**RESTRICTED**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From: |       |  | To: | Central Referral System for Rehabilitation ServicesSubsystem for Elderly Persons with Visual Impairment (CRSRehab-VI)Social Welfare DepartmentRoom 901, 9/F Wu Chung House213 Queen's Road East, Wanchai, Hong Kong |
|  | *(Name of Referring Office)* |  |
|  |  |  |
|  | *(Name of Organisation)* |  |
| Ref: |       |  |
| Tel: |       |  |
| Fax: |       |  | Tel: | 2892 5136 |
| Date: |       |  | Fax: | 2893 6983 |
|  |  |

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

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

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|[ ]  **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: |       |

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|[ ]  **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: |       |

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

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

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