

RESTRICTED

Selection for Placement

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 Ref.:
Your Tel:
Your Fax:

The following applicant has been selected for placement in rehabilitation unit /project team with details shown below. Please reply to CRSRehab-PS by *Form 7* within **3 week(s)**.

Your early reply will facilitate the applicant's admission for service. You may consider contacting the rehabilitation unit/project team for arrangement of visits for the applicant or information on the service as appropriate. (For priority placement, please review and confirm the applicant still has urgent service need.)

Name of applicant:

HKBC:

CRSRehab-PS No.:

KG/KG-cum-CCC Attending:

KG/KG-cum-CCC to be Attended (if applicable):

Name of Rehabilitation Unit/Project Team:

Type of Service:

Address:

Tel. No.:

Fax No.:

Date of Selection:

Referral is for vacancy available in:

Please note that the above applicant has also been selected for the following transitional placement(s). As transitional service is considered a stop-gap measure before long-term placement is offered, applicant has to be discharged from the transitional service before his/her admission to long-term placement.

Name of Rehabilitation Unit/Project Team:

Type of Service:

Address:

Tel. No.:

Fax No.:

Date of Selection:

Referral is for vacancy available on:

Please note that the following transitional placement(s) had previously been offered to the applicant pending your reply. As transitional offer is considered a stop-gap measure before long-term placement is offered, applicant should be encouraged to accept long-term placement and decline transitional placement. For cases warrant special consideration, you may consult CRSRehab-PS.

Previous Transitional Placement(s) Selected Pending Reply:

Name of Rehabilitation Unit/Project Team:

Type of Service:

Address:

Tel. No.:

Fax No.:

Date of Selection:

Referral is for vacancy available in:

For applicant accepting the placement offer, please forward the following required papers:

Form 1

Form 2

and relevant reports to the above centre directly.

(
Oi/c CRSRehab-PS
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