**附錄一**

**长者住宿／日间暂托服务申请表格[[1]](#footnote-1),[[2]](#footnote-2)**

**第一部份：个人资料**

1. **申请人数据：**

|  |  |  |  |
| --- | --- | --- | --- |
| 中文姓名: |   | 英文姓名: |   |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 性别: |   | 籍贯: |   | 宗教: |   | 语言: |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 身份证号码: |   | 出生日期: |   | 年龄: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| 婚姻状况: |   | 电话: |   |

|  |  |
| --- | --- |
| 地址: |   |

1. **照顾者（紧急联络人）数据：**

|  |  |  |  |
| --- | --- | --- | --- |
| 中文姓名: |   | 英文姓名: |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 性别: |   | 与申请人关系: |   | 电话: |   |

|  |  |
| --- | --- |
| 地址（如非与申请人同住）: |   |

1. **家人／其他亲属数据（如有）：**

|  |  |  |  |
| --- | --- | --- | --- |
| 姓名 | 性别 | 与申请人关系 | 地址（如非与申请人同住）／电话 |
|   |   |   |   |
|  |  |  |  |
|  |  |  |  |

1. **经济状况：** （请选取适当方格）

*（如申请日间暂托服务，则可不用填写此部分）*

|  |  |
| --- | --- |
| [ ]  | 领取综援（健全或残疾程度达50%／残疾程度达100%／需要经常护理）\* |
| [ ]  | 领取长者生活津贴 |
| [ ]  | 领取伤残津贴（普通伤残津贴／高额伤残津贴）\* |
| [ ]  | 领取高龄津贴 |
| [ ]  | 其他（请注明:  |  | ） |

\* 请删去不适用项目

**第二部份：身体健康情况**

1. **病历：** （请选取适当方格）

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | 中风 | [ ]  | 高血压 | [ ]  | 心脏病 | [ ]  | 认知障碍症 |
| [ ]  | 白内障 | [ ]  | 糖尿病 | [ ]  | 肾衰竭 | [ ]  | 肢体伤残 |
| [ ]  | 癌症 | [ ]  | 痛风 | [ ]  | 精神病 | [ ]  | 柏金逊病 |
| [ ]  | 骨折 | [ ]  | 骨质疏松 | [ ]  | 其他（请注明: |   | ） |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 最近医疗记录: | [ ]  | 没有 | [ ]  | 有（请提供） |

1. **其他身体状况及注意事项：** （请选取适当方格）

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 语言能力: | [ ]  | 正常 | [ ]  | 语言障碍／需靠提示或难以语言表达 | [ ]  | 不能以言语表达 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 视觉: | [ ]  | 正常 | [ ]  | 视力障碍／须佩戴眼镜 | [ ]  | 失明 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 听觉: | [ ]  | 正常 | [ ]  | 听力障碍／须佩戴助听器 | [ ]  | 失聪 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 吞咽能力: | [ ]  | 正常 | [ ]  | 容易哽塞 | [ ]  | 吞咽困难 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 活动能力: | [ ]  | 行动自如 | [ ]  | 需要别人协助 | [ ]  | 长期卧床／瘫痪 |
|  | [ ]  | 可自行用轮椅移动 | [ ]  | 可自行用扶助器具移动 |
|  |  |  |  | （请注明: |   | ） |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 小便控制能力: | [ ]  | 正常 | [ ]  | 偶尔失禁 | [ ]  | 完全失禁 |
| 大便控制能力: | [ ]  | 正常 | [ ]  | 偶尔失禁 | [ ]  | 完全失禁 |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 膳食安排: | [ ]  | 正常餐 | [ ]  | 糊餐 | [ ]  | 碎餐 | [ ]  | 糖尿餐 | [ ]  | 低普林餐 |
|  | [ ]  | 鼻胃管喂食 | [ ]  | 需使用凝固粉 | [ ]  | 素食 |
|  | [ ]  | 其他（请注明: |   | ） |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 服用药物: | [ ]  | 没有 | [ ]  | 有（请注明药物／服用方法: |   | ） |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 食物或药物过敏: | [ ]  | 没有 | [ ]  | 有（请注明: |   | ） |

|  |  |
| --- | --- |
| 精神状况（如有特殊情况，请注明）: |   |

|  |  |
| --- | --- |
| 其他身体状况／护理需要（如有，请注明）: |   |

1. **日常生活活动／自我照顾能力：** （请选取适当方格）

|  |  |  |  |
| --- | --- | --- | --- |
|  | **完全独立** | **需要部份协助** | **需要完全协助** |
| 洗澡 | [ ]  | [ ]  | [ ]  |
| 洗脸／洗手 | [ ]  | [ ]  | [ ]  |
| 穿衣 | [ ]  | [ ]  | [ ]  |
| 如厕 | [ ]  | [ ]  | [ ]  |
| 位置转移 | [ ]  | [ ]  | [ ]  |
| 进食 | [ ]  | [ ]  | [ ]  |

**第三部份：申请暂托服务**

1. **主要申请理由：** （请选取适当方格）

|  |  |
| --- | --- |
| [ ]  | 照顾者需要离开香港一段时间 |
| [ ]  | 照顾长者的家庭佣工临时未能提供照顾 |
| [ ]  | 照顾者需要短暂休息 |
| [ ]  | 照顾者需要处理重要私人事务 |
| [ ]  | 照顾者将入院接受治疗／覆诊 |
| [ ]  | 其他（请注明： |   | ） |

1. **申请暂托服务类别：** （请选取适当方格）

**住宿暂托服务**

|  |  |
| --- | --- |
| [ ]  | 安老院宿位 |
| [ ]  | 护理安老院宿位（包括参加「改善买位计划」的私营安老院） |
| [ ]  | 合约院舍宿位 |
| [ ]  | 护养院宿位 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 申请服务日期: | 由 |   | 至 |   |

|  |  |  |
| --- | --- | --- |
| 共 |   | 天 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 申请人于申请日之前的十二个月内曾使用住宿暂托服务: | [ ]  | 没有 | [ ]  | 有（请注明如下）: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 由 |  | 至 |  |
|  | 由 |  | 至 |  |
|  | 由 |  | 至 |  |

**日间暂托服务**

|  |  |
| --- | --- |
| [ ]  | 参加「改善买位计划」的私营安老院舍 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 申请服务日期: | 由 |  | 至 |  |

|  |  |  |
| --- | --- | --- |
| 逢星期: | 一／二／三／四／五／六／日  | \* |

|  |  |  |
| --- | --- | --- |
|  | 或（如个别日子） |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 月份: |   | 日期: |   |

|  |  |  |
| --- | --- | --- |
| 共 |   | 天 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 申请人于申请日之前的十二个月内曾使用日间暂托服务: | [ ]  | 没有 | [ ]  | 有（请注明如下）: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 月份: |  | 日期: |  |
|  | 月份: |  | 日期: |  |
|  | 月份: |  | 日期: |  |

|  |
| --- |
| 如曾使用服务，申请人有否进行「安老院住客体格检验」: |
| [ ]  | 没有 | [ ]  | 有（如未能提供报告副本，请注明进行检验的 |
|  |  |  | 院舍名称: |   | ） |

1. **备注（如有）：**

|  |
| --- |
|  |

1. **转介机构：**

*（没有转介机构的日间暂托服务申请可不用填写此部分）*

|  |  |  |  |
| --- | --- | --- | --- |
| 机构名称: |   | 档案编号: |   |

|  |  |
| --- | --- |
| 地址: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| 转介社工 |  | 主管人员 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 签署: |  | 签署: |  |
| 姓名: |  | 姓名: |  |
| 职位: |  | 职位: |  |
| 电话: |  | 电话: |  |
| 日期: |  | 日期: |  |

1. **院舍负责职员：**

|  |  |  |  |
| --- | --- | --- | --- |
| 职员姓名: |   | 电话: |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 职位: |   | 签署: |   | 日期: |   |

1. **照顾者：**

*（适用于没有转介机构的日间暂托服务申请）*

|  |  |  |  |
| --- | --- | --- | --- |
| 姓名: |   | 电话: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| 签署: |   | 日期: |   |

（2023年11月）

1. 長者住宿暫託服務適用於津助混合式安老院、津助護理安老院舍、津助護養院、合約院舍及參加「改善買位計劃」的私營安老院。 [↑](#footnote-ref-1)
2. 此申請表格的長者日間暫託服務適用於參加「改善買位計劃」的私營安老院。 [↑](#footnote-ref-2)