

**Bought Place Scheme for
Private Residential Care Home for Persons with Disabilities
Designated Day / Residential Respite Service**

Service Brief

The prime objective of Designated Day / Residential Respite Service (DD/RRS) under Bought Place Scheme (BPS) for Private Residential Care Home for Persons with Disabilities is to provide persons with disabilities temporary or emergency relief placements so that their family members or carers may relieve care stress, adjust their stressful life routine or attend to their personal business with a planned short break.

Service Period

- The period of DD/RRS should be no more than 14 consecutive days in general;
- Service can be utilised repeatedly; and
- The service units concerned may have the discretion to extend the service period in exceptional cases.

Target Service Users

To be eligible for the service, an applicant should be:

- people with intellectual or physical disability or in mental recovery;
- Aged 15 or above;
- Physically and mentally suitable for communal living and not suffering from behavioural problem or contagious disease; and
- In need of a certain level of personal / nursing care not beyond the level provided by the particular type of residential service.
- Target service users of DD/RRS of BPS Homes are as follows –

Type of Service Users	BPS Home providing high level of care	BPS Home providing medium level of care
Persons who are severely Mentally Handicapped (MH) and/or Physical Handicapped (PH) and/or visually impaired with frail health or in Mental Recovery requiring personal care, attention and	✓	N.A.

assistance in activities of daily living but do not require a high degree of professional medical or nursing care		
Persons who are moderately or mildly MH with other disabilities or in Mental Recovery requiring supervision and assistance in activities of daily living in which they have a certain degree of difficulties	✓	✓
Persons who are moderately or mildly MH, PH, visually impaired or in Mental Recovery, etc. who are capable of basic self-care requiring only a low level of assistance in activities of daily living	✓	✓

Application Procedures

- Application can be made by parents/carers themselves directly or via social workers of medical social service units, integrated family services centres, special schools or rehabilitation service units to the BPS homes operating DD/RRS.
- Applicants should complete a declaration form on health conditions for admission to DD/RRS and the BPS Homes may request the applicants to take medical examination as necessary.
- For applicants having special needs or in need of emergency respite service, the provision of service placements should be arranged within 48 hours upon receipt of applications in order to provide timely assistance to service users, their family members or carers.

Service Charges

- Service charges are calculated on an hourly/daily basis depending on the types of BPS homes providing different kind of care levels. The general fee charging rates of the service are:

BPS Categories	Disability Allowance recipient		Non-Disability Allowance recipient	
	Daily charge for residential respite	Hourly charge for day respite / meal fee	Daily Charge for residential respite	Hourly charge for day respite / meal fee
BPS Homes providing high level of care	\$62	\$5.1 / \$15 per meal (maximum fee: \$62 per day)	\$55	\$5.1 / \$15 per meal (maximum fee: \$55 per day)
BPS Homes providing medium level of care	\$52	\$5.1 / \$15 per meal (maximum fee: \$52 per day)	\$49	\$5.1 / \$15 per meal (maximum fee: \$49 per day)

Rehabilitation and Medical Social Services Branch
Social Welfare Department
October 2023

社會福利署
日間／住宿暫顧服務
入宿健康狀況申報表

一、申請人個人資料

中文姓名： _____ 英文姓名： _____
身份證號碼： _____ 性別： 男／女* 出生日期： _____ 年 _____ 月 _____ 日

* 請刪去不適用者

二、填寫問卷或提供資料人士

姓名： _____ 與申請人關係： _____ 聯絡電話： _____

三、殘疾及健康資料（請勾選適用項目）

- | | | | |
|-----------------------------------|----------------------------|--|--|
| 肢體傷殘 | <input type="checkbox"/> 無 | <input type="checkbox"/> 有，請註明： | |
| 弱智 | <input type="checkbox"/> 無 | <input type="checkbox"/> 有，弱智程度為： | <input type="checkbox"/> 輕度 <input type="checkbox"/> 中度
<input type="checkbox"/> 嚴重 <input type="checkbox"/> 極度嚴重 |
| 精神病 | <input type="checkbox"/> 無 | <input type="checkbox"/> 有，請註明： | |
| 自閉症 | <input type="checkbox"/> 無 | <input type="checkbox"/> 有 | |
| 癲癇 | <input type="checkbox"/> 無 | <input type="checkbox"/> 有，請註明頻密程度： | |
| 言語障礙 | <input type="checkbox"/> 無 | <input type="checkbox"/> 有 | |
| 聽覺受損 | <input type="checkbox"/> 無 | <input type="checkbox"/> 有 | |
| 視覺受損 | <input type="checkbox"/> 無 | <input type="checkbox"/> 有，申請人為： | <input type="checkbox"/> 失明 <input type="checkbox"/> 弱視 |
| 認知障礙症 | <input type="checkbox"/> 無 | <input type="checkbox"/> 有 | |
| 心臟或血管疾病 | <input type="checkbox"/> 無 | <input type="checkbox"/> 有，請註明： | |
| 肺部或呼吸道疾病 | <input type="checkbox"/> 無 | <input type="checkbox"/> 有，請註明： | |
| 腎功能缺損／腎病 | <input type="checkbox"/> 無 | <input type="checkbox"/> 有，請註明： | |
| 過去兩星期內有否出現腹瀉、皮膚出疹、持續咳嗽、發燒等任何一種癥狀？ | <input type="checkbox"/> 無 | <input type="checkbox"/> 有，請詳細註明： | |
| 有否對食物或藥物出現過敏反應？ | <input type="checkbox"/> 無 | <input type="checkbox"/> 有，請詳細註明： | |
| 是否有吞嚥困難或容易在進食時出現噎促情況？ | <input type="checkbox"/> 無 | <input type="checkbox"/> 有，請詳細註明： | |
| 有否疥瘡或其他皮膚病？ | <input type="checkbox"/> 無 | <input type="checkbox"/> 有，請註明： | |
| 除上述所列，申請人有沒有患上其他疾病？ | <input type="checkbox"/> 無 | <input type="checkbox"/> 有，請詳細註明： | |
| 最近六個月有否外遊？ | <input type="checkbox"/> 無 | <input type="checkbox"/> 有，請註明外遊國家或地點： | |
| 最近六個月有否入院接受治療？ | <input type="checkbox"/> 無 | <input type="checkbox"/> 有，請註明入院原因： | |

四、所需治療、護理及起居照顧

a. 定期覆診

覆診醫院／診所名稱	在預期接受住宿暫顧服務期內的覆診日期及時間	有否每天需要服用的藥物

* 備註：請提供有關醫院／診所的治療詳情，例如出院記錄、覆診時用的個人健康記錄等，若每天需要服用藥物，請提供藥名及服用指引的藥袋，以作記錄。

b. 除上述所列項目外，現正接受的治療（包括物理治療及職業治療）

治療詳情	提供治療的醫院／診所／服務單位

c. 所需護理及起居照顧（請勾選適用項目）

項目	所需照顧詳情
<input type="checkbox"/> 皮膚／傷口護理	
<input type="checkbox"/> 藥物／針藥注射	
<input type="checkbox"/> 餵食協助	
<input type="checkbox"/> 特別餐	
<input type="checkbox"/> 大小便處理	
<input type="checkbox"/> 其他	

本人（即填寫問卷或提供資料人士）及申請人（如適用）均明白，上述資料為提供康復服務機構考慮申請人的住宿暫顧服務申請之用。倘若有關機構對其中內容有疑問或需更多健康資料，可要求申請人作醫療檢查，以確保申請人在接受住宿暫顧服務期間得到妥善照顧。

填寫問卷或提供
資料人士姓名：

_____ 簽名：_____ 日期：_____