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| Received date of Form 1 : |
| Received date of report : |
| Reference Number: |
| For Staff use Only |

**Caritas – Hong Kong Services for the Elderly
Non-Subvented Residential Service
Application for Admission (English Version)**

(A) Personal Particulars of Applicant

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|-------------------------------------------------------------------------------|
| Name : (Chinese) _____ (English) _____ Sex : M/ F Date of Birth : _____ |
| Age : _____ HK I.D. Card No. : _____ Telephone No. : _____ |
| Residence Address : _____ |
| Dialect : _____ Place of Origin : _____ #Religious Belief : _____ (#Optional) |

(B) Family, living arrangement and health conditions

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorce/Separate <input type="checkbox"/> Bereaved |
| Residential Status: <input type="checkbox"/> Living alone <input type="checkbox"/> Living with spouse <input type="checkbox"/> Living with children <input type="checkbox"/> Living with others (please specify): _____ <input type="checkbox"/> Others, e.g. Residential home/Hospital, please specify: _____ |
| Major Financial Source: <input type="checkbox"/> On savings <input type="checkbox"/> Contribution of family members <input type="checkbox"/> On living allowance <input type="checkbox"/> On disability allowance <input type="checkbox"/> Others, (Please specify: _____) |
| Mobility & Care Needs: <input type="checkbox"/> Walk independently <input type="checkbox"/> Walk with stick/frame <input type="checkbox"/> Aided with wheelchair <input type="checkbox"/> Bed-bound <input type="checkbox"/> Self-feeding <input type="checkbox"/> Fed by others <input type="checkbox"/> Tube feeding <input type="checkbox"/> Use diapers <input type="checkbox"/> Foley care |
| Chronic Illness: <input type="checkbox"/> Diabetes <input type="checkbox"/> High blood pressure <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Dementia <input type="checkbox"/> Respiratory disease <input type="checkbox"/> Others : _____ |
| Does the applicant apply other residential homes including the residential homes subvented by the government? <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify the name of the residential home: _____ |

(C) Residential Preference

**The 3 Caritas residential homes below offer non-subvented residential places.
Please put a '✓' in the appropriate box(es)**

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of residence: <input type="checkbox"/> Long-term <input type="checkbox"/> Respite (Date of residence , from _____ to _____) |
| <input type="checkbox"/> Caritas Evergreen Home (Address: 1&2/F, Sai Ying Pun Community Complex, 2 High Street, Sai Ying Pun, H.K.) <input type="checkbox"/> 1-person room <input type="checkbox"/> 2-person room Tel. no : 2559-6685 Fax : 2559-6072 Email Address:seegho@caritassws.org.hk |
| <input type="checkbox"/> Caritas Everbright Home (Address: G/F, Caritas Jockey Club Tsuen Wan Service Building, 9 Shing Mun Road, Tsuen Wan, N.T.) <input type="checkbox"/> 1-person room <input type="checkbox"/> 2-person room Tel. no : 3707-2046 Fax : 3618-4480 Email Address:seebho@caritassws.org.hk |
| <input type="checkbox"/> Caritas Harold H.W. Lee Care & Attention Home (Address: 17 Kong Pui Street, Shatin, N.T.) <input type="checkbox"/> 1-person room <input type="checkbox"/> 2-person room <input type="checkbox"/> 4-person room <input type="checkbox"/> 8-person room Tel. no. : 2164-2400 Fax : 2164-2426 Email Address:sehwlho@caritassws.org.hk) |

Remarks: 1) Applicants/ Responsible workers need to fax or send the completed application forms to the designated residential home(s). Our organization does not have central waiting system for this purpose.

2) Fee charging of residential homes can be obtained from the residential homes or at www.caritasse.org.hk

| (D) Particulars of Contact Person | (E) Source of Referral (If applicable) |
|-----------------------------------|----------------------------------------|
| Name : _____ | Name : _____ |
| Address : _____ _____ | Post : _____ |
| Tel. no.: _____ | Name of Agency : _____ |
| Relationship : _____ | Address : _____ |
| Signature : _____ | Tel. no. : _____ |
| | Signature : _____ |

(F) Declaration of Applicant/Contact Person

1. I certify that the above information is true and complete.
2. I consent to release my personal particular, medical examination result and Minimum Data Set-Home Care (MDS-HC) assessment (If applicable) to the chosen residential home(s), or to accept the arrangement of MDS-HC assessment(if applicable) for me for consideration of my above application.
3. I have read the “Guidance Note of Non-subservent* Long-term/ Respite Residential Service” and is willing to follow the regulations inside.

Signature of Applicant/Contact Person : _____ Date: _____

* Please delete as appropriate

For Official Use (Applicable to Long-Term Residence)

1. Registration Date: _____ Registration Number: _____

Name/Signature of Responsible Staff : _____/_____

2. Date of reply mail: _____ (Reply within 7 working days)

Name/Signature of Responsible Staff: _____/_____

3. Date of vacancy notice: _____

Date of Accepting/Rejecting Offer by the Applicant: _____ (Reply within 3 working days)

Date of Interview: _____(Within 7 days from date of vacancy notice)

Date of Admission: _____(Within 2 weeks from date of interview)

Name/Signature of Responsible Staff : _____/_____ Date: _____

4. Name/ Signature of Superintendent: _____/_____ Date: _____