Part VII E3, and submit to CRSRehab-MPH for approval, together with other necessary documents for placement processing, in case the applicants are selected for placement.

2.6 CRSRehab-MPH will audit the assessment, approve/disapprove the recommendation in Part VII E3, and reply the referrers by Forms 1C, and 1A, 1B where necessary. The referrers shall then explain to the applicants and/or their family members the result.

Disagreement on Assessment Results

2.7 In case the applicants disagree with the assessment results, the referrers should explain to the applicants and/or their family members the appeal channel available under the Standardised Assessment Mechanism. The applicants or their family members/guardian may lodge an appeal in writing to the Secretariat to the Appeal Board for Standardised Assessment for Residential Services for People with Disabilities.

2.8 For those applicants who have difficulties in lodging an appeal, the referrers should provide assistance as far as possible so that the right of the applicants to appeal is safeguarded. For details of the appeal mechanism, please refer to Part IV.

Case Review

2.9 The assessment results will become invalid whenever there are significant changes in the applicants' physical and social conditions, which warrant a re-assessment. As such, there is no fix valid period for the assessment results, and the referrers are required to review whether the applicants have changes in services needs periodically after the applicants are put on the waiting list.

2.10 In conducting case review, the referrers may make reference to the following circumstances that may render re-assessment necessary:

(a) significant change in physical health condition or need for nursing/personal care;

(b) increase or decrease in challenging or uncontrollable behaviours;

(c) significant change in physical or psychological condition of the primary carers;

(d) change in family circumstances leading to different caring pattern for the applicants; and

(e) any significant event, e.g. abuse or neglect incident concerning the applicants or family members.

2.11 Re-assessments are to be done by using Form 1 and the referrers shall arrange the re-assessments according to procedures set out in Para. 1.12 to 1.17 above.

2.12 When the review indicates that the applicants are in need of changes in residential service types, the referrers should forward the completed Form 1 to CRSRehab-MPH for auditing and updating the changes.

2.13 In case the review indicates that the applicants do not have residential services need, the name of the applicants will be removed from the waiting list. For new applicants, they are required to apply afresh if they have residential services needs in future. For applicants already on the waiting list for residential services before implementation of the Standardised Assessment Mechanism, their original date of application will be retained and treated according to Para. 2.3(C) above.

PART III

Service Admission

Admission of Cases

3.1 Since the Assessment Tool provides multi-dimensional assessment to the applicants in areas of nursing care need, functional impairment, challenging behaviour and family coping and matches their needs with appropriate level and categories of residential services, the residential services units should be able to admit cases readily and speedily.

3.2 In case the residential services units find any discrepancies between the assessment results and the applicants' actual situation, which may nullify the assessors' recommendation on residential services, the residential services units concerned should seek clarification with the referrers.

3.3 The referrers should then review the case and consider if re-assessment is required according to procedures in Para. 1.12 to 1.17 and Para. 2.3. In case there is need for change of service waitlisted, the residential services units should return the case with relevant documents to CRSRehab-MPH together with a CRSRehab-MPH Form 9 (Appendix 9).

PART IV

Appeal

Scope of Appeal

4.1 Applicants, their family members or guardian, who disagree to the Standardised assessment results in respect of their application for residential services under CRSRehab-MPH, may lodge appeal in writing to the Secretariat to the Appeal Board for Standardised Assessment for Residential Services for People with Disabilities (Appeal Board).

4.2 The referrers should introduce the appeal channel clearly to the applicants and their family members. A **Guide to Appeal** has been prepared at Appendix 10 for applicants and family members' reference.

4.3 Appeals can be lodged directly to the Secretariat to the Appeal Board at the following address using CRSRehab-MPH Form A1 (Appendix 11):

Secretariat to the Appeal Board for Standardised Assessment for

Residential Services for People with Disabilities

Room 901, Wu Chung House, 213 Queen's Road East

Wanchai, Hong Kong

Objectives of Appeal Board

4.4 The main objectives of the Appeal Board are:

(a) to make recommendation on whether the appeal cases are established or not; and

(b) to recommend a most suitable service plan or any other follow up actions, for the applicants concerned.

Terms of Reference of Appeal Board

4.5 The general Terms of Reference of Appeal Board are:

(a) to consider appeal cases and decide if the appeal is established or not;

(b) to recommend suitable service plans or follow up actions for the applicants concerned.

Membership of Appeal Board

4.6 The Appeal Board consists of representatives from the welfare sector, the health sector, and the parents groups. The Chairperson and Members will be appointed by the Director of Social Welfare for a period of 2 years subject to re-appointment.

4.7 Each Appeal Board meeting will consist of three persons, including:

(a) the Chairperson;

(b) one Member from either the welfare sector or health sector as considered most suitable for the case discussion; and

(c) one Member from the parents groups

forming a quorum to consider the appeal cases. The Chairperson has the right to expand the membership of the Board Meeting where necessary and invite relevant resource person(s) to provide information to the meeting.

4.8 The Secretary will keep a register of the Members. He/She will invite Members down the list to form the quorum with the principles that:

(a) each Member has equal chance to participate in the Appeal Board meetings; and

(b) the composition of Members of the Appeal Board meeting has the least conflict of interest which may arise between Members' duties as Members of the Committee and their private interest.

Decision of Appeal Board

4.9 The Appeal Board can decide with reference to the following areas:

(a) whether the assessment is complete;

(b) whether the necessary information is properly gathered, verified and considered during assessment;

(c) whether the assessment is accurate;

(d) whether there is any change in the circumstances of the applicant's case after assessment;

(e) whether the rehabilitation service matched can cater commensurate care for the applicant; and

(f) are there any justifiable reasons for appeal.

Filing Appeal

4.10 An appeal must be lodged within 6 weeks from the date of Notification of the Assessment Result (Appendix 6). The referrers should inform the applicants and/or their family members the appeal procedures and assist them in lodging their appeals, if necessary.

4.11 Within 2 days upon receiving the applications of appeal, the Secretariat to the Appeal Board will issue an acknowledgement CRSRehab-MPH Form A2 (Appendix 12) to the applicants or their family members with a copy to the referrers for information. The Secretary may also contact the latter to clarify the reasons of appeal.

Mediation

4.12 The Secretariat to the Appeal Board will first arrange applicants concerned for mediation by a multi-disciplinary team with experienced social workers and health care professionals. The objective of mediation is to provide an opportunity to clarify and settle the disagreement on the assessment result at the initial stage if a case is not necessarily resorting to the Appeal Board Meeting for resolutions. Such effort is important to facilitate the applicants to acquire suitable services as early as possible.

4.13 The mediation team may take the following actions:

(a) clarification of disagreed areas or the assessment results;

(b) exploration of whether there are significant factors or sudden changes in respect of the applicants that may affect their service need, and conduct re-assessment if necessary, and

(c) discussion with relevant parties with a view to resolving the disagreement.

4.14 The mediation team will normally complete the mediation process within 15 working days from the date of receiving the request for appeal and submit a record by CRSRehab-MPH Form A3 (Appendix 13) to the Secretariat of the Appeal Board. If the disagreement is settled, the Secretary will then forward the mediation result to the Chairman of the Appeal Board for endorsement to dispose the appeal application and notify the applicants and/or the family members of the appeal result by CRSRehab-MPH Form A4 (Appendix 14) with a copy to the referrers for follow up.

4.15 In case disagreement cannot be settled by mediation, the case will be brought up to the Appeal Board for consideration.

Appeal Board Meeting

4.16 An appeal should be considered by the Appeal Board within 6 weeks from the date of receiving lodgment of appeal. The applicants and/or the family members will be invited by the Appeal Board Meeting to present their views. The Appeal Board will also invite the assessor concerned and representative from the mediation team to attend the meeting. As the Appeal Board meeting will not discuss laws and not be held in a legalistic manner, legal representation for the applicants or their families will not be considered.

4.17 The Secretary will inform the applicants or the family members the date of meeting by CRSRehab-MPH Form A5 (Appendix 15) by mail 3 weeks before the meeting, with a copy to the referrers for information. The applicants and/or the family members should indicate if they are unable to attend the meeting within 2 weeks from the date of issuing the form.

4.18 If the applicants or their family members are unable to attend the scheduled meeting with reasons, the Secretariat may consider scheduling another date of meeting (once only). In case the applicants or their family members are unable to attend that meeting again, the Appeal Board will proceed with the meeting in their absence.

4.19 If the applicants or their family members do not respond to the invitation to the meeting, the Appeal Board will interpret that they do not want to attend the meeting and proceed with discussing the case in their absence.

4.20 At the beginning of the meeting, the Secretary will ask Members of Appeal Board to indicate whether they have any working relationship or private relationship with the applicant or their family or the concerned assessors. If such situation is found, these Members will be required to declare neutrality before discussing the case and making recommendations by using CRSRehab-MPH Form A6 (Appendix 16).

4.21 The Secretary will also document the deliberation and discussion in the meeting by using CRSRehab-MPH Form A7 (Appendix 17). The Appeal Board has the power to adjourn the meeting or postpone the decision as appropriate.

4.22 The Appeal Board should provide opportunities for all parties concerned to express their views and clarify their doubts, and they should consider all the information gathered and views expressed. Where the Members cannot reach a consensus on an appeal, the decision of the simple majority would be followed.

4.23 The Chairperson will make the conclusion of the appeal cases. The decision of the Appeal Board is final. Whether the appeals are established or not, the Appeal Board may recommend service plan/follow up actions for the applicants.

Notification of Results

4.24 The Secretary will notify the applicants in writing of the decision and recommendation of the Appeal Board by Form A4 (Appendix 14) with a copy to the referrers. Appeal lodged by the applicants or their family members should normally be settled within 3 months including the time required for mediation. Upon receiving the copy of the Form A4, the referrers should contact the applicants as soon as possible to follow up the recommendations as appropriate, including change of services applied for.

Appendices

Appendix 1	CRSRehab-MPH Form 1 – Application for Day/Residential Services and Standardised Assessment Tool for Residential Services for People with Disabilities
附件一	康復服務中央轉介系統 – 弱智／肢體傷殘人士子系統表格 1 日間訓練／住宿服務申請及殘疾人士住宿服務評估工具
Appendix 2	殘疾人士住宿服務評估工具評估員手冊
Appendix 3	CRSRehab-MPH Form 7 – Reply to CRSRehab-MPH on Selection for Placement
Appendix 4	CRSRehab-MPH Form 1A – Confirmation of Registration
Appendix 5	CRSRehab-MPH Form 1B – Notification of Registration for Rehabilitation Services 康復服務中央轉介系統 – 弱智／肢體傷殘人士子系統表格 1B 申請康復服務登記書
Appendix 6 附件六	Notification of Assessment Result 評估結果通知書
Appendix 7	CRSRehab-MPH Form 1C – Registration of Assessment Result
Appendix 8	CRSRehab-MPH Form 4A – Removal from Waiting List
Appendix 9	CRSRehab-MPH Form 9 – Report on Case Intake/ Discharge
Appendix 10 附件十	Guide to Appeal 上訴簡介
Appendix 11	CRSRehab-MPH Form A1 – Appeal to the Appeal Board for Standardised Assessment for Residential Services for People with Disabilities
附件十一	康復服務中央轉介系統 – 弱智／肢體傷殘人士子系統表格 A1 殘疾人士住宿服務評估上訴申請書

Appendix 12　CRSRehab-MPH Form A2 – Acknowledgement of Receipt
附件十二　康復服務中央轉介系統 – 弱智／肢體傷殘人士子系統表格 A2
接獲上訴申請通知書

Appendix 13　CRSRehab-MPH Form A3 – Record of Mediation

Appendix 14　CRSRehab-MPH Form A4 – Notification of Appeal Result
附件十四　康復服務中央轉介系統 – 弱智／肢體傷殘人士子系統表格 A4
上訴結果通知書

Appendix 15　CRSRehab-MPH Form A5 – Notification of Appeal Board Meeting
附件十五　康復服務中央轉介系統 – 弱智／肢體傷殘人士子系統表格 A5
上訴會議通知書

Appendix 16　CRSRehab-MPH Form A6 – Declaration of Interests
附件十六　康復服務中央轉介系統 – 弱智／肢體傷殘人士子系統表格 A6
利益申報表

Appendix 17　CRSRehab-MPH Form A7 – Record of Meeting

Central Referral System for Rehabilitation Services – Subsystem for the Mentally/Physically Handicapped
Application for Day[Note 1]/Residential Services[Note 2] and Standardised Assessment Tool for Residential Services for People with Disabilities

I. Personal Particulars

1. Name	(English) (Chinese)
2. Sex/Date of Birth	☐Male ☐Female / *(dd)* *(mm)* *(yyyy)*
3. HKID No.	, or Certificate of Exemption:
4. Correspondence Address & Tel. No.	Address: Tel. No.:
5. Residential District	Hong Kong & Islands: ☐Central & Western ☐Wan Chai ☐Eastern ☐Southern ☐Islands Kowloon: ☐Kwun Tong ☐Wong Tai Sin ☐Kowloon City ☐Mongkok ☐Yau Ma Tei ☐Sham Shui Po ☐Tseung Kwan O ☐Sai Kung New Territories: ☐Sheung Shui & Fanling ☐Ma On Shan ☐Shatin ☐Tai Po ☐Yuen Long ☐Tuen Mun ☐Tin Shui Wai ☐Tsuen Wan ☐Kwai Chung & Tsing Yi
6. Service Receiving (may choose more than one item)	☐Nil ☐Special School ☐Boarding Section of Special School Community support: ☐District Support Centre ☐Respite Services ☐Integrated Home Care Services ☐Others, please specify: Day training: ☐Integrated Vocational Rehabilitation Services Centre ☐Supported Employment ☐On the Job Training for People with Disabilities ☐Sheltered Workshop ☐Day Activity Centre Residential service : ☐Private Hostel ☐Self-financed Rehabilitation Hostel ☐Supported Hostel ☐Hostel for Moderately Mentally Handicapped Persons ☐Hostel for Severely Mentally Handicapped Persons ☐Hostel for Severely Physically Handicapped Persons ☐Care and Attention Home for Severely Disabled Persons Medical treatment: ☐Psychiatric In-patient ☐Non-Psychiatric In-patient ☐Day Hospital ☐Out-patient clinic, please specify:

II. Disability

1. Physical Disability	☐Not physically disabled *(please proceed to Item 2)* ☐Quadriplegia ☐Paraplegia ☐Hemiplegia ☐Cerebral palsy ☐Loss of upper or lower limbs ☐Loss of hand/foot or finger/toe ☐Others, please specify:
2. Intellectual Disability	☐Not intellectually disabled ☐Profound ☐Severe ☐Moderate ☐Mild Date of psychological assessment: (dd) (mm) (yyyy)
3. Other Disability (may choose more than one item)	☐Speech impairment ☐Deaf / Hearing impairment ☐Visual impairment (☐Blind/☐Partially impaired) ☐Autism ☐Down Syndrome ☐Mental illness, please specify: ☐Other, please specify:
4. Illness/Health Problem	Please specify if any:
5. Mobility	☐Walk unaided ☐Walk with escort ☐Walk with aid ☐Wheelchair bound ☐Bed ridden
6. Ability to Climb Stairs/Slope	☐Capable to climb stairs/slope by self ☐Climb stairs/slope with other's assistance ☐Unable to climb stairs/slope even with other's assistance
7. Public Transport (Excluding Taxi)	☐Manage without escort ☐Manage with escort ☐Cannot manage with escort
8. Assistive Devices Used	☐Hearing aid ☐Wheelchair ☐Walking aids other than wheelchair ☐Prosthesis / artificial limb ☐Others:
9. Treatment Receiving	☐Occupational therapy ☐Physiotherapy ☐Others:

Note 1 ☐ Applicants who apply for day service only (Sheltered Workshop [SW], Integrated Vocational Rehabilitation Services Centre [IVRSC] or Day Activity Centre [DAC]) are only required to fill in Sections I, II, VIII and IX and have no need to go through the assessment of residential need in Sections III to VII.

Note 2 Carer's age is not a prerequisite for conducting assessment or waitlisting for residential service. Assessor should conduct assessment for applicant requesting residential service, irrespective of the age of the carer.

III. Nursing Care Need

Area of care	Care item	Score
1. Skin Problem Applicant's skin developed:	4 Bed sore which was extended to bone during the past month. 3 Ulcer or bed sore that required sterile dressing during the past month. 2 Repeated lesions that required observation on infection and sterile dressing during the past month. 1 Recurrent skin problem such as seasonal skin rash that required application of ointment as prescribed by medical practitioners during the past year. 0 None of the above.	
2. Feeding Problem During the past month:	4 Applicant is a severely/profoundly intellectually disabled person, and required tube feeding. 3 Applicant required thick and easy for the diet, and had frequent choking during feeding. 3 Applicant is not a severely/profoundly intellectually disabled person, and required tube feeding. 2 Applicant required thick and easy for the diet when feeding. 2 Applicant had swallowing problem. 0 None of the above.	
3. Medication During the past month:	2 Applicant was on long term diabetic/cardiac medication and required monitoring of blood sugar level/heart rate before medication. 2 Applicant required daily insulin injection. 0 None of the above.	
4. Continence Control During the past month:	3 Uncontrolled double incontinence.[1] 3 Applicant used indwelling urinary catheter or stoma and is a severely/profoundly intellectually disabled person. 2 Applicant used indwelling urinary catheter or stoma and is not a severely/profoundly intellectually disabled person. 1 Wetting/soiling of pants. 0 None of the above.	
5. Epilepsy Condition Any epileptic seizures during the past three months:	4 Epileptic seizures uncontrollable even with hospitalisation and drug treatment (medical certification required). 2 Has been hospitalised for 6 times or above due to epileptic seizures. 2 Had episodes of epileptic fit causing serious physical injury requiring immediate medical attention and hospitalisation. 1 Had episodes of epileptic fit. 0 None of the above.	
6. Oxygen Therapy Requiring oxygen therapy for a total of 3 months during the past year:	4 Applicant is a severely/profoundly intellectually disabled person, and can perform daily activities after oxygen therapy. 4 Applicant cannot perform daily activities after oxygen therapy.[2] 3 Applicant is not a severely/profoundly intellectually disabled person, and can perform daily activities after oxygen therapy. 0 None of the above/Just using Positive Airway Pressure (PAP) Machine without oxygen therapy.	
7. Suctioning During the past month:	4 Required regular suction. 0 None of the above.	
8. Bed Ridden During the past month:	4 Bed ridden and totally dependent in care. 0 None of the above.	
9. Special Nursing Care During the past month:	4 Required Tracheostomy care. 3 Required Continuous Ambulatory Peritoneal Dialysis (CAPD). 0 None of the above.	
	The **highest** score of the above care items	

[1] "Double incontinence" refers to unable to control bladder and bowel.

[2] "Applicant cannot perform daily activities" refers to applicant develop shortness of breath even with a minor movement.

IV. Functional Impairment[3]

Rating Criteria

0 Applicant completes the task independently (with or without aids) and meets the basic hygiene requirements within reasonable time.

1 Applicant completes the task under supervision or with verbal or physical prompting.

2 Applicant requires physical assistance that does not involve plenty of body transfer or lifting of trunk/body parts for completing the task; usually assistance from 1 person is sufficient to complete task.

3 Applicant requires physical assistance that involves plenty of body transfer or lifting of trunk/body parts for completing the task; usually assistance from 2 persons or above are required to complete the task.

Activities of daily living	Score
1. Bathing and Shampooing 1.1 Bathing (either shower or tub bath) ……... ( ) 1.2 Shampooing ……... ( ) (Please mark the higher score between items 1.1 and 1.2 as the score for Item 1)	
2. Dressing and Undressing 2.1 Dressing upper body, including street cloths and underwear, in sitting or standing position (excludes buttoning) .....( ) 2.2 Dressing lower body, including street cloths and underwear, in sitting or standing position (excludes zipping) .....( ) 2.3 Dressing socks & shoes (includes hand splint & prosthesis) .....( ) (Please mark the highest score among items 2.1 to 2.3 as the score for Item 2)	
3. Transfer It refers to task that involves displacement of the entire body from a place to another (e.g., bed ⇆ chair/wheelchair, wheelchair ⇆ toilet seat, etc) Please specify the assistive / mobility aids required:	
4. Toilet Use (either sitting or squatting type toilet), including buttock and perineal cleaning, changing napkins (if applicable), etc. (If the applicant used catheter and stoma at the same time, please put a "×" as the score for Item 4.)	
5. Feeding and Drinking 5.1 Eating (if the applicant relies on tube-feeding, please put a "×" as the score for 5.1)..... ( ) Type of food: *Normal diet / Chopped diet / Minced Feeding aids: *Angled Spoon / Enlarged-handle Spoon / Non-slip Mat / Special Plate / Others: 5.2 Drinking (if the applicant relies on tube-feeding, please put a "×" as the score for 5.2)..... ( ) Drinking aids: *Straw / 2-handle Mug / Mug with Cut-out Lip / Mug with Spouted Lip / Others: (Please mark the higher score between items 5.1 and 5.2 as the score for Item 5)	
6. Indoor Mobility (respond either to 6.1or 6.2) 6.1 Indoor walking..... ( ) Walking aids: *Stick / Tripod / Quadripod / Walking Frame / Walking Frame with Castors / Others: 6.2 Indoor Use of Wheelchair..... ( ) Type of Wheelchair: *Manual / Power (Please mark the score of the responded item as the score for Item 6)	
Total score of items 1 to 6	

* Delete if inappropriate

If the applicant's performance is constrained by the home environment (e.g. lack of handrails), please specify:

[3] Applicant's self-care ability in the past month is evaluated through interview. If deemed necessary, observation on the following activities is recommended: (a) drinking; (b) dressing; (c) transfer e.g., moving to and from bed and chair/wheelchair; and (d) walking indoor.

V. Challenging Behavior

Types of Challenging Behaviors	Items	Score
A. Aggressive Behavior	1. Does the applicant have aggressive behavior(s) towards others (such as punching, slapping, pushing or pulling, kicking, pinching, scratching, pulling hair, biting, using weapons, choking, throttling, etc.) in the past year? 0 No (Please proceed to item B1) 1 Yes	
	2. Are there one or more such episodes causing serious physical injury (requiring immediate medical attention) to others within the last year? 0 No 1 Yes	
B. Self-injurious Behavior	1. Does the applicant have self-injurious behavior(s) (such as skin picking, self-biting, head punching/slapping, head-to-object banging, body-to-object banging, hair removal, body punching/slapping, eye poking, skin pinching, cutting with tools, poking, banging with tools, lip chewing, nail removal, teeth banging, etc.) in the past year? 0 No (Please proceed to item C1) 1 Yes	
	2. Are there such behaviors causing severe self-injury and requiring a medical personnel's immediate attention at least once a month within the past year? 0 No 1 Yes (Please proceed to item C1)	
	3. Are there such self-injurious behaviors occurring at least once a week within the last year? 0 No 1 Yes	
C. Property Destruction Behavior	1. Does the applicant have property destruction behavior(s) (causing damage to furniture, fittings, buildings, vehicles etc by hitting, tearing, cutting, throwing, burning, marking or scratching, etc.) in the past year? 0 No (Please proceed to item D) 1 Yes	
	2. Are there serious property destruction within the past year and/or minor property damage on six or more occasions within the past year? 0 No 1 Yes	
D. Other Challenging Behaviors	Does the applicant have other challenging behaviors such as inappropriate sexual behavior (including exposing self, masturbating in public, groping a member of the public, etc.), offensive behavior (including screaming, regurgitating, noisy behavior, smearing with saliva or faeces, or any similar offensive habits, etc.), repetitive behavior (including rocking of body back and forth, flapping hands, flicking fingers, pacing up and down, constant running, or similar stereotyped behaviors, etc.) in the past year? 0 No 1 Yes (please tick all of the boxes that apply): ☐ inappropriate sexual behavior ☐ offensive behavior ☐ repetitive behavior	
E. Coping Difficulty	(Continue to administer item E only when there is at least a score of 1 on items A1, B1, C1 or D.) Does the carer find it very difficult to manage the above situations? 0 No 1 Yes	
		Total score on items A1, B1, C1 and D
		Total score on items A2, B2, B3 and C2*
		Score on item E*

* Please give score 0 to item(s) that is/are not administered.

VI. Family Coping

A. Care System

1. Particulars of Carer(s)

- "Primary carer" and "secondary carer" refer to family members that offer or would offer care or assistance to the applicant, including parents, relatives and kins.
- If the applicant is receiving institutional care, hospital treatment or boarding school service in special school, "primary carer" or "secondary carer" should be the family members who look after the applicant during his/her home leaves or after he/she is discharged from institution or hospital. Their care hours per week may be quite low or even zero.
- If the applicant has no primary or secondary carer, please enter "No" in the corresponding "Name" field.
- Other carer(s) refers to the neighbours, friends, or employed domestic helpers who provide care to the applicant, but not staff of institutions or hospitals.

Types of Carer	Name	Sex	Age	Relationship	Whether Living together	Occupation	Working Hour	Care Hours per Week*
(a) Primary carer								
(b) Secondary carer								
(c) Other carer(s) (may indicate more than one)								

*Calculated by 168 hours (total no. of hours in a week) minus the no. of hours that the applicant receives residential or day care/training (if applicable) and that the carer does not have to care for the applicant.

2. Risks Encountered by the Care System

Due to the following circumstances, the referrer considers that the existing care system is encountering considerable risk(s): 1 The description is applicable to the existing care system 0 The description is not applicable to the existing care system, or the applicant has no primary carer	
(a) The primary carer is 55 years old or above	
(b) The primary carer is deteriorating in physical health condition (e.g. physical strain) or suffering from chronic illnesses and cannot look after the applicant	
(c) The primary carer is a physically/intellectually disabled person or has severe mental illness	
(d) The primary carer is deteriorating in mental health condition or emotionally disturbed and cannot look after the applicant	
(e) The primary carer has to take care of other disabled or chronically ill persons and cannot look after the applicant	
(f) The primary carer has long hour work and cannot make other care arrangement for the applicant	
(g) The applicant loses contact with family or relatives and no one can provide care for the applicant	
(h) The applicant is a Ward of Director of Social Welfare, and no family or relatives would provide care	

B. Interpersonal Relationship

Due to the following circumstances, the referrer considers that the interpersonal relationship of the applicant has serious problem: 1 Occurred 0 Not occurred, or the applicant is not living with family members	
1. The applicant had at least two occasions of serious conflict with family member or inmate in the past three months	
2. The applicant had at least two occasions of serious conflict arising from disturbing the neighbours in the past three months	
3. The applicant was hospitalised for psychiatric treatment due to serious conflict with family member. The latter still refuse to accept him/her returning home.	

C. Other Risk Factors

Due to the following circumstances, the referrer considers that there is considerable risk regarding the applicant's safety and has follow-up action(s) accordingly: 1 Occurred 0 Not occurred	
1. The applicant is/was being physically/psychologically/sexually abused by family member	
2. The applicant is/was being physically/psychologically/sexually abused by other person	
3. The applicant is/was being neglected from care	
4. The applicant has uncontrollable behaviour (e.g. runaway, arson or participate in unlawful activities), please specify:	

VII. Conclusion on Residential Need Assessment

A. Nursing Care

1. Assessment result of section III (please tick one only)	No or low nursing care need (please put a "×" in A2 and A3 and proceed to B1)	☐
	Moderate nursing care need	☐
	High nursing care need	☐
	Very high nursing care need	☐
2. Is there any family member, relative or other carer who can offer assistance with regard to the situation indicated in section III, such that residential care will not be necessary?	0 Yes, please specify: 1 No × Not applicable	
3. Is there any community support or community nursing service that can offer assistance with regard to the situation indicated in section III, such that residential care will not be necessary?	0 Yes, please specify: 1 No × Not applicable	

B. Functional Impairment

1. Assessment result of section IV (please tick one only)	No functional impairment (please put a "×" in B2 and B3 and proceed to C1)	☐
	Low functional impairment	☐
	Moderate functional impairment	☐
	High functional impairment	☐
2. Is there any family member, relative or other carer who can offer assistance with regard to the situation indicated in section IV, such that residential care will not be necessary?	0 Yes, please specify: 1 No × Not applicable	
3. Is there any community support or day training service that can offer assistance with regard to the situation indicated in section IV, such that residential care will not be necessary?	0 Yes, please specify: 1 No × Not applicable	

C. Challenging Behaviour

1. Assessment result of section V (please tick one only)	No challenging behaviour (please put a "×" in C2 and C3 and proceed to D1)	☐
	Has challenging behaviour but does not need rehabilitation service with more staff	☐
	Has challenging behaviour and needs rehabilitation service with more staff	☐
2. Is there any family member, relative or other carer who can offer assistance with regard to the situation indicated in section V, such that residential care will not be necessary?	0 Yes, please specify: 1 No × Not applicable	
3. Is there any day training, treatment or counseling service that can offer assistance with regard to the situation indicated in section V, such that residential care will not be necessary?	0 Yes, please specify: 1 No × Not applicable	

D. Family Coping

1. Assessment result of section VI (please tick whichever appropriate)	There is considerable risk in applicant's care system	☐
	There is serious problem in the applicant's interpersonal relationship	☐
	There is considerable risk in applicant's safety	☐
If D1 does not indicate any risk in applicant's care system or safety or serious problem in interpersonal relationship, please put a "×" in D2 and D3 and proceed to E1.		
2. Is there any family member, relative or other carer who can offer assistance with regard to the risk in care system, applicant's interpersonal relationship or risk in safety indicated in section VI, such that residential care will not be necessary?	0 Yes, please specify: 1 No × Not applicable	
3. Is there any community support or family service that can offer assistance with regard to the risk in care system, applicant's interpersonal relationship or risk in applicant's safety indicated in section VI, such that residential care will not be necessary?	0 Yes, please specify: 1 No × Not applicable	

E. Assessment Result

1. After considering the above assessment result of Sections A to D, it indicates: (Please choose one item only):	the existing care system, day training or community support services have already provided the applicant and his/her family with adequate assistance. There is no need to wait for residential services at present. (The applicant can re-apply and be assessed again in the future whenever necessary.)	☐
	the existing care system, day training or community support services cannot provide adequate assistance to the applicant and his/her family. The applicant needs to wait for residential service.	☐
2. According to the "Service Need Assessment Flowchart" in "Assessor Manual", the type of service recommended to the applicant is: (please choose one item only):	Community Support Service (referrer would make direct application to the service agency concerned), or Day Training, including Sheltered Workshop(SW), Integrated Vocational Rehabilitation Services Centre (IVRSC), On the Job Training Programme for People with Disabilities and Day Activity Centre (DAC)	☐
	Community Residential Service (referrer would make direct application to the service agency concerned) or Supported Hostel (SHOS)* * (Assessor has to consider the applicant's community living skills, e.g. using public transport, using telephone, shopping, knowledge on road safety, etc., and assess if he/she meets the eligibility criteria of SHOS)	☐
	Hostel for Moderately Mentally Handicapped Persons (HMMH)	☐
	Hostel for Severely Mentally Handicapped Persons (HSMH)	☐
	Hostel for Severely Physically Handicapped Persons (HSPH)	☐
	Care and Attention Home for Severely Disabled Persons (C&A/SD)	☐
	Infirmary Service (referrer would make direct application to the Hospital Authority)	☐

3. In case there is situation that is not covered in the above assessment and warrants the need for residential service or service different from the type of service recommended above, please specify in detail the situation and service recommended to the applicant:

   a. Situation that is not covered in the above assessment:

   b. Reason(s) warranting the need for residential service/reason(s) warranting the need for residential service different from the type of service recommended above:

   c. Service recommendation by the assessor:

   d. Endorsement by ADSWO of SWD/agency head of non-governmental organisation/principal of special school:

Signature: _____ Post: _____

Name: (Eng) _____ Tel. No.: _____

(Chi) _____ Date: _____

F. Assessor Information

Name of Assessor: (Chi) _____ Assessor Code: _____

(Eng) _____ Date: _____

VIII. Placement Arrangement

1. Service recommended for applicant (please tick the appropriate item(s) after completing the assessment. If community support service, community residential service or infirmary service is recommended, please proceed to Section IX and make application to the agency concerned direct.)

Day Training (referrer should complete Section I and II before completing this part)	☐ Sheltered Workshop/Integrated Vocational Rehabilitation Services Centre (for Intellectually Disabled Persons) ☐ Sheltered Workshop/Integrated Vocational Rehabilitation Services Centre (for Physically Disabled Persons) ☐ Sheltered Workshop/Integrated Vocational Rehabilitation Services Centre (for Visually Impaired Persons) ☐ Day Activity Centre (for Intellectually Disabled Persons) ☐ Others, please specify:
Residential Services/ Day and Residential Services (referrer should complete Section I to VII and confirm that applicant has residential need before completing this part)	☐ Supported Hostel (for Intellectually Disabled Persons) ☐ Supported Hostel (for Intellectually Disabled and Visually Impaired Persons) ☐ Supported Hostel (for Physically Disabled Persons) ☐ Hostel for Severely Physically Handicapped Persons ☐ Hostel for Moderately Mentally Handicapped Persons ☐ Hostel for Moderately Mentally Handicapped Persons [also apply for private home(s) under BPS[4]] ☐ Sheltered Workshop/Integrated Vocational Rehabilitation Services Centre and Hostel for Moderately Mentally Handicapped Persons ☐ Sheltered Workshop/Integrated Vocational Rehabilitation Services Centre and Hostel for Moderately Mentally Handicapped Persons [also apply for private home(s) under BPS] ☐ Sheltered Workshop/Integrated Vocational Rehabilitation Services Centre and Hostel for Severely Physically Handicapped Persons ☐ Day Activity Centre and Hostel for Severely Mentally Handicapped Persons ☐ Care and Attention Home for Severely Disabled Persons (for Intellectually or Physically Disabled Persons) (C&A/SD) ☐ Others, please specify:

2. Does the applicant willing to accept day training first when waiting for residential service? ☐Yes ☐No

3. Location Preference

Day Placement	Residential Placement
☐ Applicant has no Location Preference	☐ Applicant has no location preference and would receive residential services as soon as possible
☐ Applicant would have the following location preference and understand that the waiting time of receiving the related services would be longer:	☐ Applicant would have the following location preference and understand that the waiting time of receiving the related services would be longer:
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
	4. _____
	5. _____

IX. Referrer Information

Case Ref. No.: _____ Service Unit: _____

Name of Referrer: (Chi) _____ Tel./Fax No.: _____

(Eng) _____ Date: _____

[4] BPS refers to "Bought Place Scheme for Private Residential Care Homes for Persons with Disabilities"

康復服務中央轉介系統－弱智／肢體傷殘人士子系統
日間訓練[註一]／住宿服務[註二]申請及殘疾人士住宿服務評估工具

I. 申請人個人資料

1. 姓名	(英) (中)
2. 性別／出生日期	☐男 ☐女 ／ 年 月 日
3. 香港身份證號碼	，或豁免登記證明書號碼：
4. 聯絡地址及電話	地址： 電話：
5. 居住地區	香港島及離島：☐中西區 ☐灣仔 ☐東區 ☐南區 ☐離島 九龍：☐觀塘 ☐黃大仙 ☐九龍城 ☐旺角 ☐油麻地 ☐深水埗 ☐將軍澳 ☐西貢 新界：☐上水及粉嶺 ☐馬鞍山 ☐沙田 ☐大埔 ☐元朗 ☐屯門 ☐天水圍 ☐荃灣 ☐葵涌及青衣
6. 現正接受的服務（可選擇多項）	☐無 ☐特殊學校 ☐特殊學校寄宿服務 社區支援服務：☐地區支援中心 ☐暫託住宿服務 ☐綜合家居照顧服務 ☐其他，請註明： 日間訓練服務：☐綜合職業康復服務中心 ☐輔助就業 ☐庇護工場 ☐殘疾人士在職培訓計劃 ☐展能中心 住宿服務：☐私營院舍 ☐自負盈虧殘疾人士院舍 ☐輔助宿舍 ☐中度弱智人士宿舍 ☐嚴重弱智人士宿舍 ☐嚴重肢體傷殘人士宿舍 ☐嚴重殘疾人士護理院 醫療服務：☐精神科住院服務 ☐非精神科住院服務 ☐日間醫院服務 ☐門診服務，請註明：

II. 有關殘疾及健康問題的資料

1. 肢體傷殘	☐並非肢體傷殘（請轉答第 2 項） ☐四肢癱瘓 ☐下肢癱瘓 ☐左／右半身不遂 ☐大腦癱瘓 ☐缺失上或下肢 ☐缺失手／腳掌或手／腳趾 ☐其他，請註明：
2. 智障	☐並非智障 ☐極度嚴重 ☐嚴重 ☐中度 ☐輕度 心理評估日期： 年 月 日
3. 其他殘疾（可選擇多項）	☐言語障礙 ☐聽覺受損／弱聽 ☐視覺受損（☐失明／☐弱視） ☐自閉症 ☐精神病，請註明： ☐唐氏綜合症 ☐其他，請註明：
4. 疾病／健康問題	若有，請註明：
5. 活動能力	☐自行走動 ☐需要他人攙扶走動 ☐以復康用具輔助走動 ☐需用輪椅 ☐需臥床
6. 上樓梯或斜坡的能力	☐能自行上樓梯或斜坡 ☐需要其他人協助上樓梯或斜坡 ☐在其他人士協助下仍不能上樓梯或斜坡
7. 使用公共交通的能力（的士除外）	☐可自行乘搭公共交通工具 ☐需要他人陪同乘搭公共交通工具 ☐即使有其他人陪同仍難於乘搭公共交通工具
8. 所使用的輔助工具	☐助聽器 ☐輪椅 ☐輪椅以外的助行器具 ☐義肢 ☐其他：
9. 現正接受的治療	☐職業治療 ☐物理治療 ☐其他：

[註一] ☐ 日間訓練服務（庇護工場[SW]、綜合職業康復服務中心[IVRSC]或展能中心[DAC]）的申請人，只需填寫第 I、II、VIII 及 IX 部分，無須接受第 III 至 VII 部分的住宿需要評估。

[註二] 照顧者的年齡並非進行評估或輪候住宿服務的先決條件，不論照顧者的年齡爲何，評估員必須爲提出申請住宿服務的申請人進行評估。

III. 護理需要

護理範圍	護理項目	分數
1. 皮膚問題 皮膚情況：	4 在過往一個月內褥瘡有見骨情況。 3 在過往一個月內皮膚出現潰瘍、褥瘡需接受無菌換症。 2 在過往一個月內皮膚重覆損傷需觀察傷口發炎情況，並接受無菌換症清洗傷口。 1 在過往一年內因反覆出現皮膚問題需搽醫生處方藥膏，如季節性皮膚病。 0 沒有以上任何一種情況。	
2. 餵食情況 在過往一個月內是否：	4 需用導管餵食，申請人爲嚴重／極度嚴重智障人士。 3 使用凝固粉或其他餵食技巧進行餵食，仍經常出現哽塞。 3 需用導管餵食，申請人並非嚴重／極度嚴重智障人士。 2 需加凝固粉進行餵食。 2 有吞嚥問題。 0 沒有以上任何一種情況。	
3. 使用藥物情況 在過往一個月內申請人是否：	2 須長期服用糖尿／心臟藥物，並於服藥前監察血糖水平／心律。 2 需每天接受糖尿藥物注射。 0 沒有以上任何一種情況。	
4. 排泄控制 在過去一個月內的排泄能力：	3 大便及小便完全失禁[i]。 3 使用導尿管或造口排泄，申請人爲嚴重／極度嚴重智障人士。 2 使用導尿管或造口排泄，申請人並非嚴重／極度嚴重智障人士。 1 有遺尿／遺便情況。 0 沒有以上任何一種情況。	
5. 腦癇情況 在過去三個月是否有腦癇發作：	4 腦癇情況經住院治療及調較用藥後仍不能控制（需經醫生證明）。 2 有 6 次或以上因腦癇發作而接受住院治療。 2 曾有腦癇發作引致自己身體嚴重受傷，需要醫護人員即時治理及接受住院治療。 1 曾有腦癇發作。 0 沒有以上任何一種情況。	
6. 氧氣治療 在過往一年內是否有合共三個月需接受氧氣治療：	4 在使用氧氣後仍能處理日常作息，申請人爲嚴重／極度嚴重智障人士。 4 申請人在使用氧氣後仍無法處理日常作息[ii]。 3 在使用氧氣後仍能處理日常作息，申請人並非嚴重／極度嚴重智障人士。 0 沒有以上任何一種情況／只需使用睡眠呼吸機（而非氧氣治療）。	
7. 抽吸處理 在過往一個月內是否：	4 需接受恆常抽吸處理。 0 沒有以上情況。	
8. 長期臥床 在過往一個月內是否：	4 需長期臥床並完全倚賴他人照顧。 0 沒有以上情況。	
9. 特別護理照顧 在過往一個月內是否：	4 需接受氣管造口護理。 3 需接受連續性可攜帶腹膜透析治療（俗稱「洗肚」）。 0 沒有以上情況。	
	上述各項目的**最高**分數	

[i] 完全失禁指大便及小便在不自覺或不受控制的情況下排出。

[ii] 無法處理日常作息指小量活動便引致氣促。

IV. 功能缺損[iii]

評分準則

0 申請人完全獨立完成該項活動，並在可接受的時間內安全地達至基本衞生要求（包括使用輔助器具）

1 申請人需要別人在旁監督或提示才能完成（包括需要口頭或觸體的提示）

2 申請人需要觸體協助，但不需要大量體位搬移的協助、或提舉申請人身軀或肢體；一般情況下，一人便可協助完成該項目

3 照顧者需給予大量體位搬移的協助、或提舉申請人身軀或肢體才能協助完成該項目；一般情況下需二人或以上人手才可協助完成該項目

活動項目	分數
1. 洗澡及洗頭 1.1 洗澡（進行淋浴或坐浴）.....（ ） 1.2 洗頭 .....（ ） （請選取 1.1 至 1.2 的最高分數作爲右方項目 1 的整項分數）	
2. 穿脫衣物 2.1 以坐或站的姿勢穿脫上身衣物，包括外衣及內衣（扣鈕除外）.....（ ） 2.2 以坐或站的姿勢穿脫下身衣物，包括外褲及內褲（拉拉鍊除外）.....（ ） 2.3 穿脫鞋襪（包括手托或義肢）.....（ ） （請選取 2.1 至 2.3 的最高分數作爲右方項目 2 的整項分數）	
3. 位置轉移 指身體如何由一處移動至另一處的情況（例：床⇆座椅／輪椅，輪椅⇆座廁等） 請列出所需的輔助工具／助行器具：	
4. 如廁（使用坐廁或蹲廁），包括大小便後的清潔、更換成人尿片（如適用）等 （倘若申請人同時使用導尿管及造口排泄，請於分數格內填上「×」）	
5. 進食及進飲 5.1 進食（倘若申請人使用導管餵食，請於分數括號內填上「×」）.....（ ） 食物種類：*一般／切碎／糊狀 進食輔助工具：*曲羹／粗柄羹／防滑墊／斜邊碟／其他： 5.2 進飲（倘若申請人使用導管餵食，請於分數括號內填上「×」）.....（ ） 進飲輔助工具：*飲管／雙耳杯／切口杯／有蓋啜飲杯／其他： （請選取 5.1 至 5.2 的較高分數作爲右方項目 5 的整項分數）	
6. 室內行動能力（只需回答 6.1 或 6.2） 6.1 室內行走.....（ ） 使用的助行器具：*手杖／三或四腳手杖／助行架／輪子助行架／其他： 6.2 室內使用輪椅.....（ ） 輪椅類別：*手動／電動 （請選取適用的分項作爲右方項目 6 的整項分數）	
項目 1 至 6 的**總分**	

* 刪去不適用者

申請人有否因家居環境問題（如缺乏合適的扶手裝置）而減低其上述功能表現？若有，請註明：

[iii] 評估是透過面談了解申請人過往一個月的自我照顧能力；若有需要，可現場觀察以下活動進行：(a)喝水、(b)穿衣褲、(c)身體位置轉移（如來回床至座椅、來回輪椅至座椅等）及(d)室內行走。

V. 行爲問題

行爲問題類別	行爲問題項目	分數
A. 攻擊行爲	1. 在過去一年內，申請人有否向他人表現攻擊行爲（如用拳猛擊他人、掌摑他人、推撞他人、踢人、夾人、抓人、扯人頭髮、咬人、用武器攻擊人、扼人喉嚨等）？ 0 否（請轉問 B1 項） 1 有	
	2. 在過去一年內，有否發生申請人攻擊人事故，引致他人身體嚴重受傷，需要即時醫治？ 0 否 1 有	
B. 自我傷害行爲	1. 在過去一年內，申請人有否表現自我傷害行爲（如搣自己，咬自己，拳擊或掌摑自己頭部、撞頭、把身體撞向其他東西、扯脫自己頭髮、拳擊或掌摑自己身體、插自己眼、夾自己、用工具割自己、插自己、用工具撞自己、咬唇、扯脫自己指甲、把牙齒撞向其他東西等）？ 0 否（請轉問 C1 項） 1 有	
	2. 在過去一年內，申請人有否表現自我傷害行爲，引致自己身體嚴重受傷，每月至少一次需要醫護人員即時治理？ 0 否 1 有 （請轉問 C1 項）	
	3. 在過去一年內，申請人有否每星期至少一次表現自我傷害行爲？ 0 否 1 有	
C. 破壞行爲	1. 在過去一年內，申請人有否表現破壞行爲（如用擊打、撕扯、切割、投擲、燒毀、塗污或抓刮方法導致傢俱、家居裝置、建築物、車輛等損毀等）？ 0 否（請轉問 D 項） 1 有	
	2. 在過去一年內，申請人有否導致嚴重物資破壞，和/或導致六次或以上輕微物資破壞？ 0 否 1 有	
D. 其他行爲問題	在過去一年內，申請人有否表現其他行爲問題，如不恰當性行爲（包括公眾地方暴露自己、公眾地方自慰、滋擾他人等），厭惡行爲（包括尖叫、反芻吞下的食物、發出喧鬧聲、用口水或糞便塗污、或其他同類厭惡行爲等），重覆行爲（包括搖晃身體、重覆翻動手掌、彈手指、踱來踱去、持續奔跑、或同類重覆行爲等）？ 0 否 1 有，請註明（可選多項）：☐不恰當性行爲 ☐厭惡行爲 ☐重覆行爲	
E. 應付困難	（當項目 A1, B1, C1 或 D 至少一項有 1 分，方可繼續發問 E 項。） 請問照顧者在處理以上行爲時，覺得非常困難嗎？ 0 否 1 有	
	A1, B1, C1 和 D 項的總分	
	A2, B2, B3 和 C2 項的總分*	
	E 項的得分*	

* 任何沒有發問的項目，請給予 0 分。

VI. 家人／照顧者的應付能力

A. 照顧系統

1. 照顧者資料

- 「主要照顧者」與「次要照顧者」是指會或將會爲申請人提供照顧或協助的家人，包括父母、家屬或親人。
- 如果申請人現正接受院舍、醫院或特殊學校寄宿服務，則以申請人回家渡假時或離開院舍後，會照顧申請人的家人爲「主要照顧者」及「次要照顧者」。在這情況之下，他們的「每週照顧時數」可能會較低甚至爲零。
- 倘若申請人沒有主要或次要照顧者，請於相關的「姓名」一欄填「無」。
- 「其他照顧者」是指會提供協助的鄰居、朋友，或受聘照顧申請人的家庭傭工，但不包括院舍或醫院職員。

照顧者類別	姓名	性別／年齡	關係	是否同住	職業	工作時間	每週照顧時數*
(a)主要照顧者							
(b)次要照顧者							
(c)其他照顧者（可多於一位）							

*計算方法爲將一星期共 168 小時減去申請人接受住宿照顧或日間照顧／訓練(如適用)及照顧者不用提供照顧的時數。

2. 照顧系統所面臨的危機

由於出現以下情況，評估員認爲現有照顧系統已面臨相當的危機或風險： 1 出現所述的情況 0 沒有所述的情況，或申請人沒有主要照顧者	
(a) 主要照顧者年齡已達 55 歲或以上	
(b) 主要照顧者身體健康轉差（例如:身體勞損）或有長期病患，以致無法照顧申請人	
(c) 主要照顧者爲肢體傷殘人士、智障人士或嚴重精神病患者	
(d) 主要照顧者出現精神健康轉差或情緒困擾，以致無法照顧申請人	
(e) 主要照顧者需同時照顧其他殘疾或長期病患的家庭成員，以致無法照顧申請人	
(f) 主要照顧者需長時間工作，且無能力安排其他照顧者照顧申請人	
(g) 申請人無法與家人及親友聯絡，亦無人可提供所需照顧	
(h) 申請人爲社會福利署署長監護個案，並無家人或親友可提供所需照顧	

B. 人際關係

由於出現以下情況，評估員認爲申請人現時的人際關係已出現嚴重問題： 1 出現所述的情況 0 沒有所述的情況，或申請人沒有與家人同住	
1. 申請人在過去三個月內，曾至少兩次與家人或同住者發生嚴重衝突	
2. 申請人在過去三個月內，曾至少兩次滋擾鄰居而引致嚴重衝突	
3. 申請人曾與家人發生嚴重衝突，並需接受精神科住院治療，至今家人仍拒絕接納申請人回家	

C. 其他風險／危機因素

由於以下的情況，評估員認爲申請人的安全現時存在相當危機或風險，並曾作出適當跟進： 1 出現所述的情況 0 沒有所述的情況	
1. 申請人被家人虐待或侵犯（包括身體虐待、心理虐待、性侵犯等）	
2. 申請人被其他人士虐待或侵犯（包括身體虐待、心理虐待、性侵犯等） -	
3. 申請人被疏忽照顧	
4. 申請人有不受控制行爲（包括離家出走、縱火、參與非法活動等），請註明：	

VII. 住宿需要評估總結

A. 護理需要

1.第 III 部分評估結果（只勾選一項）	沒有／低度護理需要 （請於 A2 及 A3 填上「×」並轉答 B1）	
	中度護理需要	
	高度護理需要	
	極高護理需要	
2.現時有沒有家人、親友或其他照顧者可就第 III 部分護理需要評估所顯示的情況提供協助，讓申請人無需接受住宿照顧？	0 有，請註明： 1 沒有 × 不適用	
3.現有社區支援或社康護理服務能就第 III 部分護理評估所顯示的情況提供協助，讓申請人無需接受住宿照顧？	0 能夠，請註明： - 1 不能夠 × 不適用	

B. 功能缺損

1.第 IV 部分評估結果（只勾選一項）	沒有功能缺損（請於 B2 及 B3 填上「×」並轉答 C1）	
	低度功能缺損	
	中度功能缺損	
	高度功能缺損	
2.現時有沒有家人、親友或其他照顧者可就第 IV 部分功能缺損評估所顯示的情況提供協助，讓申請人無需接受住宿照顧？	0 有，請註明： 1 沒有 × 不適用	
3.現有社區支援或日間訓練能否就第 IV 部分功能缺損評估所顯示的情況提供協助，讓申請人無需接受住宿照顧？	0 能夠，請註明： 1 不能夠 × 不適用	

C. 行爲問題

1.第 V 部分評估結果（只勾選一項）	沒有行爲問題（請於 C2 及 C3 填上「×」並轉答 D1）	
	有行爲問題，但無需有較多員工的康復服務	
	有行爲問題，並需要有較多員工的康復服務	
2.現時有沒有家人、親友或其他照顧者可就第 V 部分所顯示的行爲問題提供協助，讓申請人無需接受住宿照顧？	0 有，請註明： 1 沒有 × 不適用	
3.現有日間訓練、治療或輔導服務能否就第 V 部分所顯示的行爲問題提供協助，讓申請人無需接受住宿照顧？	0 能夠，請註明： 1 不能夠 × 不適用	

D. 家人／照顧者的應付能力

1.第 VI 部分評估結果（請勾選適用的項目）	現有照顧系統已面臨相當的危機	
	申請人的人際關係已出現嚴重問題	
	申請人的安全存在相當的危機或風險	
倘若 D1 部分沒有顯示任何的照顧系統危機、申請人的人際問題或安全風險，請於 D2 及 D3 填上「×」並轉答 E1）		
2.現時有沒有家人、親友或其他照顧者可就第 VI 部分所顯示的照顧系統危機、申請人的人際問題或安全風險提供協助，讓申請人無需接受住宿照顧？	0 有，請註明： 1 沒有 × 不適用	
3.現有社區支援、家庭服務等能否就第 VI 部分所顯示的照顧系統危機、申請人的人際問題或安全風險提供協助，讓申請人無需接受住宿照顧？	0 能夠，請註明： 1 不能夠 × 不適用	

E. 評估結果

1. 綜合上述 A 至 D 項評估結果，顯示（只勾選一項）：	現有照顧系統、日間訓練或社區支援服務等已能提供申請人或家人所需的協助，現階段並不需要輪候院舍服務（倘若申請人日後有需要，可再行申請及進行評估）	
	現有照顧系統連同日間訓練、社區支援服務等均不能提供申請人或家人所需的協助，申請人有需要輪候院舍服務	
2. 根據《評估員手冊》中的《服務需要評估流程》，建議申請人所需服務類別爲（只勾選一項）：	社區支援服務（評估員將直接向有關服務機構申請）或日間訓練服務，包括庇護工場(SW)、綜合職業康復服務中心(IVRSC)、殘疾人士在職培訓計劃及展能中心(DAC)	
	社區住宿服務（評估員將直接向有關服務機構申請）或輔助宿舍(SHOS)* *（評估員須考慮申請人的社區生活能力，如使用交通工具、使用電話、購物、道路安全知識等，是否符合入住輔助宿舍的條件）	
	中度弱智人士宿舍(HMMH)	
	嚴重弱智人士宿舍(HSMH)	
	嚴重肢體傷殘人士宿舍(HSPH)	
	嚴重殘疾人士護理院(C&A/SD)	
	療養院服務（評估員將向醫院管理局申請）	

3. 倘若出現評估過程未有提及的情況而導致申請人需要輪候院舍服務或需要輪候跟上述建議服務類別不同的院舍服務，請詳細列明及建議所需服務類別，並須獲得有關的區助理福利專員／機構負責人／學校校長簽署認同：

a. 評估過程未有提及的情況

b. 申請人需要輪候院舍服務的原因／申請人需要輪候跟上述建議服務類別不同的院舍服務的原因

c. 評估員建議所需服務的類別

d. 分區助理福利專員／機構負責人／學校校長簽署

簽署：＿＿＿＿＿＿＿＿　職位：＿＿＿＿＿＿＿＿

姓名：(英)＿＿＿＿＿＿＿＿　電話：＿＿＿＿＿＿＿＿

(中)＿＿＿＿＿＿＿＿　日期：＿＿＿＿＿＿＿＿

F. 評估員資料

評估員姓名：(中)＿＿＿＿＿＿＿＿　評估員編號：＿＿＿＿＿＿＿＿

(英)＿＿＿＿＿＿＿＿　日期：＿＿＿＿＿＿＿＿

VIII. 服務安排

1. 申請人所需服務（請於完成評估後，在此勾選適用的項目。倘若申請人需申請社區支援服務、社區住宿服務或療養院服務，請轉填第 IX 部分並向有關機構提出申請。）

日間訓練 （須先完成本表格第 I 及 II 部分）	☐庇護工場／綜合職業康復服務中心（爲智障人士而設） ☐庇護工場／綜合職業康復服務中心（爲肢體傷殘人士而設） ☐庇護工場／綜合職業康復服務中心（爲弱視人士而設） ☐展能中心（爲智障人士而設） ☐其他，請註明：
住宿／ 日間訓練及住宿服務 （須先完成第 I 至 VII 部分的全部評估，並確認有住宿需要方能輪候）	☐輔助宿舍（爲智障人士而設） ☐輔助宿舍（爲智障及弱視人士而設） ☐輔助宿舍（爲肢體傷殘人士而設） ☐嚴重肢體傷殘人士宿舍 ☐中度弱智人士宿舍 ☐中度弱智人士宿舍 [同時申請買位院舍[iv]] ☐庇護工場／綜合職業康復服務中心及中度弱智人士宿舍) ☐庇護工場／綜合職業康復服務中心及中度弱智人士宿舍 [同時申請買位院舍] ☐庇護工場／綜合職業康復服務中心及嚴重肢體傷殘人士宿舍 ☐展能中心及嚴重弱智人士宿舍 ☐嚴重殘疾人士護理院（爲智障或肢體傷殘人士而設） ☐其他，請註明：

2. 申請人是否希望在輪候住宿服務期間，先接受日間訓練服務？ ☐是 ☐否

3. 地區選擇

日間訓練	住宿服務
☐ 申請人沒有地區選擇 ☐ 申請人希望選擇以下地區或服務單位，並明白輪候服務時間可能會因此增加： 1. _____ 2. _____ 3. _____	☐ 申請人沒有地區選擇，希望儘快入住院舍 ☐ 申請人希望選擇以下地區或服務單位，並明白輪候服務時間可能會因此增加： 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

IX. 轉介者資料

個案編號：_____ 轉介單位：_____

轉介者姓名：(英)_____ 電話／傳真：- _____

(中)_____ 日期：_____

[iv]「買位院舍」即已參與「私營殘疾人士院舍買位計劃」的院舍

殘疾人士住宿服務評估工具
評估員手冊
(修訂)

社會福利署
康復及醫務社會服務科
二〇一四年二月

社會福利署
殘疾人士住宿服務評估工具
評估員手冊

A. 背景

1. 政府在 2000 年施政報告承諾，會檢討各類康復住宿服務的入住準則，並改善入住程序。其後，社會福利署成立「檢討殘疾人士住宿服務督導委員會」，負責督導有關檢討工作。委員會委託顧問公司於 2001 年進行一項殘疾人士住宿服務意見調查，以了解使用者和輪候人士的概況和服務需要。調查結果於 2002 年公佈，其中發現：一、有 29.8%住宿服務申請人年齡屆乎 15 至 20 歲，而整體輪候人士的年齡中位數爲 28 歲，顯示申請人在很年輕時便已輪候住宿服務；二、在住宿服務輪候隊伍中，超過 24%的家長希望在五年或以後才獲編配宿位；三、當輪候住宿服務的家長被問及有哪些社區支援服務可替代住宿服務時，有 9.7%選擇「住宿暫顧服務」，有 8.8%選擇「緊急安置服務」，有 8.0%選擇「接載或陪同殘疾人士往返日間中心」，有 6.2%選擇「延長日間中心的服務時間」，有 5.4%選擇「接載或陪同殘疾人士覆診」。上述結果反映住宿服務成了不少家長爲其殘疾子女解決不同照顧問題的主要途徑，而這些照顧問題其實可以透過不同的日間訓練或社區支援服務得到解決，申請住宿服務並非基於實際的住宿需要。
2. 基於以上情況，委員會於 2002 年 9 月成立工作小組，研究並設計住宿服務評估機制。小組成員包括家長代表、康復專科醫生、精神科醫生、臨床心理學家、物理治療師、職業治療師、護士和社工等。有關評估工具經過兩個階段的預試研究後，獲確立其實用性、信度和效度，並於 2005 年 1 月起正式使用。
3. 至 2011 年，有見於評估工具已使用多年，政府再次成立包括相關專業及家長代表的檢討工作小組，並向業界及有關持份者收集意見，對評估工具作出檢討。經檢討工作小組研究後，評估工具按建議作出若干修訂。以下是經修訂後的評估工具的內容。

B. 評估目的

4. 此評估工具的目的是透過評估 15 歲或以上申請住宿服務的智障或肢體傷殘人士（以下簡稱「申請人」）日常生活的四個重要範疇，包括護理需要（nursing care need）、功能缺損程度（functional impairment）、行爲問題（challenging behaviour），以及家人／照顧者的應付能力（family coping），從而了解申請人是否需要院舍服務，及需要甚麼類型的院舍服務。評估亦會考慮家人、親友等支援網絡或社區照顧服務能否提供協助，或所提供的協助不足以照顧申請人的需要，才進而接受院舍服務。

C. 評估的主要原則

5. 根據上述目的，評估主要依循下列幾個原則：
   (a) 評估須以申請人此時此刻的需要（needs）及危機因素（risk factors）爲基礎。
   (b) 此工具的主要用途，是了解申請人是否需要院舍服務，以及把需要不同類型院舍服務的殘疾人士作出服務分流（service streaming）。它並不是用來取代各專業人士爲康復及治療用途而進行的深入評估。一般而言，在未進行此項評估之前，殘疾人士已接受過有關專業人員的深入評估、訓練、治療和輔導，他們入住院舍後，亦可按需要繼續接受有關服務。因此，評估員的責任並不是要重覆以康復及治療爲目標的工作，而是要掌握足夠資料，以決定申請人是否需要院舍服務以及甚麼類型的院舍服務。
   (c) 由於現有服務種類有限，而評估工具只爲決定申請人是否需要院舍服務、及作出服務分流，因此評估工具力求簡潔，需要搜集的資料限於上述目標，與服務分流無關的項目並沒有被納入評估表內。此工具一般來說社會工作助理（SWA）職級或以上都能在一小時內完成整個評估過程。

D. 對評估員的要求

6. 評估員須爲曾接受評估員訓練的註冊社工（社會工作助理或以上）或康復專業人員，包括物理治療師、職業治療師或護士。由於評估的目的是確立申請人是否有實際需要接受院舍服務，評估員實際上亦擔當公共資源分配者的角色，因此評估員在評估過程中須保持客觀，並根據申請人的實際需要而非其意願作出評估。

E. 評估員須知

7. 申請人的家人／照顧者的年齡並非進行評估或輪候住宿服務的先決條件，不論其家人／照顧者的年齡爲何，評估員必須爲提出申請住宿服務的申請人進行評估。
8. 評估員須向申請人及其家人清楚解釋評估的目的和評估表的用途，並取得他們的同意才進行評估。此外，根據《個人資料（私隱）條例》，評估員亦須向申請人及其家人解釋收集資料的用途、查閱和更改資料的途徑。
9. 評估的對象主要是指申請人，即需要服務的智障人士或肢體傷殘人士。就智障人士而言，評估員須考慮他是否能夠如實回答問題，否則評估員可向他的家人／照顧者提問。由於 V 及 VI 部分涉及申請人的行爲問題和家人／照顧者的應付能力，因此須主要由家人／照顧者作答。
10. 評估員須盡量引用評估表內的文字來提問，但遇有需要時，可嘗試用淺白的文字解釋有關內容。

11. 評估員須綜合其所見所聞，根據客觀事實作出判斷。遇有疑問（例如不同來源的資料出現不協調的情況），評估員可要求受訪者出示有關證明文件（例如醫生證明書），或向其他照顧者或專業人士核實有關資料（例如殘疾程度、或是否出現某類行爲問題），或作家訪以作實地觀察。
12. 評估員須按照《智障人士服務需要評估流程》或《肢體傷殘人士服務需要評估流程》（附錄一）的有關指引，決定申請人所需的服務。
13. 評估員須對各類社會服務有基本了解，並盡可能熟悉各類院舍服務、日間服務、社區照顧服務等的分別，以便協助申請人及其家人明白不同服務的特色和要求。對於所需服務或支援超出各類院舍服務範圍的申請人，例如極高程度或複雜的醫療護理，評估員應該就申請人的需要，協助申請人及其家人了解及利用其他可配合其需要的服務或資源。
14. 評估員須向申請人及其家人交代其初步評估建議，並就有關建議交轉介社工作出適當跟進，如轉介合適的社區支援服務；而轉介社工須在社會福利署核實有關評估後向申請人及其家人發出書面通知有關評估結果，並解釋其上訴的權利。
15. 評估員須留意申請人及其家人的情緒，並尊重他們的感受，遇有需要時作合適的輔導或轉介。

F. 評估工具的內容及流程

16. 除了 I 及 II 部分涉及個人資料和有關殘疾及健康問題的資料外，此評估工具包括四個評估範疇和住宿需要評估總結。四個評估範疇分別是：護理需要、功能缺損、行爲問題及家人／照顧者的應付能力。
17. 智障／肢體傷殘人士的護理需要直接影響到他們能接受的服務類別與所需的專業護理照顧，因此住宿服務評估也先從護理需要開始。護理需要評估的項目包括：皮膚問題、餵食情況、使用藥物情況、排泄控制、腦癇情況、氧氣治療、抽吸處理、長期臥床及特別護理照顧。透過評估申請人所需最高護理程度的項目，可決定其護理需要的程度。
18. 評估功能缺損的目的，是爲識別申請人日常生活的基本自我照顧能力及需要何種程度的協助。評估項目包括洗澡、洗頭、穿脫衣物、身體位置轉移、如廁、進食、進飲及在室內行動的能力。透過有關評估分數的換算表，可決定功能缺損的程度。
19. 至於行爲問題方面，一般而言，行爲問題須由臨床心理學家或精神科醫生處理，並由院舍員工作出配合。但考慮到一些比較嚴重的行爲問題可能需要較多院舍員工提供支援，因此，行爲問題評估主要是爲識別需要額外人手照顧的個案，以調節所需服務的類別。例如：一名輕度智障人士本身適合入住社區的小型宿舍，但鑑於其行爲問題，則需被安排輪候中度弱智人士宿舍。由於申請人在相當程度上有半獨立生活能力，中度弱智人士宿舍的員工便可集中地處理他的行爲問題。行爲問題的評估項目包括攻擊行爲、自我傷害行爲、破壞行爲、其他行爲問題，以及照顧者在處理以上行爲問題時是否遇到困難。透過各項評估的得分，可得知申請人是否有行爲問題，及是否需要設有較多員工的康復院舍服務。

20. 至於家人／照顧者應付能力的評估，其作用是爲了識別照顧系統所面臨的危機或風險因素、人際關係問題、及其他潛在的危機或風險因素。評估項目包括照顧者的年紀、健康及情緒狀況、是否須照顧其他殘疾人士、是否須長時間工作而無能力安排其他照顧者照顧申請人、家庭成員關係、申請人有否被虐待或侵犯、疏忽照顧、離家出走或參與非法活動等因素。
21. 在住宿需要評估總結部分，評估員須總結以上四個評估範疇的結果，並考慮：一、現有家人或親友是否能提供有關協助及照顧？二、現有社區支援服務（參考附錄二）能否提供有關協助及照顧？倘若在任何一個評估範疇內，現有家人、親友及社區支援服務等均不能提供有關照顧或協助，即表示申請人需接受院舍服務。相反，倘若在所有範疇中家人、親友或社區支援服務等能提供有關照顧，即表示申請人並無照顧困難，亦不需要院舍服務。評估員須按照評估表及本手冊內的指引，完成有關評估，並根據《智障人士服務需要評估流程》或《肢體傷殘人士服務需要評估流程》（附錄一）所載指示，建議申請人所需的服務。
22. 倘若評估員發覺有某些因素於決定申請人的住宿需要有重要影響，而評估表並沒有涵蓋的話，如申請人的工作能力評估，可先完成上述評估，然後再另行補充（即第 VII 部分《住宿需要評估總結》E3 項）並作出相關服務建議。評估員須將原有評估結果及其服務建議一併呈交社會福利署作出審核。

G. 住宿服務評估工具各部分的說明

I. 個人資料

1. 此部分爲申請人的基本個人資料，每項均爲必須填寫。
2. 在填寫申請人的香港身分證號碼前，評估員須核實申請人的身分證，避免錯誤。

II. 有關殘疾及健康問題的資料

1. 有關智障程度的分類，評估員可參考有關的心理評估報告的評估結果。
2. 評估員應就「其他殘疾」中的各項目，盡可能取得有關斷症的資料。例如「精神病」一項應指申請人被精神科醫生確診爲患有精神病，而不是指申請人定期往精神科診所覆診。
3. 倘若申請人由於意外或其他原因導致認知受損，可於「其他殘疾」中的「其他，請註明」一項填寫「認知受損」。

III. 護理需要評估

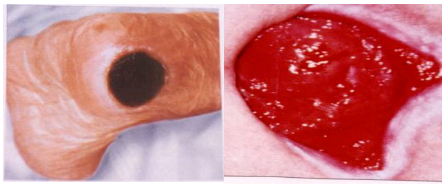
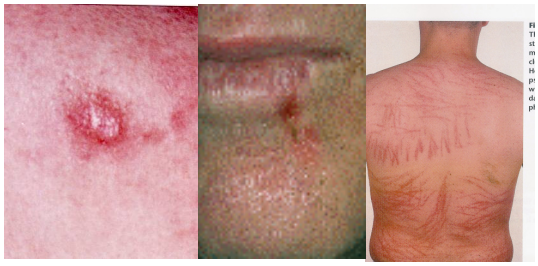
注意事項

1. 評估員須以申請人的病情穩定時爲評估依歸，倘若申請人的病情不穩定，評估員應適時爲申請人再作評估。

評估準則

1. 以選取各項目的最高護理分數爲評估結果，例如：若同時有兩項爲 1 分，一項爲 2 分，則評估結果爲 2 分。
2. 評估員在考慮申請人的護理需要時，如所需的護理照顧在上述各項中未能反映，評估員可在第 VII 部分《住宿需要評估總結》E3 項詳述有關護理需要以考慮申請人所需服務。

1. 皮膚問題

<table>
<tr><td>目的</td><td colspan="2">部分申請人有需要接受皮膚或傷口護理。此項目爲協助識別他們需要護理的程度。</td></tr>
<tr><td>程序</td><td colspan="2">申請人會被直接問及他在過去一年或一個月內皮膚或傷口所需的護理。如果申請人的家人或日常照顧者在場，評估員可和他們交談了解情況，或向他們借閱有關的醫療紀錄。</td></tr>
<tr><td>定義</td><td colspan="2">1. 醫生處方藥膏：由註冊西醫處方的皮膚藥膏。
2. 損傷：因碰撞、摩擦造成的皮膚損傷。
3. 發炎情況：指損傷皮膚出紅腫及含膿。
4. 褥瘡：因壓力、摩擦造成的皮膚或肌肉損傷，甚至深層組織潰瘍壞死。
5. 無菌換症：指由護理人員執行消毒程序清洗傷口。
 
褥瘡：深層組織潰瘍壞死
 
潰瘍：因壓力、剪力、摩擦造成的皮膚或肌肉損傷
 
無菌換症
 
醫生處方藥膏</td></tr>
<tr><td>範例</td><td>例如：
1. 亞明中度智障人士，他母親表示亞明經常小腿皮膚痕癢，每年多次出癬，須求醫診治，並搽醫生處方的藥膏。
2. 亞輝經常出現自傷行爲，用硬物擊打手背，做成皮膚損傷，傷口因經常受到損傷致無法癒合，甚至出現發炎現象，需接受無菌換症清洗傷口。
3. 小玲四肢癱瘓，須長期坐輪椅，因不能自行轉動身體，盤骨位置因長期受壓導致部分皮膚脫落形成褥瘡。</td><td>評估分數
1
2
3</td></tr>
</table>

2. 餵食情況

目的	了解申請人在進食方面是否因病理性或功能性原因，引致不能正常地進食。如吞嚥困難出現，評估申請人恰當的餵飼方法及特別措施，使申請人能安全地進食。	
程序	申請人會被直接問及他在過去一個月內進食的情況。如果申請人的家人或日常照顧者在場，評估員可和他們交談了解情況，或向他們借閱有關的醫療紀錄。	
定義	1. 凝固粉：一種粉狀物質加入液體中使液體改變爲啫喱狀，或使液體凝結成半固體。從而延長吞嚥時間，減低哽塞風險。 2. 吞嚥問題：食物經咀嚼後，不能憑舌頭及咽喉運動經食道順利送入胃內，部分食物仍留在口腔，或會造成哽塞危機。 3. 哽塞：進食時出現吞嚥困難，吞嚥時食物阻塞氣道，引致呼吸困難。 4. 導管餵食：利用胃喉（鼻胃管／胃造瘻餵飼管）攝取流質食物養份。	
範例	例如：	評估分數
	1. 啓明有吞嚥困難，經治療師或醫生評估後，認爲進食流質食物時，須加入凝固粉方能進食。進食期間須別人餵食及觀察進食情況防止哽塞情況出現。	2
	2. 阿輝因大腦痙攣，須他人餵食，在餵食期間經常咳嗽，即使嘗試使用凝固粉等不同方法，仍經常出現哽塞現象。	3
	3. 阿輝非嚴重或極度嚴重智障人士，交通意外後，失去吞嚥能力，須用導管餵食攝取營養。	3

3. 使用藥物情況

目的	部分申請人需使用各種不同類型的藥物，或接受藥物注射，此項目爲協助識別他們在使用某些特定藥物時的護理需要。	
程序	申請人會被直接問及他在過去一個月內使用藥物的情況。如果申請人的家人或日常照顧者在場，評估員可和他們交談了解情況，或向他們借閱有關的醫療紀錄。	
定義	糖尿藥物注射：指注射胰島素。胰島素是一種蛋白質激素，可用於治療糖尿病。	
範例	例如：	評估分數
	1. 麗珠爲嚴重智障人士，患有糖尿病，須早晚注射糖尿針，控制血糖。	2
	2. 小生是糖尿病患者，每天在服用糖尿藥前，須驗血糖，醫生指示如血糖低過 4 度，無須服用糖尿藥物。	2
	3. 大雄爲嚴重智障人士，患有心臟病，每天須服用心臟藥物 Digoxin，並於每天服藥前量度心律。	2

4. 排泄控制

目的	部分申請人失去控制排泄能力。此項目爲協助識別他們在排泄控制上的護理需要，如爲完全失禁者選用合適的失禁輔助用具，保護皮膚避免受損。	
程序	申請人會被直接問及他在過去一個月內排泄控制的情況。如果申請人的家人或日常照顧者在場，評估員可向他們了解情況，或借閱有關的醫療紀錄。	
定義	1. 完全失禁：指大便及小便失去控制(double incontinence)，不自覺或不受控制的排出。 2. 導尿管： 因失去控制小便能力或其他病因，而需使用尿管導尿（福利氏導尿管／恥骨上導尿管）。 3. 造口：指小便或大便需用造口的裝置來排泄。 4. 遺尿／遺便：未能完全控制大／小便，或因認知或行爲問題而有遺尿／遺便情況。	
範例	例如：	評估分數
	1. 玉芬爲中度智障人士，經常因小事發脾氣，有時因鬧情緒，間中有遺尿出現，故意引人注意。這情況如能給她多點關心或提點，可有改善，但遺尿情況仍有發生。	1
	2. 文生爲極度嚴重智障人士，四肢活動能力緩慢，不能說話，及不能意識到自己何時須要如廁，經常不自覺地排小便或大便。	3
	3. 志明爲嚴重智障人士，母親表示只要每隔二至三小時給志明如廁，便無須給他穿上紙尿片。但間中也會因趕不及如廁而弄濕褲。	1

5. 腦癇情況

目的	部分申請人可能患有腦癇症。此項目爲協助了解申請人腦癇發作的情況及嚴重性，以識別他們需要的護理程度。一般情況下，如腦癇發作出現不省人事，臉色變藍，抽搐時引致受傷或腦癇發作次數頻密等情況下，都須送院治療。若申請人腦癇發作頻密程度經治療後仍未能受控制者，則須極高護理照顧。	
程序	申請人會被直接問及他在過去三個月內腦癇發作的情況。如果申請人的家人或日常照顧者在場，評估員可向他們了解情況，或借閱有關的醫療紀錄。	
定義	腦癇情況仍不能控制：指申請人服用腦癇症藥物後，腦癇發作仍然頻密，經醫生證明，腦癇情況不能被藥物控制。	
範例	例如：	評估分數
	1. 美玲覆診腦內科，因腦癇症須服用藥物，腦癇發作情況並不頻密，約一年一至二次，兩個月前亦曾發生過，但無需接受住院治療。	1
	2. 小超爲嚴重智障人士並患有腦癇症，經常腦癇發作引致不醒人事而須送院治療，經治療及服用藥物後，情況未有改善，醫生證明其腦癇情況不能受藥物控制。	4

6. 氧氣治療

<table>
<tr><td>目的</td><td colspan="2">部分申請人因呼吸問題需使用氧氣，此項目爲協助識別他們在使用氧氣治療後，所需的護理照顧程度。</td></tr>
<tr><td>程序</td><td colspan="2">申請人會被直接問及他在過去一年內使用氧氣及呼吸情況。如果申請人的家人或日常照顧者在場，評估員可向他們了解情況，或借閱有關的醫療紀錄。
 
氧氣治療</td></tr>
<tr><td>定義</td><td colspan="2">1. 無法處理日常作息：指作出少量活動如起立、取物、走路等會出現氣喘情況。
2. 睡眠呼吸機：常用於治療睡眠窒息症。患者睡眠時，需於面部位置戴上一個面罩或鼻罩，經由喉管與呼吸機相連。呼吸機會吹出一定氣壓，不斷輸出空氣到患者的呼吸道，從而令呼吸道長期打開不會收窄。</td></tr>
<tr><td>範例</td><td>例如：
1. 李生肢體傷殘，患有肺氣腫，當氣喘時須用氧氣治療，使用一段時間後，可作簡單活動。
2. 劉女士爲長期病患者，患有心臟病及肺氣腫，須長期使用氧氣，當暫停使用氧氣作一些簡單活動時，便感吃力、氣喘、疲憊不堪。</td><td>評估分數
3

4</td></tr>
</table>

7. 抽吸處理

目的	部分申請人有需要接受抽吸護理。此項目爲協助識別他們所需要護理的程度。	
程序	申請人會被直接問及他在過去一個月內抽吸護理的情況。如果申請人的家人或日常照顧者在場，評估員可向他們了解情況，或借閱有關的醫療紀錄。  抽吸處理	
定義	恆常抽吸處理：指須 24 小時留意申請人涎痰哽塞情況，並作出即時抽吸處理使氣道暢通。	
範例	例如： 美美患有痙攣及有吞嚥困難，經常因有很多涎痰哽塞氣道，引致呼吸困難，須護理人員經常（24 小時）留意其情況，並作出即時抽吸處理。	評估分數 4

8. 長期臥床

目的	部分申請人因身體機能轉變須長期臥床。此項目爲協助識別他們因長期臥床所需的護理照顧程度。	
程序	申請人會被直接問及他在過去一個月的活動能力及臥床情況。如果申請人的家人或日常照顧者在場，評估員可向他們了解情況，或借閱有關的醫療紀錄。	
定義	長期臥床：指申請人因身體機能上的衰退或疾病的影響，致每次不能坐下多過 2 小時，大部分的日常活動須在臥床進行。如進食、穿衣、如廁等，並須要護理照顧，如轉換身體受壓位置、更換紙尿片、預防褥瘡等問題。	
範例	例如： 小秋因大腦受損，四肢萎縮，無法坐在椅上，日常照顧如進食、如廁都須臥床進行。	評估分數 4

9. 特別護理照顧

目的	此項目爲協助識別申請人是否有特別護理照顧的需要。	
程序	申請人會被直接問及他現時是否需接受腹膜透析治療及氣管造口護理。如果申請人的家人或日常照顧者在場，評估員可向他們了解情況，或借閱有關的醫療紀錄。	
定義	1. 氣管造口：指在病人下頸、聲帶下方切開一個小造口，然後放入通氣管，以維持病人氣道暢通。氣管造口的適用情況可包括因神經肌肉疾病而引致呼吸衰竭。日常護理包括：抽吸處理、定期更換氣管造口導管及氣管造口周圍皮膚的護理等。 2. 連續性可攜帶腹膜透析治療（俗稱「洗肚」）：爲治療末期腎衰竭最普遍的方法。首先需在患者腹腔植入一條永久性導管，經由導管將約二公升的透析液引入腹腔內。血液的毒素及多餘水份，經腹膜進入透析液。約六至八小時後，病者須引流出舊的透析液來排出體內廢物及更換新的透析液。病者通常每天需要更換三至四次透析液，每次更換過程約需一小時。	
範例	例如：	評估分數
	1. 慧君爲末期腎衰竭患者，並需每天接受三次連續性可攜帶腹膜透析治療。	3
	2. 少芳患有先天性肌肉萎縮症，需長期接受氣管造口護理。	4

護理需要程度對照表

護理需要評估項目的最高分數	護理需要程度
0 分	無護理需要
1 分	低度護理需要
2 分	中度護理需要
3 分	高度護理需要
4 分	極高護理需要

IV. 功能缺損評估

注意事項

1. 是項評估乃透過與申請人、其家人或日常照顧者面談而了解申請人在主要個人自理項目上所需的照顧程度；評估員須以申請人在最近一個月內情緒穩定時的一般表現爲依歸，並須確定申請人在過去一個月內病情沒有突發轉變。
2. 若有需要（如評估員認爲面談內容與申請人情況不符），應輔以現場觀察以下活動之進行：
   (a) 喝水；
   (b) 穿衣褲；
   (c) 身體位置轉移，如：由床過輪椅；及
   (d) 家內行走。
3. 面談或觀察須於申請人熟悉的生活環境中進行（如學校、家居）。倘若申請人現正接受正規訓練或服務（例如特殊學校、庇護工場或展能中心等），則以申請人在此類服務的表現爲準。而申請人、其家人或照顧者均須提供有關申請人在個人自理活動上的資料。

功能缺損評估的設計	
洗澡及洗頭	過程最爲複雜及需時，在單一時間內所需的人手協助也最多。
穿脫衣物	包括早上更換衣服，如廁前後的穿脫褲子及洗澡前後的穿脫衣服，頻密的程度十分高；對於有肢體傷殘的人士如大腦痲痺患者，穿脫衣物需更多的協助。
位置轉移	此項目的重覆次數乃最頻密，任何轉換身體位置如坐至企，輪椅至坐廁或床至輪椅等也涵蓋在內。
如廁	因評估範圍只限於便後清潔，並不包括表達如廁需要及在如廁過程中涉及的穿脫褲子及位置轉移。
進食及進飲	一般智障及肢體傷殘人士在這方面的動機較佳，主動性較強，所以需要人手的協助應該較輕。
室內行動能力	這項目包括的範圍是指日常行動的情況，不包括訓練時的步行練習。對於完全需協助的人士，實際多以輪椅代步。

評分內容

0 申請人完全獨立完成該項活動，並在可接受的時間內安全地達至基本衛生要求（包括使用輔助器具）

1 申請人需要別人在旁監督或提示才能完成（包括需要口頭或接觸身體的提示）

2 申請人需要觸體協助，但不需要大量體位搬移的協助、或提舉申請人身軀或肢體；一般情況下，一人便可協助完成該項目

3 照顧者需給予大量體位搬移的協助、或提舉申請人身軀或肢體才能協助完成該項目；一般情況下需二人或以上人手才可協助完成該項目

功能缺損程度對照表

項目總分爲	功能缺損程度
13 至 18 分	高度缺損
7 至 12 分	中度缺損
2 至 6 分	低度缺損
0 至 1 分	沒有缺損

註： 若在第 4 或 5 項目中的分數爲「×」，請不需計算第 4 至 5 項入總分；而功能缺損的換算則由 1 至 3 項及第 6 項的總分決定：

1 至 3 項及第 6 項的項目總分	功能缺損程度
9 至 12 分	高度缺損
5 至 8 分	中度缺損
1 至 4 分	低度缺損
0 分	沒有缺損

功能缺損評估項目說明

1. 洗澡及洗頭

1.1 洗澡

目的	記錄申請人在過去一個月內在洗澡上的表現及需要別人協助的情況。	
程序	評估員首先要掌握申請人能夠自己完成洗澡的部位；再了解申請人何時需要協助及辨別屬那類協助的模式（如：口頭提示、觸體提示、或／及身體協助）。	
定義	申請人如何進行洗澡如坐浴或淋浴（不包括洗頭）。洗澡應包括清潔雙臂、大腿、小腿、胸部、腹部、背部和私處。	
範例	活動表現	評估分數
	黃先生是輕度智障人士。每天洗澡前，他的母親需要替他準備好衣服及調較水溫。至於洗澡程序，他能夠沖洗及抹乾身體，但速度較慢，需要別人催促，以免著涼。	0
	陳女士在洗澡時經常需要別人在旁提點，甚至輕碰她拿著花洒的手沖洗身體各部位。	1
	李先生只懂得清潔自己的胸部及腹部，不懂得洗擦頸、背、腋窩、手腳及私處，需要別人拿著他的手來洗擦未清潔的身體部分。他在整個洗澡過程中沒有抗拒。	2
	何先生因大腦痙攣而手腳控制不太靈活；故此，照顧者需要完全協助他洗澡。因他的肌肉張力較高，照顧者要用頗大的氣力來舉起他的手臂及張開雙腿進行清潔。	3

1.2 洗頭

目的	記錄申請人在過去一個月內在洗頭上的表現及需要別人協助的情況。	
程序	評估員要了解申請人在洗頭的過程中何時需要協助及辨別屬哪類協助的模式（如：口頭提示、觸體提示、或／及身體協助）。	
定義	洗頭應包括清洗和抹乾頭髮。	
範例	活動表現	評估分數
	張先生是自閉症人士。浴室間已貼有洗頭程序的視覺提示圖，他能夠按照提示圖自己完成洗頭的程序及抹乾頭髮。	0
	周女士在洗頭時需要別人在旁提示她沖洗的位置，才能將洗髮液清洗乾淨，完成洗頭的程序及抹乾頭髮。	1
	馬先生懂得用花洒弄濕頭髮，及嘗試塗抹洗髮液到頭髮，但仍需要別人拿著他的手才能完成清潔後枕的頭髮，之後他能夠自己抹乾頭髮。	2
	李先生患有大腦痙攣，未能隨意控制手腳的動作，肌肉張力也高；因此，照顧者需要完全協助他洗頭，而另一照顧者也要給予協助，和處理他一些不隨意的手腳動作，並保持他的坐姿平衡。	3

2. 穿脫衣物

目的	記錄申請人在過去一個月內在穿衣活動的表現及需要別人協助的情況。	
程序	評估員首先要掌握申請人能夠自己完成穿衣的部位；再了解申請人何時需要協助及辨別屬那類協助的模式（如：口頭提示、觸體提示、或／及身體協助）。如有需要，可要求申請人穿脫外衣及/或外褲，確定其穿脫衣服的能力。然而，以躺臥姿勢完成的則不作評估，因日常穿脫衣服的環境（如：廁所、浴室等）一般不容許申請人以此姿勢進行。	
定義	「穿衣」是指穿脫上身衣服（包括外衣及內衣）、下身衣服（包括面褲及內褲）及鞋襪；不過，扣鈕及縛鞋結是不計算在內的。	
範例	活動表現	評估分數
	陳女士的母親每天將衣服放在她的床邊，她在梳洗後便自覺地換衣服而不需她母親提點或督促。	0
	何先生手腳活動靈活，但沒有動機穿衣服，家人要在旁督促及鼓勵，間中亦要觸碰他的手腳，協助他穿衫和褲。	1
	評估員發覺鄭女士的理解能力較弱，不明白口頭及觸體提示。她需要家人拿起衫和張開衫袖洞，才會伸手入衫袖及對齊左右襟，然後讓別人扣鈕。	2
	李女士患有大腦痲痺症，四肢活動欠佳，雙腳關節有攣縮現象。每次更換衣服時，都要躺在床上，讓照顧者抬起她的身軀及雙腳，慢慢穿上／脫下衫褲。	3

3. 位置轉移

目的	記錄申請人在過去一個月內進行位置轉移的表現及需要別人協助的情況。	
程序	評估員首先要掌握申請人能夠自己完成位置轉移的部分；再了解申請人何時需要協助及辨別屬那類協助模式（如：口頭提示、觸體提示、或／及身體協助）。	
定義	申請人如何由一處移動至另一處的表現 （如：床過輪椅，輪椅過坐廁及輪椅過座椅等生活情況）。如有需要，可要求申請人現場做一次，確定其實際表現。	
範例	活動表現	評估分數
	鄭女士下肢有痙攣的問題，日常行動需靠四腳拐杖輔助。當她由椅子站起來時，需要用手按著固定的傢俱如桌面或扶手才能穩定地起身，反之亦然。在過程中，她不需別人在旁監督或協助。	0
	阿強因大腦痲痺問題，雙腳活動欠佳，以輪椅代步。由於他的理解力較差，每次由輪椅過座椅，都需要照顧者一步一步提點，他才會解開安全帶，翻起腳踏，然後抓緊扶手站起身，轉坐在座椅上。	1
	張先生走動時平衡十分弱，所以日常需靠輪椅代步。由輪椅過床及坐廁時，他需要別人在旁攙扶才能完成轉移位置。	2

	評估員記錄得李先生的四肢關節有攣縮的情況，他的雙腳不能伸直著地。故此，李先生在日常轉移位置時需要兩位家人抱起他過床或轉到輪椅。	3

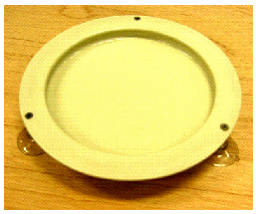
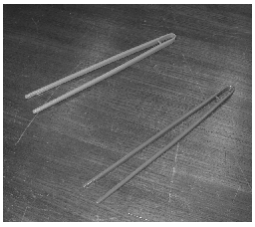
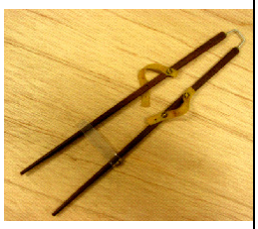
4. 如廁

目的	了解及記錄申請人過去一個月內在如廁上的表現及所需協助。	
程序	向申請人及／或其照顧者查詢申請人在如廁過程中的表現，包括如廁步驟、便後清潔、使用便椅 （如適用）等。但在如廁活動中涉及的穿／脫褲子則不予評分。同時，評估員亦要記錄申請人所用的廁所種類（如坐廁、蹲廁）。	
定義	如廁能力是指申請人在排小便和大便時的功能表現。就申請人的個別需要，這包括使用廁所／尿壺／保羅氏管(Paul's Tube)／便器、更換紙尿片、便後清潔等，但處理造口及使用內置式導尿管則不包括在內。倘若申請人同時使用導尿管及造口排泄，請於分數格內填上「×」。	
範例	活動表現	評估分數
	阿容是嚴重智障學生，一向住在宿舍，她雖然未能準確地表達如廁需要，但大致能跟著院舍時間表上廁所及完成各如廁步驟。	0
	阿平在如廁時，需要別人在旁提點他除褲及坐好，否則他會大叫和四處奔跑。如廁完畢後，亦需要別人一步一步的提示他便後清潔及督促他把廁紙掉進馬桶。	1
	劍雄是肌肉萎縮病患者，以電動輪椅代步，全身肌力微弱，手腳多處關節變形。小便時需要照顧者替他拿著尿壺排尿，大便後亦完全需要別人協助，更換尿片。	2
	家明患有大腦痲痺症，肌肉張力偏高，四肢控制欠佳，也不能保持坐姿平衡。每次如廁和便後清潔均需照顧者完全協助，另一照顧者也須在旁協助，處理他一些不隨意的身體和手腳動作，及保持合適的坐姿。	3

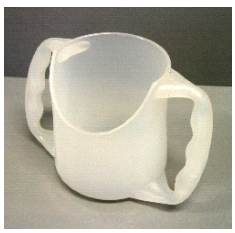
5. 進食及進飲

5.1 進食情況（不包括外置喉管進食）

目的	了解及記錄申請人過去一個月內進食的情況及所需協助。
程序	透過面談，向申請人及／或其照顧者查詢申請人進食時的表現，常用的餐具及所需要的協助等。倘若申請人使用導管餵食，請於相關的分數括號內填上「×」。至於食物種類方面，評估員亦應留意及加以記錄，如有部分申請人會因咀嚼或吞嚥困難而需要吃切碎／糊狀食物。以下列出的是一般常見的進食輔助工具：

<table>
<tr><td></td><td colspan="3"> 
粗柄曲羹+粗柄直羹
 
直羹連腕帶
 
手架連曲羹
 
防滑墊
 
斜邊碟+固定架
 
吸盤碟
 
相連筷子
 
改裝筷子</td></tr>
<tr><td>範例</td><td>活動表現</td><td>評估分數</td></tr>
<tr><td></td><td>玉芬是失明人士，需由他人放置餐具於桌面指定位置，她便能夠自己拿起羹吃飯。</td><td>0</td></tr>
<tr><td></td><td>卓健有過度活躍問題，集中能力很低。每餐飯都需要母親提示他拿起羹，甚至間中亦需要觸碰他的手腕拿緊匙羹吃飯。</td><td>1</td></tr>
<tr><td></td><td>阿貞因大腦痙攣，四肢活動欠靈活。進食時，要佩戴手托及要照顧者拿著她的手腕，協助她把切碎食物送到口中。</td><td>2</td></tr>
<tr><td></td><td>嘉豪患有大腦痙攣，身體整體控制欠佳，不能保持頭部在正中位置，也不能有效控制口部肌能。進食時，照顧者須協助他張開口，和餵給食物，另一照顧者也須在旁協助，保持頭部在正中位置及合適的坐姿。</td><td>3</td></tr>
</table>

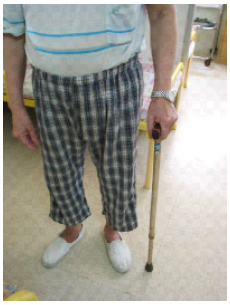
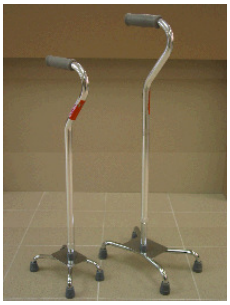
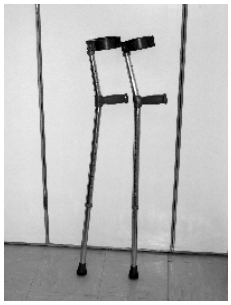
5.2 進飲情況

<table>
<tr><td>目的</td><td>了解及記錄申請人過去一個月內飲水的情況及所需協助。</td></tr>
<tr><td>程序</td><td>透過面談，向申請人及/或其照顧者了解申請人喝水的情況及所需要的協助。倘若申請人使用導管餵食，請於相關的分數括號內填上「×」。在有需要時，評估員可請他／她喝幾口水，從而觀察其表現。若果申請人需要用輔助器具幫助飲水，評估員亦應作記錄。以下列出的是一般常見的進飲輔助工具：
 
飲管
 
雙耳杯
 
切口杯
 
有蓋啜飲杯</td></tr>
</table>

範例	活動表現	評估分數
	阿玲雖然有吞嚥困難，但能夠自己拿起「切口」杯，慢慢地飲水。	0
	月潔的手口協調能力欠佳，飲水時需要照顧者輕碰她的手肘，並提示她把手肘固定在枱面上，然後拿緊雙耳杯飲水。	1
	忠明因四肢癱瘓，雙手控制很弱。餵水時，照顧者須替他固定飲管杯，放近嘴邊，讓他吸啜。	2
	家如患有大腦痙攣，肌肉張力偏高，頭部不能控制地向後仰，也不能有效從杯吸吮飲料。飲水時，照顧者須協助她保持頭部和身體在合適的姿勢，而另一照顧者才能慢慢給她餵水，和協助她合上嘴唇。	3

6. 室內行動能力（只回答 B6.1 或 B6.2）

6.1 室內行走

目的	了解及記錄申請人過去一個月內於室內環境行走的表現及所需協助。
程序	評估員可在面見申請人的時候，觀察其在室內環境行走的情況（如步姿的穩定性及耐力），並記錄所使用的助行器具（如適用）。以下列出的是常用的助行器具：  手杖  四腳手杖+三腳手杖  手肘杖  梯架  助行架  承托前臂輪子助行架  輪子助行架  輪子助行架
定義	在一般性的室內環境行走（按個別需要，申請人可使用助行器具）。

範例	活動表現	評估分數
	阿生患有小兒麻痺，一向用手杖行走，能處理簡單家務，當他站立過久而覺疲倦時，便會坐下來休息。	0
	家豪半年前中風，半身不遂，走路時右手拿四腳手杖，但身體平衡欠佳，需照顧者在旁給予鼓勵及在有需要時攙扶他，以免跌倒。	1
	嘉平是大腦麻痺人士，在步行時，他能抓緊輪子助行架，但雙腳踏步則需要照顧者一步一步協助。	2
	子游患有大腦痙攣，雙腳控制不靈活，步行時的平衡也不好，加上他相當高大，日常步行時需兩位照顧者在兩旁攙扶他。	3

6.2 室內使用輪椅

目的	了解及記錄申請人過去一個月內於室內環境使用輪椅的能力及所需協助。	
程序	如果申請人需要坐輪椅，評估員可透過面談了解其在室內操作輪椅的表現及所需要的協助，如開動輪椅，拉剎車掣固定輪椅及向不同方向推動輪椅。	
定義	在一般性的室內環境操作輪椅。	
範例	活動表現	評估分數
	阿美有先天性脊椎問題，下肢失去活動能力，上肢控制良好，以輪椅代步。她能在家裡控制輪椅，自我照顧及處理簡單家務。	0
	阿珍患有大腦痙攣，影響雙腳活動，需要坐輪椅。在家中，她能夠慢慢地推動輪椅向前行。遇有障礙物（如傢俬）的時候，則需要別人口頭提示及在轉彎時加以協助。	1
	榮輝是嚴重智障人士，因大腦痙攣問題，影響四肢活動。日常活動有賴照顧者替他推動輪椅。	2
	子碩因四肢癱瘓，需倚賴他人推輪椅，由於他的體重超過 200 磅，所以日常均需兩位照顧者推輪椅，和協助他在輪椅坐好。	3

V. 行爲問題 *

目的	部分申請人有不同類別及不同程度的行爲問題。此部分爲協助識別有嚴重行爲問題的申請人。
評估方法	評估員可透過下列方法了解情況，進行評估： （a）申請人及其家人／照顧者提供的資料； （b）有關的醫療紀錄及其他紀錄；及 （c）評估員的觀察。
定義	1. 「行爲問題」包括「攻擊行爲」（A1 及 A2）、「自我傷害行爲」（B1 、B2 及 B3）、「破壞行爲」（C1 及 C2）及「其他行爲問題」（D）四個範疇。「其他行爲問題」（D）包括不恰當性行爲、厭惡行爲及重覆行爲。項目 A1、B1、C1 及 D 評估申請人在過去一年內有否表現該類行爲問題，而項目 A2、B2、B3 及 C2 則評估申請人的行爲問題是否達到嚴重程度。 2. 每類行爲問題的定義／例子及每類行爲問題嚴重程度的定義已在相關項目詳細客觀註明。項目 A2 中的「他人身體嚴重受傷」及 B2 中的「自己身體嚴重受傷」，指其嚴重程度引致他人或申請人需要醫護人員即時治理；若其受傷情況已達至上述的嚴重程度，即使申請人因任何理由而沒有即時求醫的話，評估員亦應該予以分數。項目 C2 中的「嚴重物資破壞」，指其嚴重程度引致該物資重要功能或其外觀受永久性／嚴重損壞。項目 D「其他行爲問題」沒有包括離家出走或偷走。如有這類行爲問題，可記錄在 *VI.家人／照顧者的應付能力*中的項目 C4 內。 3. 在某事件／事例中，申請人表現之行爲問題所產生的後果，則不應評估爲另一行爲問題。例如申請人在表現攻擊行爲時，傷害了自己及導致嚴重物資破壞，該行爲只應評估爲攻擊行爲，而不應再評估爲自我傷害行爲和破壞行爲。 4. 項目 E 評估申請人家人／照顧者在處理行爲問題時，是否覺得非常困難。這項目評估申請人家人／照顧者的主觀感受。
得分計算	1. 任何沒有發問的項目，請給予 0 分。 2. 評估員可參考行爲問題程度對照表的指示，得出本範疇的評估結果。

* 此部分以 Borthwick-Duffy, S. A. (1994). Prevalence of destructive behaviors. In T. Thompson & D. B. Gray (Eds.), *Destructive behavior in developmental disabilities: Diagnosis and treatment* (pp. 3-23). Thousand Oaks, CA: Sage. 作爲參考。

其他	1. 研究和臨床經驗顯示，殘疾人士的行爲問題通常需要不同的策略來處理(如個別訓練或改變其所處的環境等)。特別在處理他們的攻擊行爲時，更未必單以提供住宿服務或增加照顧者的人手便能解決。因此，評估員宜了解影響申請人行爲問題的不同因素(如家人／照顧者未能掌握處理申請人行爲問題的有效方法，申請人因所處的環境過於嘈吵而表現攻擊行爲，或因過於沉悶而以自傷行爲來自我刺激等)，從而訂立不同的策略(如向家人／照顧者提供適當的教育，或改變申請人所處的環境等)來改善申請人的行爲問題。 2. 如評估員得悉申請人有嚴重行爲問題，或申請人家人／照顧者在處理行爲問題時覺得非常困難，應考慮轉介申請人或其家人／照顧者接受適當的支援服務，如藥物治療、心理輔導等。

行爲問題程度對照表

<table>
<tr><th>項目 A1、B1、C1 和 D 的總分</th><th>項目 A2、B2、B3 和 C2 的總分</th><th>項目 E 的得分</th><th>評估結果</th></tr>
<tr><td>0 分</td><td>—</td><td>—</td><td>沒有行爲問題</td></tr>
<tr><td rowspan="3">1 分或以上</td><td rowspan="2">1 分或以上</td><td>1 分</td><td>有行爲問題，並需要有較多員工的康復服務</td></tr>
<tr><td>0 分</td><td rowspan="3">有行爲問題，但無需有較多員工的康復服務</td></tr>
<tr><td rowspan="2">0 分</td><td>1 分</td></tr>
<tr><td>0 分</td></tr>
</table>

VI. 家人／照顧者的應付能力

A 項：照顧系統

目的	了解申請人現存的照顧系統所面臨的危機因素或風險。
程序	本項評估適用於以下情況： 1. 申請人現時在家接受照顧； 2. 申請人現正接受院舍、醫院或特殊學校寄宿服務，在這情況下評估員可透過了解申請人回家渡假時或離開院舍後會照顧申請人的家人／照顧者爲評估對象。即使申請人已有一段長時間沒有回家，評估員應仍在可能情況下了解家人／照顧者的狀況，以評估申請人離開院舍後的照顧安排。 在了解照顧系統所面臨的危機因素或風險時，評估員可直接向主要照顧者查詢有關情況，有需要時可要求出示有關紀錄或證明，或在取得受訪者同意下向其他人士核實有關資料。
定義	1. 照顧系統：指爲申請人提供照顧及協助的支援網絡，包括家人、親友、鄰居、家庭傭工等。 2. 主要照顧者及次要照顧者：指現今或可見將來會爲申請人提供照顧或協助的家人，包括父母、家屬或親人。若申請人沒有主要照顧者，可於主要照顧者的姓名一欄填「無」。倘若申請人長時間在院舍、醫院或特殊學校寄宿，則應以申請人離開院舍後會爲申請人提供照顧的人士爲主要／次要照顧者。 3. 其他照顧者：指提供協助的鄰居、朋友，或受聘照顧申請人的家庭傭工，但不包括院舍職員或醫院員工。 4. 照顧：指爲申請人提供日常自理或基本護理，或就此提供指導或幫忙；但不包括院舍或醫院探望，或純粹金錢上的援助。 5. 每周照顧時數：指照顧者每周在基本護理、日常作息等活動上提供的幫忙或指導所需的時間，並以小時爲單位計算。照顧時數並不計算院舍或醫院探望，或金錢援助所花的時間。計算方法爲將一星期共 168 小時減去申請人接受住宿照顧或日間照顧／訓練(如適用)及照顧者不用提供照顧的時數。 6. 無法照顧：指在客觀情況下（例如主要照顧者年齡超過 55 歲、有長期病患等），主要照顧者表示在照顧上遇到困難，評估員亦認爲主要照顧者無法在基本護理、日常作息等活動上提供適當的照顧。 7. 相當的危機或風險：指有客觀跡象顯示照顧系統在目前會無法爲申請人提供照顧或協助。

B 項：人際關係

目的	了解申請人現時是否有嚴重人際關係問題。
程序	評估員可直接向主要照顧者查詢有關情況，並以客觀事實爲準，有需要時可要求出示有關紀錄或證明，或向有關人士核實資料。
定義	嚴重衝突：指由於申請人本身的性格或行爲長期對家人、鄰居構成滋擾而引起的衝突，並須警方或專業人士介入；若情況已達至上述的嚴重程度，即使申請人因任何理由而沒有要求或接受警方或專業人士介入的話，評估員亦應該予以分數。由於鄰居歧視行爲引起的衝突或一般家庭糾紛不屬此列。

C 項：其他風險／危機因素

目的	了解申請人現時的安全是否存在相當危機或風險。
程序	評估員可直接向主要照顧者查詢有關情況，並以客觀事實爲準，有需要時可要求出示有關紀錄或證明，或向其他有關人士核實有關資料。
定義	相當危機或風險：指有跡象顯示申請人現時的安全情況正受到威脅。這些因素並不限於法例上不容許的行爲（例如性侵犯）。評估員須以專業判斷有關行爲的嚴重性，並由轉介者跟進以防止問題惡化。

照顧系統結果對照表

照顧系統所面臨的危機因素／風險項目的總分	結果
1 分或以上	現有照顧系統已面臨相當的危機或風險
0 分	現有照顧系統並無危機或風險

人際關係結果對照表

人際關係項目的總分	結果
1 分或以上	申請人的人際關係已出現嚴重問題
0 分	申請人的人際關係並沒有嚴重問題

其他風險／危機因素結果對照表

其他風險／危機因素項目的總分	結果
1 分或以上	申請人的安全存在相當的危機或風險
0 分	申請人的安全並沒有危機或風險

VII. 住宿需要評估總結

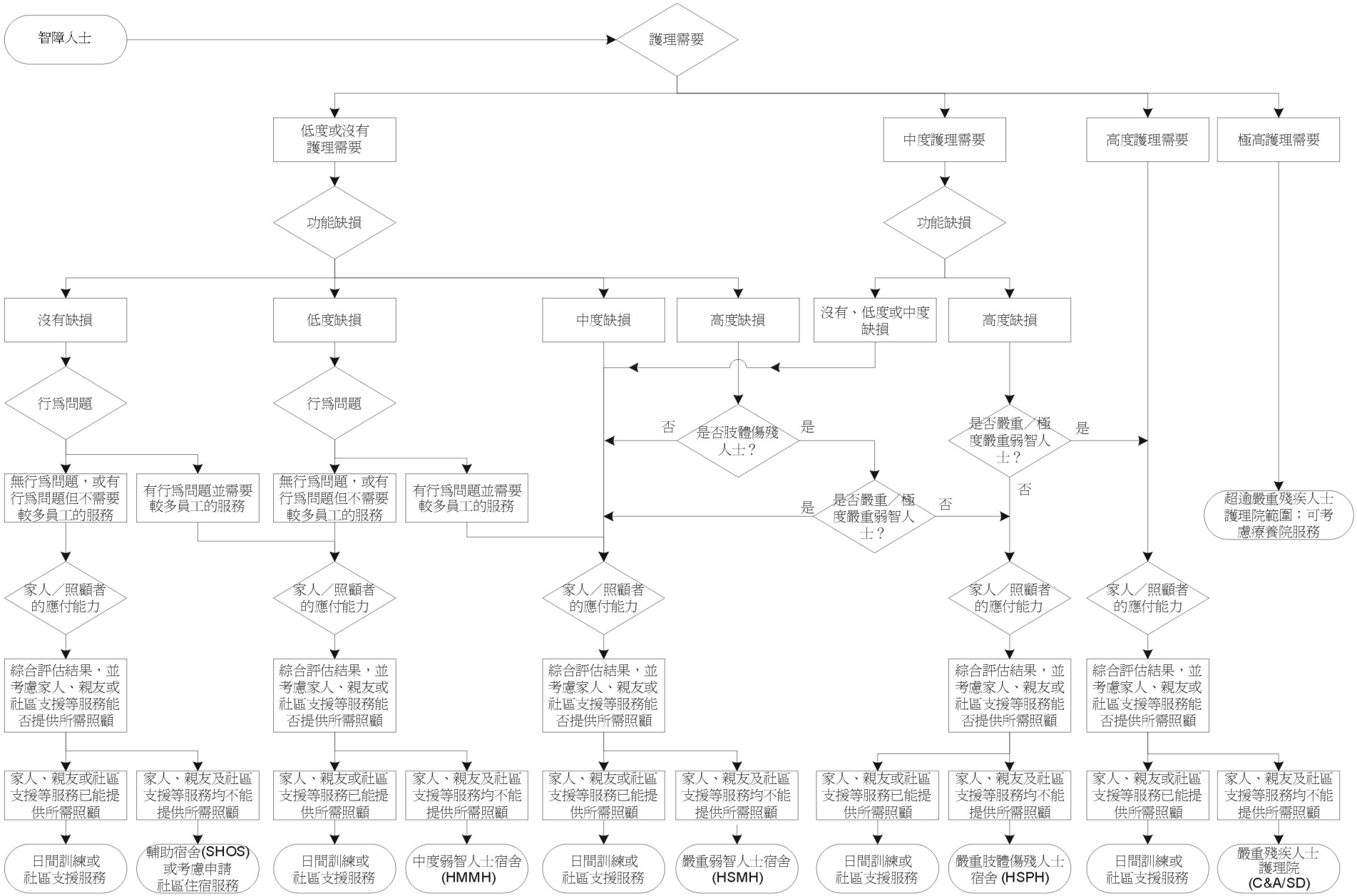
目的	綜合評估結果，並考慮照顧系統連同社區支援服務是否能夠提供所需照顧，以決定申請人是否需輪候院舍服務。
程序	1. 評估員須根據本手冊四個主要評估範疇，即護理需要、功能缺損、行爲問題及家人／照顧者的應付能力所列的評分準則，決定每一個範疇的評估結果（即 A 至 D 各部分的第 1 項）。 2. 評估員可根據家人或照顧者所提供的資料，再加上評估員的觀察，判斷現時有沒有家人或親友可就第 III 至 VI 項所顯示的情況提供協助，致使申請人無需接受住宿照顧（即 A 至 D 各部分的項目 2）。 3. 評估員再根據家人或照顧者所提供的資料，再加上社工的評估，判斷現有服務（包括社康護理、社區支援、日間訓練、家庭服務、體恤安置、各種治療及輔導等，參考附錄二）可否就第 III 至 VI 項所顯示的情況提供協助，致使申請人無需接受住宿照顧（即 A 至 D 各部分的項目 3）。 4. 倘若申請人的照顧系統及現有服務均不能在任何一個範疇內提供協助（即將 A 至 D 每部分內的項目 2 與項目 3 相加，四個分數中至少一個有 2 分。例如：A-B-C-D 各部分的分數爲 0-0-2-0），便顯示申請人有需要輪候院舍服務。若申請人的照顧系統或現有服務已可提供協助（即將 A 至 D 每部分內的項目 2 項目 3 相加，四個分數都低於 2 分。例如：A-B-C-D 各部分的分數爲 0-1-0-1），便顯示申請人現時無須輪候院舍服務。E1 部分須完全根據前面 A 至 D 項資料填寫，評估員不應另行作出判斷。 5. 評估員再根據本手冊中的《服務需要評估流程》（附錄一），建議申請人所需服務類別。倘若申請人爲智障人士，可使用《智障人士服務需要評估流程》；倘若申請人爲肢體傷殘人士，可使用《肢體傷殘人士服務需要評估流程》。倘若申請人爲智障及肢體傷殘人士，則可使用《智障人士服務需要評估流程》。附錄一中的《智障人士服務配對表》及《肢體傷殘人士服務配對表》與相關的流程圖在內容上基本相同，評估員可按自己的使用習慣與方便程度使用流程圖或服務配對表。 6. E2 部分須完全根據前述評估結果及《服務需要評估流程》，評估員不應另行判斷適合申請人的服務類別。 7. 倘若申請人被評估爲不需要輪候院舍服務，但評估員發覺有評估過程未有提及的情況而導致申請人需要某類院舍服務，或評估員認爲所建議的服務未能滿足申請人的需要，可於 E3 項詳細列明該情況及需要院舍服務的原因，並建議所需服務的類別，交社會福利署作特別個案處理及審核，以決定補充資料會否改變 E1 及 E2 的評估結果。
定義	1. 提供協助：指評估員從第 III 至第 VI 部分評估中所得知的具體需要或困難，可透過家人或各類支援服務得到解決。評估員須留意家人或照顧者是否有足夠知識、技巧或能力解決這些需要或困難，例如爲申請人作藥物注射或處理嚴重攻擊行爲。

	2. 家人、親友或其他照顧者：倘若主要照顧者已於第 VI 部分的 A2 項被評估爲在提供照顧上有危機或風險，那麼在考慮本部分 D2「現時有沒有家人、親友或其他照顧者可就照顧系統的危機提供協助」時，家人、親友應不包括主要照顧者在內。	
	3. 現有社區支援：即使在評估時申請人尚未接受有關支援服務，評估員仍可根據個別照顧需要而決定現有支援服務能否就申請人的照顧需要提供協助。例如使用社康護理服務定期作藥物注射、透過家務助理服務爲申請人洗澡、或使用展能中心延展照顧解決照顧者長時間工作而造成的照顧困難等，即使申請人尚未使用此類服務，評估員仍可直接根據服務內容，預期有關服務能否解決申請人的照顧需要。但某些照顧項目，例如嚴重行爲問題的治療或情緒輔導等，則可能需要在有輔導或治療出現成效後，評估員才能確定有關服務能否解決申請人的照顧需要。	
範例	例子	評估分數
	麗珠爲嚴重智障人士，患有糖尿病，須早晚注射糖尿針，但父母年紀老邁，無法掌握有關技巧，亦無其他家人可提供協助（VII-A-2 護理需要的家人支援評估）。	1 （沒有）
	小強爲中度智障人士，患有糖尿病，每天只須到附近診所接受注射，已可解決其需要（VII-A-3 護理需要的服務支援評估）。	0 （有）
	何先生因大腦痙攣而手腳控制不太靈活，洗澡時需要他人完全協助。其父母年紀老邁，爲何先生洗澡時感到非常吃力；而何先生的兄弟姊妹亦已婚，無法提供適當照顧（VII-B-2 功能缺損的家人支援評估）。	1 （沒有）
	小明爲嚴重智障人士，且對家人時有攻擊行爲，家人對此難以控制。然而，透過精神科治療及社工轉介臨床心理服務，小明的行爲已稍有改善，即使出現行爲問題亦在家人的控制能力之內（VII-C-2 及 VII-C-3 行爲問題的家人及服務支援評估）。	0 （有）
	小美爲中度智障人士，在日常生活的自我照顧上均需家人提點；但父母年逾六十，兄弟姊妹亦已婚及不再同住（VII-D-2 家人／照顧者應付能力的家人支援評估）。	1 （沒有）
	小晶爲嚴重智障及自閉症人士，其母親在照顧小晶時感到很大壓力，以致出現沮喪和抑鬱的情況；但透過展能中心訓練及社工的輔導，小晶的行爲得到改善，母親的壓力亦得到舒緩（VII-D-2 家人／照顧者應付能力的服務支援評估）。	0 （有）

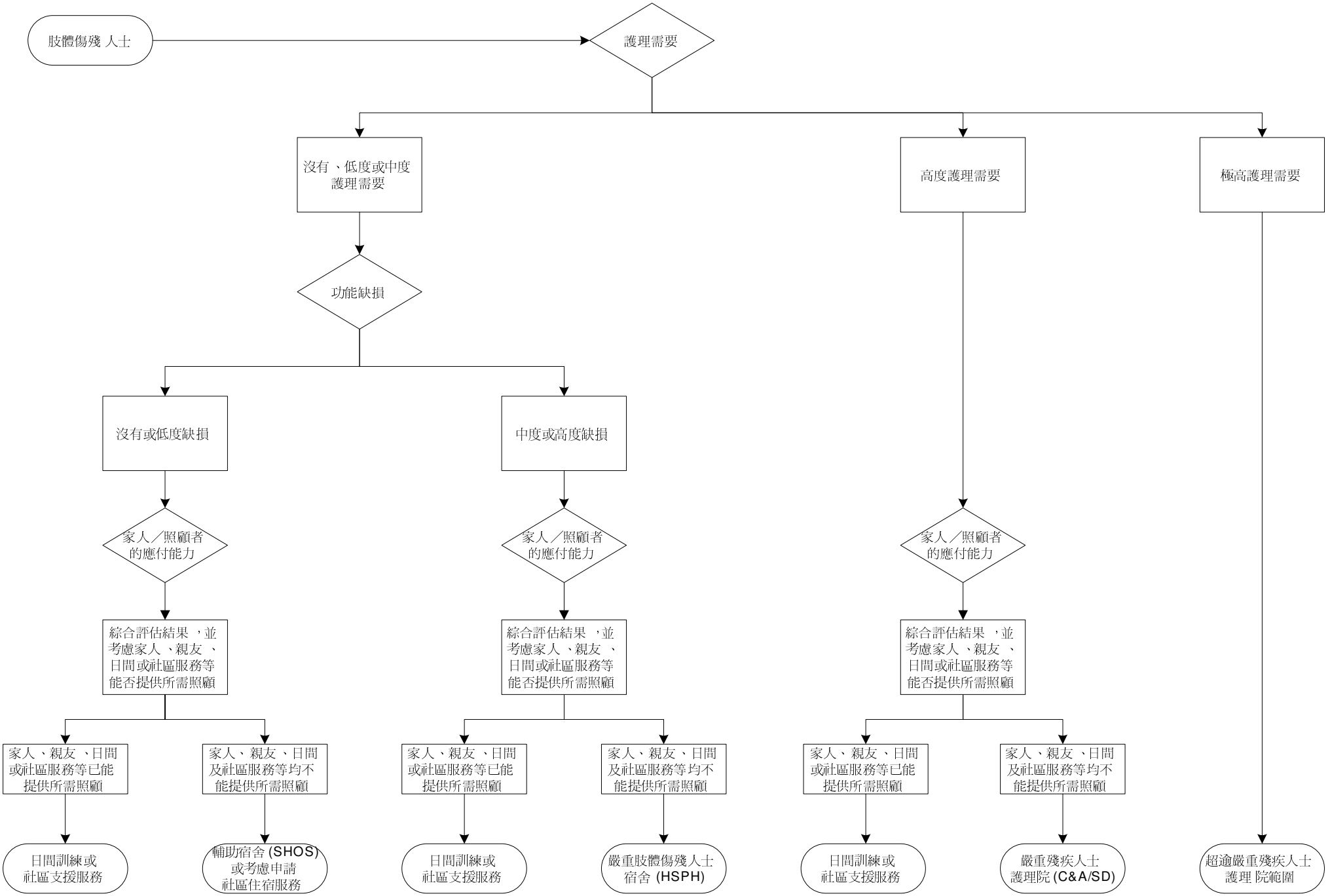
住宿需要評估總結 E1 部分結果對照表

評分準則	結果
將 A 至 D 每部分內的項目 2 與項目 3 相加，四個分數都低於 2 分	現有照顧系統、日間訓練或社區支援服務等已能提供申請人或家人所需的協助，現階段並不需要輪候院舍服務
將 A 至 D 每部分內的項目 2 與項目 3 相加，四個分數中至少一個有 2 分	現有照顧系統連同社區支援服務等均不能提供申請人或家人所需的協助，申請人有需要輪候院舍服務

智障人士服務需要評估流程



肢體傷殘人士服務需要評估流程



智障人士服務配對表

護理需要	功能缺損	是否有行爲問題並需要較多員工的康復服務？	是否肢體傷殘人士？	是否嚴重／極度嚴重智障人士？	照顧者／社區支援能否提供協助？	建議服務
極高護理需要						可考慮療養院服務
高度護理需要					能	日間訓練或社區支援
高度護理需要					不能	嚴重殘疾人士護理院
中度護理需要	高度缺損			是	能	日間訓練或社區支援
中度護理需要	高度缺損			是	不能	嚴重殘疾人士護理院
中度護理需要	高度缺損			否	能	日間訓練或社區支援
中度護理需要	高度缺損			否	不能	嚴重肢體傷殘人士宿舍
中度護理需要	中度缺損				能	日間訓練或社區支援
中度護理需要	中度缺損				不能	嚴重弱智人士宿舍
中度護理需要	低度缺損				能	日間訓練或社區支援
中度護理需要	低度缺損				不能	嚴重弱智人士宿舍
中度護理需要	沒有缺損				能	日間訓練或社區支援
中度護理需要	沒有缺損				不能	嚴重弱智人士宿舍
低度／無護理需要	高度缺損		是	是	能	日間訓練或社區支援
低度／無護理需要	高度缺損		是	是	不能	嚴重弱智人士宿舍
低度／無護理需要	高度缺損		是	否	能	日間訓練或社區支援
低度／無護理需要	高度缺損		是	否	不能	嚴重肢體傷殘人士宿舍
低度／無護理需要	高度缺損		否		能	日間訓練或社區支援
低度／無護理需要	高度缺損		否		不能	嚴重弱智人士宿舍
低度／無護理需要	中度缺損				能	日間訓練或社區支援
低度／無護理需要	中度缺損				不能	嚴重弱智人士宿舍
低度／無護理需要	低度缺損	是			能	日間訓練或社區支援
低度／無護理需要	低度缺損	是			不能	嚴重弱智人士宿舍
低度／無護理需要	低度缺損	否			能	日間訓練或社區支援
低度／無護理需要	低度缺損	否			不能	中度弱智人士宿舍
低度／無護理需要	沒有缺損	是			能	日間訓練或社區支援
低度／無護理需要	沒有缺損	是			不能	中度弱智人士宿舍
低度／無護理需要	沒有缺損	否			能	日間訓練或社區支援
低度／無護理需要	沒有缺損	否			不能	輔助宿舍或社區住宿服務

肢體傷殘人士服務配對表

護理需要	功能缺損	照顧者／社區支援能否提供協助？	建議服務
極高護理需要			可考慮療養院服務
高度護理需要		能	日間訓練或社區支援
高度護理需要		不能	嚴重殘疾人士護理院
中度護理需要	中度／高度缺損	能	日間訓練或社區支援
中度護理需要	中度／高度缺損	不能	嚴重肢體傷殘人士宿舍
中度護理需要	沒有／低度缺損	能	日間訓練或社區支援
中度護理需要	沒有／低度缺損	不能	輔助宿舍或社區住宿服務
低度／無護理需要	中度／高度缺損	能	日間訓練或社區支援
低度／無護理需要	中度／高度缺損	不能	嚴重肢體傷殘人士宿舍
低度／無護理需要	沒有／低度缺損	能	日間訓練或社區支援
低度／無護理需要	沒有／低度缺損	不能	輔助宿舍或社區住宿服務

住宿服務以外的各類日間訓練及社區支援服務

（殘疾人士住宿服務評估工具評估員手冊，附錄二）

服務名稱	護理服務	職業/日間訓練	日間照顧	職業/物理治療	心理/行爲輔導	社交及支援	短期住宿	居所安排
社康護士服務	✓							
嚴重殘疾人士日間照顧服務	✓		✓			✓		
殘疾人士在職培訓計劃		✓						
「陽光路上」培訓計劃		✓						
輔助就業		✓						
庇護工場		✓				✓		
綜合職業康復服務中心		✓				✓		
綜合職業訓練中心		✓						
展能中心	✓	✓	✓	✓		✓		
家居訓練及支援服務		✓		✓		✓		
家務指導服務		✓						
綜合家居照顧服務	✓		✓	✓				
日間暫顧服務			✓					
延展照顧服務			✓					
殘疾人士地區支援中心[註]		✓	✓	✓	✓	✓		
家庭服務中心／綜合家庭服務中心					✓			
醫務社會服務					✓			
康復機構熱線輔導服務					✓			
社會福利署臨床心理服務					✓			
殘疾人士家長／親屬資源中心						✓		
殘疾人士社交及康樂中心						✓		
結伴行計劃			✓			✓	✓	
健樂會						✓		
智障成人教育						✓		
輪椅維修服務						✓		
住宿暫顧服務							✓	
緊急住宿服務							✓	
體恤安置								✓

註: 透過重整服務，殘疾人士地區支援中心爲殘疾人士及其家人/照顧者提供一站式的社區支援服務包括假期照顧服務、家居暫顧服務、延展照顧服務及家務指導服務等。

Reply to CRSRehab-MPH on Selection for Placement

From: _____
(Name of Referring Office and Organisation)

_____
(Address of Referring Office)

Tel.: _____ Fax: _____

Date: _____ Ref.: _____

To: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House, 213 Queen's Road East
Wan Chai, Hong Kong

Tel.: 28925141 / 28925565 Fax: 28936983

Selection for Placement to *(name of rehabilitation unit)*: _____

Name: _____ HKIC No.: _____ CRSRehab No.: _____

☐ **Applicant accepts the offer of day service / applicant is assessed to have need for residential service under the Standardised Assessment Mechanism *.** The following documents are attached:

- ☐ CRSRehab–MPH Form 1
- ☐ Psychological/psychiatric / medical* report
- ☐ School progress / VTC* report
- ☐ Case summary
- ☐ Agency application form
- ☐ Certificate of blindness

☐ **Applicant is assessed to have no residential services need under the Standardised Assessment Mechanism.**

☐ **Applicant is assessed to have other residential services need under the Standardised Assessment Mechanism.**

☐ **Applicant declines the offer** (Please × only one box):

- ☐ Applicant considers the location of rehabilitation unit unfavourable.
- ☐ Prefer to live with / be looked after by family member(s).
- ☐ Satisfied with the present arrangement of day training or community support service.
- ☐ Transport not available / cannot be arranged.
- ☐ Applicant left Hong Kong or emigrated overseas.
- ☐ Lost contact with applicant.
- ☐ Applicant passed away.
- ☐ Applicant is engaged in open employment at present.
- ☐ Applicant is engaged in supported employment at present.
- ☐ Applicant is attending special school at present.
- ☐ Applicant is residing in self-financing or private home.
- ☐ The placement offer does not match applicant's service request or location preference.
- ☐ Others, please specify: _____

☐ **Applicant is temporarily hospitalised.**

Name of Hospital:

Admission date:

Diagnosis/Treatment required:

☐ *(for day and residential service applicant only)* Applicant prefers that day service be offered with residential placement together.

Signature: _____

Name: _____

Post: _____

** Please delete as inapplicable*

Confirmation of Registration

From: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House, 213 Queen's Road East,
Wanchai, Hong Kong

To:

CRSRehab-MPH Tel.: 28925141 / 28925565 Your Ref.:
Fax: 28936983 Your Fax:
Date:

The following applicant has been registered in CRSRehab–MPH for rehabilitation service. Please kindly verify the following data, raise amendment and update any subsequent change to CRSRehab–MPH by *Form 3* (Section I, II or VIII only) or *Form 1* (including but not limited to Section III to VII). For case enquiries, please contact the staff-on-duty at 28925141 / 28925565. For data protection, only enquiries from the referrer will be answered.

I. Personal Particulars

Name (English):
Name (Chinese):
Sex/date of birth:
HKIC/COE No.: Residential district:
Service received:

II. Disability

Physical disability: Mobility:
Intellectual disability: Climb stairs / slope:
Date of assessment: Public transport:
Other disability / illness: Rehabaid used:
Treatment receiving:

III. Nursing Care Needs

	Score		Score		Score
Skin Problem:		Feeding Problem:		Medication:	
Continence Control:		Epilepsy:		Oxygen Therapy:	
Suctioning:		Bed Ridden:		Special Nursing Care:	
				Overall:	

IV. Functional Impairment

	Score		Score		Score
Bathing and Shampooing:		Dressing /Undressing:		Transfer:	
Toilet Use:		Feeding/Drinking:		Indoor Mobility:	
				Overall:	

V. Challenging Behavior

		Score(s)	
Aggressive Behavior:	A1:	A2:	
Self-injurious Behavior:	B1:	B2:	B3:
Property Destruction Behavior:	C1:	C2:	
Other Challenging Behaviors:	D:		
Coping Difficulty	E:		

Total scores on items A1, B1, C1 & D: **Total scores on items A2, B2, B3 and C2:**
Score on item E:

VI. Family Coping

A1. Care System

Types of carer	Name	Sex / Age	Relationship	Live Togthr.	Occupation / Wkg. Hr.	Care Hrs / Wk.
(a) Primary carer						
(b) Secondary carer						
(c) Other carer(s)						

A2. Risks Encountered by the Care System:

B. Interpersonal Relationship:

C. Other Risk Factors:

VII. Conclusion on Residential Need Assessment

A. Nursing Care
Level of nursing care:
Whether family can offer assistance:
Whether social service can offer assistance:

B. Functional Impairment
Level of functional impairment:
Whether family can offer assistance:
Whether social service can offer assistance:

C. Challenging Behaviour
Whether there is challenging behaviour:
Whether family can offer assistance:
Whether social service can offer assistance:

D. Family Coping
Problem / Risk:
Whether family can offer assistance:
Whether social service can offer assistance:

E. Assessment Result
Whether there is need for residential service at present:
Service recommended according to the Assessor Manual:
Whether justification for altering the assessment result is provided:
Whether the justification is approved:

VIII. Placement Arrangement

Service: Application date:
Availability for day service: (i) Residential
Waiting List (ii) Day
CRSRehab no.:
Location preference: Day placement Day/Residential placement

( )

限閱文件
RESTRICTED

社會福利署
康復服務中央轉介系統
申請康復服務登記書
Notification of Registration for Rehabilitation Services
Central Referral System for Rehabilitation Services
Social Welfare Department

致：康復服務申請人（經個案社工／轉介者轉交）
To: Applicant (Via Caseworker/Referrer)

下列申請經已於社會福利署（社署）康復服務中央轉介系統內登記，詳情如下：
The following application has been registered in the Central Referral System for Rehabilitation Services of the Social Welfare Department (SWD) with details listed as below:

姓名：
Name: _____

香港身份證：
Hong Kong Identity Card: _____

申請日期：
Date of Application: _____

申請輪候的康復服務：
Rehabilitation Service(s) Applying for: _____

輪候狀況：
Status on Waiting List: _____

檔案號碼：
Your Reference: _____

申請人編號：
CRSRehab No.: _____

服務地區選擇：
Location Preference:

日間服務 / Day:

住宿服務 / Residential:

_____

倘若你獲得編配所申請的服務，康復服務中央轉介系統將會透過你的社工／轉介者與你聯絡，安排接受有關服務。爲令各方面保持緊密聯絡，若果你的聯絡地址、電話或所需的服務已轉變，請儘快通知個案社工／轉介者，以便他／她將有關資料轉達本系統。就上述服務的申請及轉介事宜，社署及轉介機構不會收取任何費用。

Once you are selected for a placement in rehabilitation unit, the Central Referral System for Rehabilitation Services will inform you via the referring social worker to prepare for acceptance of placement offer. For maintaining good contacts among all parties concerned, please inform the referring social worker as early as possible if you have changes in your address, telephone number or rehabilitation services required, so that information may be updated at the Central Referral System for Rehabilitation Services. SWD and the referring agency will not charge for the application and referral for service.

如你對以上的申請有任何查詢，請與你的社工／轉介者聯絡：
Should you have any enquiry on the above application, you may contact your referring social worker:

社工／轉介者姓名：
Caseworker / Referral Name: _____

機構名稱：
Centre: _____

辦公室地址：
Office Address: _____

聯絡電話（內線）：
Phone Contact No. (ext.): _____

To_____:

Date:_____

Notification of Assessment Result

You have received the Standardised Assessment for Residential Services for People with Disabilities on _____ (Date). The assessment result is as follows:

☐ You are suitable for _____ service.

☐ Your residential services need is not confirmed. Hence, your application for residential services is rejected.

☐ You are not suitable for residential services for people with disabilities, Please apply to the Hospital Authority for Infirmary Service.

Please note that this assessment result is based on your current situation. If you disagree with the assessment result, you may lodge an appeal to the **Secretariat to Appeal Board for Standardised Assessment for Residential Services for People with Disabilities** (Address**:** Room 901 Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong) within 6 weeks from the date of this notification.

If you encounter any changes in health and family conditions in future, you may *re-apply for residential services/apply for change of service waitlisted. Examples of the changes include:

(i) significant changes in health condition or need for nursing /personal care;
(ii) increase or decrease in challenging or uncontrollable behaviour;
(iii) significant changes in physical and psychological condition of primary carer;
(iv) changes in family circumstances leading to different caring pattern for the applicant; and
(v) any significant event, e.g. abuse or neglect incident concerning the applicant or the family members.

You may approach the social workers of the Rehabilitation Services Units you are currently attending/Medical Social Services Units/Integrated Family Services Centres at your home vicinity for arrangement of re-assessment of your residential services needs.

If you have any enquiries, please contact our social worker _____ at _____.

_____

(Referring Social Worker)

_____

(Service Unit)

**Please delete as inapplicable*

致：　　先生／女士：

評估結果通知書

你於　　年　　月　　日所接受的殘疾人士住宿服務評估，結果如下：

☐ 你適宜 _____ 服務。

☐ 你的住宿服務需要未被確定，因此你的住宿服務申請並未被接納。

☐ 你不適宜殘疾人士住宿服務，可向醫院管理局申請療養院服務。

這個評估結果是基於申請人的現況而得出的，倘若你不滿意評估結果，可於此通知書發出日期起六星期內透過社工或直接經書面向**殘疾人士住宿服務評估上訴委員會秘書處**提出上訴，地址爲：香港灣仔皇后大道東 213 號胡忠大廈 901 室。

倘若將來你的身體或家庭狀況出現以下轉變，可*再申請住宿服務/申請其他住宿服務類別：

一、 身體狀況或所需的照顧出現明顯轉變；
二、 行爲問題或不受控制行爲明顯增加或減少；
三、 主要照顧者的身體狀況出現明顯轉變；
四、 家庭狀況出現轉變而導致對申請人有不同的照顧安排；或
五、 發生一些重要事件，例如申請人或家人受到虐待等。

你可以向正在爲你提供服務的康復服務機構/醫務社會服務部/你家居附近的綜合家庭服務中心社工尋求協助，重新評估你的住宿需要。

如你有任何疑問，請致電　　與本辦事處社工聯絡。

*刪去不適用者

_____
（個案社工姓名）

_____
（服務單位名稱）

年　　月　　日

Registration of Assessment Result

From: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong

To:

CRSRehab Tel.: 2892 5141 / 2892 5565 Your Ref.:
Fax: 2893 6983 Your Fax:
Date:

Name:

HKIC No.:

The assessment result on the above-named has been registered. The *CRSRehab-MPH Form 1* is returned to you for retention.

☐ Recommendation for residential services in Part VII E3 of *CRSRehab-MPH Form 1* is approved.

☐ Recommendation for residential services in Part VII E3 of *CRSRehab-MPH Form 1* is considered not justified; the applicant has been waitlisted residential service in accordance with the assessment result.

☐ The applicant is assessed to have no residential service need. Please apply for day training service/community support service as recommended by the assessment result.

☐ The residential service need of the applicant is beyond the care level of Care and Attention Home for Severely Disabled Persons. Please consider application for infirmary service as recommended by the assessment result.

If you have any question, please contact the undersigned for discussion on the case.

( )

Removal from Waiting List

From: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House,
213 Queen's Road East,
Wanchai, Hong Kong

To: ☐

CRSRehab-MPH Tel.: 2892 5141 / 2892 5565 Your Ref.:
Fax: 2893 6983 Your Fax:
Date:

Name: _____

HKIC No.: _____

CRSRehab No.: _____

The residential services need of the above-named has not been confirmed by the Standardised Assessment and his / her application has been **removed** from the waiting list.

His / her name can be returned to the waiting list once his / her residential need is confirmed by Standardised Assessment in future with:

☐ the application date _____ is retained.

☐ a fresh date of application.

( )

Report on Case Intake / Discharge

From: _____
(Name of Rehabilitation Unit)

_____
(Address of Organisation)

Tel.: _____ Fax: _____

Date: _____

To: Central Referral System for Rehabilitation Services
Subsystem for the Mentally / Physically Handicapped
Social Welfare Department
9/F Wu Chung House, 213 Queen's Road East,
Wan Chai, Hong Kong

Tel.: 28925141 / 28925565 Fax: 2893 6983

1. Case information

Name: _____ HKIC No.: _____ CRSRehab No.: _____

2. Please be informed that the above-named case has been:

☐ admitted into service on _____ *(date)*.

☐ unable to be admitted into service as there is no vacancy.

☐ found not suitable for the service upon re-assessment by the referrer under Standardised Assessment Mechanism, the original *Form 1* and relevant documents are attached.

☐ Rejected upon case screening due to (applicable to day services only):
- ☐ fail in job test
- ☐ low ability / motivation for training
- ☐ health problem (please specify):
- ☐ severely behavioral problem (please specify):
- ☐ others (please specify):

☐ self-withdrawn by applicant upon admission due to:
- ☐ open employment
- ☐ supported employment
- ☐ unfavourable location
- ☐ lost contact
- ☐ others (please specify):
- ☐ living in private / self-financing home
- ☐ prefer to live with / cared by family member(s)
- ☐ attending special school at present
- ☐ applicant / family members do not disclose any reason

☐ discharged from our service on _____ *(date)* due to the following reason:
- ☐ admitted to another day / residential service of the same type
- ☐ admitted to other type of day / residential service due to improvement of ability, pl. specify:_____
- ☐ admitted to other type of day / residential service due to deterioration, pl. specify:_____
- ☐ admitted to hospital (including psychiatric hospital) for more than 2 months
- ☐ admitted infirmary
- ☐ return home or family union
- ☐ others (please specify):
- ☐ compassionate rehousing or independent living
- ☐ deceased

Signature: _____ Name: _____ Post: _____

c.c. Referring office:

(case ref.)

Standardised Assessment for Residential Services for People with Disabilities
Guide to Appeal

Scope of Appeal

1. Applicants disagreed with the result of their Standardised Assessment for Residential Services for People with Disabilities may lodge an appeal in writing to the Secretariat to the Appeal Board for Standardised Assessment for Residential Services for People with Disabilities (Appeal Board).

Appellants

2. Applicants for residential services for people with disabilities, their family members or guardian may lodge the appeal.

Constitution of Appeal Board

3. The Appeal Board consists of representatives from the health sector, the welfare sector and the parents groups. The Chairperson and Members are appointed by the Director of Social Welfare. Staff member of the Rehabilitation and Medical Social Service Branch of the Social Welfare Department serves as Secretary to the Appeal Board. The Secretary, though will attend each meeting, is not member to the Appeal Board and will not take part in decision making.

Appeal Procedures

4. Appellants must lodge the appeal within **6 weeks** from the date of the Notification of Assessment Result.

5. Application Form of Appeal can be obtained from the offices of referring workers concerned. The completed forms should be returned to the Secretariat to the Appeal Board for Standardised Assessment for Residential Services for People with Disabilities.

6. Upon receiving the Application Form of Appeal, the Secretariat to the Appeal Board will first arrange the appellant for mediation by a Mediation Team to examine the areas of disagreement and try to resolve them. The Mediation Team will complete the mediation process within 15 working days under normal circumstances and submit a report to the Appeal Board.

7. If the disagreement cannot be resolved by mediation, the case will be brought up to the Appeal Board for consideration and final decision within 6 weeks from the day of receiving the application of appeal. During the Appeal Board meeting, the appellants may choose to present their cases personally. Subject to the agreement of the Appeal Board, a relative or guardian may also speak on their behalf.

Decision of the Appeal Board

8. After the Appeal Board meeting, the Secretary will notify individual appellants in writing the decision of the Appeal Board with a copy to the referring workers for information and follow up services. The Appeal Board would make recommendations based on individual situations.

Enquiry

9. Secretariat to the Appeal Board for Standardised Assessment for Residential Services for People with Disabilities
   Address : Room 901, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong
   Tel.no. : 2892 5132
   Fax no. : 2119 9035

殘疾人士住宿服務評估
上訴簡介

上訴的範圍

1. 對有關殘疾人士住宿服務評估結果有所不滿的服務申請人，可以書面形式，向殘疾人士住宿服務評估上訴委員會（上訴委員會）秘書處提出正式的上訴。

申請上訴人士

2. 殘疾人士住宿服務申請人、其家人或監護人可以提出上訴。

上訴委員會的成員

3. 上訴委員會包括有醫療界、福利界和家長組織的代表。主席和成員均由社會福利署署長委任，秘書則由社會福利署康復及醫務社會服務科職員擔任。秘書雖出席每次上訴會議，但並非上訴委員會委員，故不會參與委員會的任何決定。

上訴手續

4. 上訴人士必須在評估結果通知書發出日期的六個星期內提出上訴。
5. 上訴申請書可向各轉介個案工作員所屬辦事處索取，填妥後交回殘疾人士住宿服務評估上訴委員會秘書處。
6. 上訴委員會秘書處接獲上訴申請書後，將安排調解小組與上訴人聯絡，深入了解爭議的事項，並試圖解決爭議，並向上訴委員會遞交報告；調解通常在十五個工作天內完成。
7. 假如調解小組未能解決上訴人的爭議，上訴委員會於接獲上訴申請後六個星期內考慮上訴個案和召開會議。會議時，上訴人可親身陳述理由，如獲得委員會同意，亦可由親屬或監護人代爲發言。

上訴委員會決定

8. 有關個別上訴的決定，以上訴委員會的決定爲依歸，上訴委員會秘書會將決定以書面通知上訴人，副本送交其轉介個案工作員。委員會會根據個別個案而作出服務建議。

查詢

9. 殘疾人士住宿服務評估上訴委員會秘書處
   地址：香港灣仔皇后大道東 213 號胡忠大厦 901 室
   電話：2892 5132
   圖文傳真：2119 9035

Appeal to the Appeal Board for Standardised Assessment for Residential Services for People with Disabilities

To: Secretariat
Appeal Board for Standardised Assessment for Residential Services
for People with Disabilities
9/F, Wu Chung House, 213 Queen's Road East,
Wanchai, Hong Kong

I, _____ the *applicant / parent / guardian, of _____, wish to lodge an appeal against the assessment result on *my / his / her application for _____(service) with the following reason (s):

_____

_____

_____

_____

_____

_____

I understand that *my / his / her personal information in relation to *my / his / her application for rehabilitation services will be released to the mediation team and Appeal Board for consideration of my appeal.

Signature: _____
(Applicant / Parent / Guardian)

Name: _____
(Block Letter)

HKIC No.: _____

Address: _____

Tel. No.: _____

Fax. No. _____

Date: _____

* Delete as inapplicable

殘疾人士住宿服務評估
上訴申請書

致： 殘疾人士住宿服務評估 上訴委員會秘書處 香港灣仔皇后大道東 213 號 胡忠大廈 901 室

本人 _____(*服務申請人／服務申請人家人／服務申請人監護人）就殘疾人士住宿服務評估結果提出上訴，理由如下：

_____

_____

_____

_____

_____

本人明白有關服務申請人的個人資料，將會透露給調解小組及上訴委員會作處理上訴申請之用。

簽名：_____

上訴申請人姓名：_____

身份証號碼：_____

地址：_____

_____

_____

電話：_____

傳真：_____

日期：_____

* 刪去不適用者

Acknowledgement of Receipt

From: Secretariat to Appeal Board for Standardised Assessment
for Residential Services for People with Disabilities
9/F, Wu Chung House, 213 Queen's Road East,
Wanchai, Hong Kong

To:

Ref.: Tel. No.:
Fax No.:

We have received your *application / application of appeal on behalf of _____ (name of applicant) on _____ (date), we will consider your appeal and inform you the result in 3 months.

For enquiries, please contact _____ at _____.

Signature: _____

Secretary: _____
(Block Letter)

* *Delete as inapplicable*

c.c. Referrer

接獲上訴申請通知書

由： 殘疾人士住宿服務評估
上訴委員會秘書處
香港灣仔皇后大道東 213 號
胡忠大廈 901 室

致：

參考編號：

電話號碼：
傳真號碼：

上訴委員會已於_____年_____月_____日，收到*你／你就_____（服務申請人）的上訴申請，委員會現正處理你的上訴事宜，並於三個月內通知你有關結果。

若有任何疑問，請致電 _____ 與 _____聯絡。

簽名：_____

秘書：_____

* 請刪去不適用者

副本送：轉介機構

RESTRICTED

Record of Mediation
Appeal Board for the Standardised Assessment
for Residential Services for People with Disabilities

Ref:_____

1. Date / Time

2. Venue

3. Mediation Team Members
   (a) Team leader:
   (b) Members:

4. Parties contacted / interviewed
   (a) Applicant:
   (b) Family member / Person on behalf of the Applicant:
   (c) Accredited Assessor:
   (d) Others:

5. Reasons for Appeal / Disagreed areas

6. Updated changes

7. Discussion / clarifications

8. Re-assessment result, if any

9. Result / Further actions required

Signature: _____ Team leader : _____

Date: _____ Rank / Post: _____

Notification of Appeal Result

From: Secretariat to Appeal Board for Standardised Assessment
for Residential Services for People with Disabilities
9/F, Wu Chung House, 213 Queen's Road East,
Wanchai, Hong Kong

To:

Ref.: Tel. No.:
Fax No.:

Regarding your *application / application for appeal on behalf of _____ (name of applicant), I would like to inform you the result as follows:

☐ You have agreed to the recommendation made by the Mediation Team on _____ (date). Your application for appeal will be terminated. The recommendation of the Mediation Team is as follows:

_____

☐ The Appeal Board Meeting was conducted on _____ (date). The recommendation of the Appeal Board is as follows:

_____

_____

The above recommendations will be followed up by _____ (referring office). You may contact _____ (referrer) at tel. no. _____.

Signature: _____

Secretary: _____
(Block Letter)

* *Delete as inapplicable*

c.c. Referrer

上訴結果通知書

由： 殘疾人士住宿服務評估
上訴委員會秘書處
香港灣仔皇后大道東 213 號
胡忠大廈 901 室

致：

參考編號：

電話號碼：
傳真號碼：

有關*你／你就_____（服務申請人）的上訴申請，委員會現通知你以下結果：

☐ 由於你已接納調解小組於_____月_____日的建議，你的上訴申請會就此終結。至於調解小組的建議如下：

_____

☐ 上訴委員會已於_____月_____日舉行會議，會議結論如下：

_____

_____

上述的建議／議決將會由_____（轉介機構）跟進，你可聯絡_____（轉介社工），電話：_____。

簽名： _____

秘書： _____

* 請刪去不適用者

副本送：轉介機構

Notification of Appeal Board Meeting

From: Secretariat to Appeal Board for Standardised Assessment
for Residential Services for People with Disabilities
9/F, Wu Chung House, 213 Queen's Road East,
Wanchai, Hong Kong

To:

Ref.: Tel. No.:
Fax No.:

Regarding your *application / application of appeal on behalf of _____ (name of applicant), the Appeal Board would like to invite you to attend the Appeal Board meeting. The details of the meeting are as follows:

Date:
Time:
Venue:

If you are unable to attend the meeting, please contact _____ at tel. no. _____ within 2 weeks from the date of this notification for arrangement of another date. If you fail to attend the meeting as scheduled, the Appeal Board would deliberate your appeal case in your absence.

Signature: _____

Secretary: _____
(Block Letter)

* *Delete as inapplicable*

c.c. Referrer

上訴會議通知書

由： 殘疾人士住宿服務評估
上訴委員會秘書處
香港灣仔皇后大道東 213 號
胡忠大廈 901 室

致：

參考編號：

電話號碼：
傳真號碼：

有關*你／你就 _____（服務申請人）提出的上訴申請，上訴委員會現邀請你出席下列會議，詳情如下：

日期：
時間：
地點：

如果你未能出席，請於此通知發出日兩星期內致電 _____通知 _____，以便另行安排。如果你未有依約定日期出席會議，委員會便會在你缺席的情況下，討論你的個案，並且尋求定案。

簽名：_____

秘書：_____

* 請刪去不適用者

副本送：轉介機構

Declaration of Interests

I, _____, acknowledge that I have working or informal relationship with the Appellant, _____. In this matter, I hereby declare that I can keep neutrality in the recommendation for the Appellant.

(Name of Appellant)

_____
(Signature of Appeal Board Member)

_____
(Name in Block Letter)

Date: _____

利益申報表

本人（姓名）_____ 現聲明與申請上訴人士（姓名）

_____ 存有工作或私人的關係。惟本人仍以公正持平之

態度處理有關上訴申請並就上訴人士的福利計劃作出建議。

_____
（上訴委員會成員簽署）

_____
（正楷）

日期：_____

RESTRICTED

Record of Meeting
Appeal Board for the Standardised Assessment
for Residential Services for People with Disabilities

Ref:_____

1. Date / Time

2. Venue

3. Board Members Attending
   (a) Chairperson:
   (b) Members:

4. Parties Attending
   (a) Applicant:
   (b) Family member / Person on behalf of the Applicant:
   (c) Accredited Assessor:
   (d) Others:

5. Reasons for Appeal

6. Mediation result

7. Updated changes

8. Deliberation and Comments

9. Decision and Recommendation

Signature: _____

Chairperson: _____

Signature: _____ Signature: _____

Member: _____ Member: _____

Signature: _____ Signature: _____

Member: _____ Member: _____

Record of meeting prepared by:

Signature: _____

Secretary: _____

Date: _____

Rehabilitation & Medical Social Services Branch
Social Welfare Department
March 2014
http://www.info.gov.hk/swd