**附錄一**

**長者住宿／日間暫託服務申請表格[[1]](#footnote-1),[[2]](#footnote-2)**

**第一部份：個人資料**

1. **申請人資料：**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 性別: |  | 籍貫: |  | 宗教: |  | 語言: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 身份證號碼: |  | 出生日期: |  | 年齡: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 婚姻狀況: |  | 電話: |  |

|  |  |
| --- | --- |
| 地址: |  |

1. **照顧者（緊急聯絡人）資料：**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 性別: |  | 與申請人關係: |  | 電話: |  |

|  |  |
| --- | --- |
| 地址（如非與申請人同住）: |  |

1. **家人／其他親屬資料（如有）：**

|  |  |  |  |
| --- | --- | --- | --- |
| 姓名 | 性別 | 與申請人關係 | 地址（如非與申請人同住）／電話 |
|  |  |  |  |
|  |  |  |  |
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1. **經濟狀況：** （請選取適當方格）

*（如申請日間暫託服務，則可不用填寫此部分）*

|  |  |  |  |
| --- | --- | --- | --- |
|  | 領取綜援  （健全或殘疾程度達50%／殘疾程度達100%／需要經常護理）\* | | |
|  | 領取長者生活津貼 | | |
|  | 領取傷殘津貼  （普通傷殘津貼／高額傷殘津貼）\* | | |
|  | 領取高齡津貼 | | |
|  | 其他（請註明: |  | ） |

\* 請刪去不適用項目

**第二部份：身體健康情況**

1. **病歷：** （請選取適當方格）

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 中風 |  | 高血壓 |  | 心臟病 | |  | 認知障礙症 | |
|  | 白內障 |  | 糖尿病 |  | 腎衰竭 | |  | 肢體傷殘 | |
|  | 癌症 |  | 痛風 |  | 精神病 | |  | 柏金遜病 | |
|  | 骨折 |  | 骨質疏鬆 |  | 其他（請註明: |  | | | ） |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 最近醫療記錄: |  | 沒有 |  | 有（請提供） |

1. **其他身體狀況及注意事項：** （請選取適當方格）

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 語言能力: |  | 正常 |  | 語言障礙／需靠提示或難以語言表達 |  | 不能以言語表達 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 視覺: |  | 正常 |  | 視力障礙／須佩戴眼鏡 |  | 失明 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 聽覺: |  | 正常 |  | 聽力障礙／須佩戴助聽器 |  | 失聰 |

|  |  |  |  |  |  |  |
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| 吞嚥能力: |  | 正常 |  | 容易哽塞 |  | 吞嚥困難 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 活動能力: |  | 行動自如 |  | 需要別人協助 | | | |  | 長期卧床／癱瘓 | |
|  |  | 可自行用輪椅移動 | | |  | 可自行用扶助器具移動 | | | | |
|  |  |  | | |  | （請註明: |  | | | ） |

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| 小便控制能力: |  | 正常 |  | 偶爾失禁 |  | 完全失禁 |
| 大便控制能力: |  | 正常 |  | 偶爾失禁 |  | 完全失禁 |

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| 膳食安排: |  | 正常餐 |  | 糊餐 | | | |  | 碎餐 |  | 糖尿餐 | | | |  | | 低普林餐 |
|  |  | 鼻胃管餵食 | | | |  | 需使用凝固粉 | | | | |  | 素食 | | | | |
|  |  | 其他（請註明: | | |  | | | | | | | | | ） | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 服用藥物: |  | 沒有 |  | 有（請註明藥物／服用方法: |  | ） |

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| --- | --- | --- | --- | --- | --- | --- |
| 食物或藥物過敏: |  | 沒有 |  | 有（請註明: |  | ） |

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| --- | --- |
| 精神狀況（如有特殊情況，請註明）: |  |

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| 其他身體狀況／護理需要（如有，請註明）: |  |

1. **日常生活活動／自我照顧能力：** （請選取適當方格）

|  |  |  |  |
| --- | --- | --- | --- |
|  | **完全獨立** | **需要部份協助** | **需要完全協助** |
| 洗澡 |  |  |  |
| 洗臉／洗手 |  |  |  |
| 穿衣 |  |  |  |
| 如廁 |  |  |  |
| 位置轉移 |  |  |  |
| 進食 |  |  |  |

**第三部份：申請暫託服務**

1. **主要申請理由：** （請選取適當方格）

|  |  |  |  |
| --- | --- | --- | --- |
|  | 照顧者需要離開香港一段時間 | | |
|  | 照顧長者的家庭傭工臨時未能提供照顧 | | |
|  | 照顧者需要短暫休息 | | |
|  | 照顧者需要處理重要私人事務 | | |
|  | 照顧者將入院接受治療／覆診 | | |
|  | 其他（請註明： |  | ） |

1. **申請暫託服務類別：** （請選取適當方格）

**住宿暫託服務**

|  |  |
| --- | --- |
|  | 安老院宿位 |
|  | 護理安老院宿位（包括參加「改善買位計劃」的私營安老院） |
|  | 合約院舍宿位 |
|  | 護養院宿位 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 申請服務日期: | 由 |  | 至 |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 申請人於申請日之前的十二個月內曾使用住宿暫託服務: |  | 沒有 |  | 有（請註明如下）: |

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

**日間暫託服務**

|  |  |
| --- | --- |
|  | 參加「改善買位計劃」的私營安老院舍 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 申請服務日期: | 由 |  | 至 |  |

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

|  |  |  |
| --- | --- | --- |
|  | 或（如個別日子） |  |

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 申請人於申請日之前的十二個月內曾使用日間暫託服務: |  | 沒有 |  | 有（請註明如下）: |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 如曾使用服務，申請人有否進行「安老院住客體格檢驗」: | | | | |
|  | 沒有 |  | 有（如未能提供報告副本，請註明進行檢驗的 | | | |
|  |  |  | 院舍名稱: |  | | ） |

1. **備註（如有）：**

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| --- |
|  |

1. **轉介機構：**

*（沒有轉介機構的日間暫託服務申請可不用填寫此部分）*

|  |  |  |  |
| --- | --- | --- | --- |
| 機構名稱: |  | 檔案編號: |  |

|  |  |
| --- | --- |
| 地址: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 轉介社工 |  | 主管人員 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 簽署: |  | 簽署: |  |
| 姓名: |  | 姓名: |  |
| 職位: |  | 職位: |  |
| 電話: |  | 電話: |  |
| 日期: |  | 日期: |  |

1. **院舍負責職員：**

|  |  |  |  |
| --- | --- | --- | --- |
| 職員姓名: |  | 電話: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 職位: |  | 簽署: |  | 日期: |  |

1. **照顧者：**

*（適用於沒有轉介機構的日間暫託服務申請）*

|  |  |  |  |
| --- | --- | --- | --- |
| 姓名: |  | 電話: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 簽署: |  | 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)