**RESTRICTED**

**Reply to CRSRehab-VI on Selection for Placement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From: |  |  | To: | Central Referral System for Rehabilitation Services  Subsystem for Elderly Persons with Visual Impairment (CRSRehab-VI)  Social Welfare Department  Room 901, 9/F Wu Chung House  213 Queen's Road East, Wanchai, Hong Kong |
|  | *(Name of Referring Office)* |  |
|  |  |  |
|  | *(Name of Organisation)* |  |
| Ref: |  |  |
| Tel: |  |  |
| Fax: |  |  | Tel: | 2892 5136 |
| Date: |  |  | Fax: | 2893 6983 |
|  | | |  | |

|  |  |
| --- | --- |
| **Application for placement to:** |  |
|  | *(name of rehabilitation unit)* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | HKIC No.: |  | CRSRehab No.: | A |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Applicant accepts the offer.** | ( ✓ in the appropriate box) | |
|  | | (For priority placement, the applicant is confirmed to have urgent service need.) | |
|  | The following documents are attached: | | |
|  | CRSRehab-VI Form 2 |  | |
|  | Annex 1 to CRSRehab-VI Form 1 | |  |
|  | Others, please specify: | |  |

|  |  |  |
| --- | --- | --- |
|  | **Applicant declines the offer.** | (Please ✓ only one box): |
|  | Applicant considers the location of rehabilitation unfavourable | |
|  | Prefer to live with/be looked after by family member(s) | |
|  | No immediate need for service. | |
|  | Ill health / unstable mental or emotional condition | |
|  | Applicant left Hong Kong or emigrated overseas | |
|  | Lost contact with applicant | |
|  | Applicant passed away | |
|  | Ability improved, upward movement required | |
|  | Ability deteriorated, downward movement required | |
|  | Others, please specify: |  |

|  |  |  |
| --- | --- | --- |
|  | **Applicant is temporarily hospitalized.** | |
|  | Name of Hospital: |  |
|  | Admission date: |  |
|  | Diagnosis/Treatment required: |  |

|  |  |
| --- | --- |
| Signature: |  |
| Name: |  |
| Post: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| c.c. Rehabilitation Unit ( |  | ) | Fax: (       ) |