

Application Form for Residential / Day Respite Service for the Elderly^{1,2}**Part I : Personal Information****(1) Particulars of Applicant:**

Name in Chinese: _____ Name in English: _____

Sex: _____ Native Place: _____ Religion: _____ Dialect: _____

HKIC No.: _____ Date of Birth: _____ Age: _____

Marital Status: _____ Telephone No.: _____

Address: _____

(2) Particulars of Caregiver (Emergency Contact):

Name in Chinese: _____ Name in English: _____

Sex: _____ Relationship: _____ Telephone No.: _____

Address (if not living with the applicant): _____

(3) Particulars of Family Members and Other Relatives (if yes):

Name	Sex	Relationship with applicant	Address (if not living with the applicant) / Telephone No.

¹ Residential Respite Service for the Elderly is applicable to Subvented Combined Home, Subvented Care and Attention Homes, Subvented Nursing Homes, Contract Homes and Private Residential Care Homes for the Elderly (RCHEs) participating in the Enhanced Bought Place Scheme (EBPS).

² Day Respite Service for the Elderly in this application is applicable to Private RCHEs participating in the EBPS.

(4) Financial Condition: (Please check the appropriate box(es).)

(No need to fill out this section for applicant of day respite service.)

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

* Please delete where inappropriate.

Part II : Medical and Health Condition

(5) Medical History: (Please check the appropriate box(es).)

- Stroke Hypertension Heart disease Dementia
- Cataract Diabetes Renal failure Physical disabilities
- Cancer Gout Mental illness Parkinson's disease
- Bone fracture Osteoporosis Others (please specify: _____)

Recent Medical Records: No Yes (please provide)

(6) Other Physical Condition and Point-to-note: (Please check the appropriate box(es).)

- Speech: Normal Impaired / need prompting to express or difficult to express Unable to express
- Vision: Normal Impaired / need to wear glasses Blind
- Hearing: Normal Impaired / need to wear hearing aids Deaf

Swallowing: Normal Easy choking Swallowing difficulties

Mobility: Independent Require assistance from others Bedridden / paralysed
 Self-ambulatory with wheelchair Self-ambulatory with walking aids
(Please specify: _____)

Bladder control: Normal Occasional incontinence Total incontinence

Bowel control: Normal Occasional incontinence Total incontinence

Meal: Normal Pureed Minced Diabetic Low-purine
 Naso-gastric tube feeding Thickener required Vegetarian
 Others (please specify: _____)

Medication: No Yes (Please specify the name / instructions for use: _____)

Allergy to food or drugs: No Yes (Please specify: _____)

Mental state (if any special circumstances, please specify): _____

Other physical condition / nursing need (if any, please specify): _____

(7) Activities of Daily Living / Self-care Ability: (Please check the appropriate box(es).)

	<u>Fully Capable</u>	<u>Partially Dependent on</u>	<u>Totally Dependent on</u>
		<u>Others</u>	<u>Others</u>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing face / hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III : Application for Respite Service

(8) **Main Reason for Application:** (Please check the appropriate box(es).)

- Caregiver has to leave Hong Kong for a period of time
- Temporary absence of domestic helper
- Caregiver wants to take a short break
- Caregiver has important personal matters to handle
- Caregiver needs to be hospitalized for treatment or attending medical appointment
- Others (please specify: _____)

(9) **Type of Respite Service:** (Please check in the appropriate box(es).)

Residential Respite Service

- Home for the Aged Places
- Care and Attention Home Places (including Private RCHEs participated in the EBPS)
- Contract Home Places
- Nursing Home Places

Service Application Dates: From _____ to _____
_____ days in total

The applicant has used residential respite service within the past 12 months prior to the application date: No Yes (please specify below)

From _____ to _____
From _____ to _____
From _____ to _____

Day Respite Service

- Private RCHEs participated in the EBPS

Service Application Dates: From _____ to _____

Every: Mon/Tue/Wed/Thu/Fri/Sat/Sun *

Or (for specific days)

Month: _____ Date: _____

_____ days in total

The applicant has used day respite service within the past 12 months prior to the application date: No Yes (please specify below)

Month: _____ Date: _____
Month: _____ Date: _____
Month: _____ Date: _____

If yes, the applicant has undergone the medical check-up with Medical Examination Form:

No Yes (if unable to provide a copy of Form, please provide the name of RCHE where the examination was conducted: _____)

(10) Remarks (if any):

(11) Referring Agency:

(No need to fill out this section for applicant of day respite service without referring agency.)

Name of Agency: _____ Reference No.: _____

Address: _____

Referring Worker

Countersigning Officer

Signature: _____ Signature: _____

Name: _____ Name: _____

Post: _____ Post: _____

Tel no.: _____ Tel no.: _____

Date: _____ Date: _____

(12) Responsible Staff of RCHE:

Name of the Staff: _____ Telephone No.: _____

Post: _____ Signature: _____ Date: _____

(13) Caregiver:

(Applicable to the day respite service application without referring agency.)

Name: _____ Telephone No.: _____

Signature: _____ Date: _____