Form EP-1

Application Form for Emergency Placement Service for Elders

To : Superintendent

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(Name of Home)

Fax No. : __________________

Date : __________________

Part I : Personal Information

(1) Particulars of applicant

Name of applicant: ______________________________ (   ) Sex: M / F

HKIC No.: ____________________ Age: _________ Marital Status: __________________

Address: ____

____ Tel.: ________________________

Religion: ________________ Native Place: _____________ Dialect Used: ______________

(2) Particulars of care-giver

Name: ____________________ (   ) Sex: M / F Relationship: _________________

Address: ____

______________________________ Tel.: ______________ Mobile/Pager: ________________

(3) Particulars of family members and relatives (please fill in if information is available)

Name	Relationship with applicant	Sex	Age	Occupation	If not living with applicant, give address & telephone number

For emergency contact:

Name: ___________________ Relationship: ______________ Tel. No.: _________________

Address: ____

Name: ____________________ Relationship: _______________ Tel. No.: __________________

Address: ____

(4) Financial status & income (Please ✓ appropriate items)

☐ On Comprehensive Social Security Assistance : -
(* Able-bodied or 50% disabled / 100% disabled / Requiring constant attendance)
☐ On Disability Allowance only : -
(* Normal Disability Allowance/ Higher Disability Allowance)
☐ On Old Age Allowance only
☐ Others (Please specify: ____)

Part II : Medical and Health Condition

(5) Physical and mental condition (Please ✓ appropriate items)

Any obvious disability and disfigurement (e.g. amputation, spastic, etc) (If yes, please specify)

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Vision: wearing glasses Yes☐ No☐

Sight: adequate for self-care Yes☐ No☐
certified blind Yes☐ No☐

Hearing for Normal Communication: ☐Adequate ☐Inadequate ☐Deaf

Dental Condition: ☐Adequate ☐Poor ☐Wearing denture

Incontinence: *Urine* – Yes☐ No☐ *Faeces* – Yes☐ No☐

Speech:
☐ Adequate
☐ Speech Defect (Please elaborate: _______________)
☐ No speech

Mental Condition:
☐ Stable ☐ Sad
☐ Confused ☐ Anxious
☐ Disturbing behaviour (Please elaborate: __________________)
☐ Others (Please specify: __________________________)

Mobility:
- ☐ Independent
- ☐ Self-ambulatory with walking aid or wheelchair
- ☐ Always need personal escort
- ☐ Bedridden

(6) Activities of daily living

	Fully Capable	Partially Dependent on Others	Totally Dependent on Others
Marketing	☐	☐	☐
Cooking	☐	☐	☐
House-cleaning	☐	☐	☐
Tidying up the room	☐	☐	☐
Simple laundry	☐	☐	☐
Bathing	☐	☐	☐
Dressing	☐	☐	☐
Feeding	☐	☐	☐
Washing face/hands	☐	☐	☐
Toileting	☐	☐	☐

Part III : Application for Emergency Placement Service

(7) Type of emergency placement service applied and recommended
(Please ✓ appropriate item)

☐ Home for the Aged ☐ Care-and-Attention Home ☐ Nursing Home

(8) Period of emergency placement service requested

From ______________________ to ______________________

(9) Main reason for application (Please ✓ appropriate items and specify where necessary)

- ☐ Homeless
- ☐ Eviction
- ☐ Discharged from hospital without caregivers
- ☐ Relationship problem at existing residence
- ☐ Suspected elder abuse

☐ Unforeseeable absence of care-givers
☐ Others
(Please specify: ____)

(10) Remarks

(Please put down any other relevant information worth drawing the attention of care-givers, e.g. significant events, risk factors, etc.)

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(11) Referring Agency

Name of agency: ____

Address: ____

Reference No.: ____________________ Tel. No.: ________________ Fax No.: ________________

I shall be responsible for the welfare and discharge plan of the applicant being referred for emergency placement.

Referring Social Worker		Countersigning Officer	
Signature	: ____________________	Signature	: ____________________
Name	: ____________________	Name	: ____________________
Post	: ____________________	Post	: ____________________
Tel. No.	: ____________________	Tel. No.	: ____________________
Date	: ____________________	Date	: ____________________

The personal data collected will be used for the purpose of referral for an emergency placement in residential care home for the elderly or nursing home and may be disclosed to parties concerned on a need-to-know basis. The applicant may request access to and correction of their personal data, except when the data has been erased after fulfilling the purpose of collection and necessary retention period.