

**Reminder to Rehabilitation Unit/Project Team**

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:

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The following application(s) has/ have been referred to your unit for consideration of admission for more than 6 week(s). So far, no reply has been received by CRSRehab-PS. I would be grateful for your prompt decision on this/ these application(s) and reply to CRSRehab-PS via *Form 9* with a copy to the referrer concerned **within 2 week(s)**.

<u>Date of Referral</u>	<u>CRSRehab-PS No.</u>	<u>Name of Applicant</u>	<u>Gender</u>	<u>Age</u>	<u>KG/KG-cum-CCC</u> <u>Attending/to be Attended</u>
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( Oi/c CRSRehab-PS )

c.c. ADSWO( ) (for SWD)  
Agency Head (for NGO)  
Referrer