

RESTRICTED

Outcome of Application for Swapping of Cases

From: Central Referral System for Rehabilitation Services
Subsystem for the Disabled Pre-schoolers (CRSRehab-PS)
Social Welfare Department
9/F Wu Chung House 213 Queen's Road East
Wanchai, Hong Kong

To:

CRSRehab-PS Tel.: 2892 5139
Fax: 2119 9035
Date:

Your Tel.:
Your Fax:

Name:

HKBC No.:

CRSRehab-PS No.

Unit/Team:

KG/KG-cum-CCC:

Name:

HKBC No.:

CRSRehab-PS No.

Unit/Team:

KG/KG-cum-CCC:

- I am pleased to inform you that your application for swapping for the above-named applicants is approved. Please kindly arrange for swapping of these approved applicants to the above-mentioned rehabilitation units/project teams. By copy of this approval letter, the rehabilitation units/project teams concerned are requested to inform CRSRehab-PS on the date of admission of the swapped-in case and discharge of the swapped-out case in 4 weeks via *CRSRehab-PS Form 9*.
- The captioned application for swapping is not approved or not necessary due to the following reason:

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Oi/c CRSRehab-PS