Application form for Home Care Service for Persons with Severe Disabilities

Please fax the application form to the respective Home Care Service Team
(Please tick in the appropriate box ☐)

☐	Tung Wah Group of Hospitals	Hong Kong (Central, Western, Southern, Islands, Eastern and Wan Chai)	Tel. No.: 2803 2103 Fax No.: 2803 2145 Email: lkhcs@tungwah.org.hk
☐	Yang Memorial Methodist Social Service	Kowloon (1) (Sham Shui Po, Kowloon City, Yau Tsim Mong and Tseung Kwan O)	Tel. No.: 2337 9966 Fax No.: 2337 9060 Email : khcs@yang.org.hk
☐	Christian Family Service Centre	Kowloon (2) (Kwun Tong and Wong Tai Sin)	Tel. No.: 3996 8515 Fax No.: 3996 851 Email : rhc@cfsc.org.hk
☐	SAHK	New Territories (1) (Shatin, Sai Kung, Tai Po and North)	Tel. No.: 2602 8900 Fax No.: 2699 4070 Email: ntehss@sahk1963.org.hk
☐	Po Leung Kuk	New Territories (2) (Tsuen Wan, Yuen Long, Tin Shui Wai)	Tel. No.: 2154 3818 Fax No.: 2154 3889 Email: homecare.nt@poleungkuk.org.hk
☐	The Neighbourhood Advice-Action Council	New Territories (3) (Tuen Mun, Kwai Chung and Tsing Yi)	Tel. No.: 2618 0411 Fax No.: 2618 0198 Email : tohc@naac.org.hk

I. Service Applied

Type of Service	☐ Personal Care	☐ Nursing Care	☐ Rehabilitation Training
	☐ Escort Service	☐ Home Respite Service	☐ Carer Support Service

II. Personal Particulars

1. Name	(English)	(Chinese)
2. Sex/ Date of Birth	☐Male ☐Female *(dd) (mm) (yyyy)*	
3. HKID No.	or No. of Certificate of Exemption :	
4. Residential Address & Contact Tel. No./ Email:	Address: Email:	Tel. No.:
5. Residential District	☐ Central & Western ☐ Southern ☐ Islands ☐ Eastern ☐ Wan Chai ☐ Sham Shui Po ☐ Kowloon City ☐ Yau Tsim Mong ☐ Tseung Kwan O ☐ Kwun Tong ☐ Wong Tai Sin ☐ Shatin ☐ Tai Po & North ☐ Sai Kung ☐ Tsuen Wan ☐ Yuen Long & Tin Shui Wai ☐ Kwai Chung & Tsing Yi ☐ Tuen Mun	

6. School attending (if applicable)	☐ Special School ☐ Boarding Section of Special School ☐ Other, please specify: _____ Name of School: _____ Category of School: ☐ Special School for Physically Disabled Children ☐ Special School for Severely Intellectually Disabled Children ☐ Others, please specify: _____
7. Service Receiving (may choose more than one item)	☐ Nil Community support: ☐ District Support Centre for Persons with Disabilities ☐ Respite Services ☐ Integrated Support Service for Persons with Severely Physical Disabilities (Cash Subsidy) ☐ Integrated Support Service for Persons with Severely Physical Disabilities (Integrated Home-based Support Service) ☐ Community Rehabilitation Day Centre ☐ Day Care Service for Persons with Severe Disabilities ☐ Integrated Home Care Services (Frail Cases) ☐ Home Support Services ☐ Enhanced Home Care and Community Care Service ☐ Day Care Centre/Unit for the Elderly ☐ Community Care Service Voucher for the Elderly ☐ Special Child Care Centre ☐ Others, please specify: _____ Vocational Rehabilitation Services/ Day Training: ☐ Integrated Vocational Rehabilitation Services Centre ☐ Integrated Vocational Training Centre Day ☐ Supported Employment Training for Persons with Disabilities ☐ Sheltered Workshop ☐ Day Activity Centre ☐ Others, please specify: _____ Residential service: ☐ Private Hostel ☐ Self-financed Home ☐ Supported Hostel ☐ Hostel for Severely Physically Handicapped Persons ☐ Hostel for Moderately Mentally Handicapped Persons ☐ Care and Attention Home for Severely Disabled Persons ☐ Hostel for Severely Mentally Handicapped Persons ☐ Others, please specify: _____ Medical treatment: ☐ Psychiatric In-patient ☐ Non-Psychiatric In-patient ☐ Day Hospital ☐ Out-patient clinic, please specify: _____
8. Waitlisting for subvented residential care services	☐ Yes, please specify the category of residential care service : _____ ☐ No

III. Information on Disabilities and Health Issues

1. Physical Disability	☐ Not physically disabled	☐ Quadriplegia	☐ Paraplegia
	☐ Hemiplegia	☐ Cerebral palsy	☐ Loss of upper or lower limbs
	☐ Loss of hand/foot or finger/toe	☐ Others, please specify:	
	☐ Medical report attached		
2. Intellectual Disability	☐ Not intellectually disabled	☐ Profound ☐ Severe ☐ Moderate ☐ Mild	
	Date of psychological assessment: *(dd) (mm) (yyyy)*		
	☐ Psychological report attached		
3. Other Disability (may choose more than one item)	☐ Speech impairment	☐ Deaf / Hearing impairment	
	☐ Autism	☐ Down Syndrome	
	☐ Visual impairment (☐ Blind/☐ Partially impaired)	☐ Mental illness, please specify:	
	☐ Others, please specify:		
4. Illness/Health Problem	Please specify if any:		
5. Mobility	☐ Walk unaided ☐ Walk with escort	☐ Walk with aid ☐ Wheelchair bound	☐ Bed ridden
6. Treatment Receiving	☐ Occupational therapy	☐ Physiotherapy	☐ Speech therapy
	☐ Nursing care service	☐ Others:	
	☐ Not applicable		

IV. Information of Carer(s)

Particulars of Carer(s)

- "Primary carer" refers to a family member that offers or would offer care or assistance to the applicant, including parents, relatives and kins.
- "Other carer(s)" refers to the neighbors, friends, or employed domestic helpers who provide care to the applicant, but not staff of institutions or hospitals.

Types of Carer	Name	Sex/ Age	Relationship	Whether living together	Occupation	Contact Tel. No.
(a) Primary carer						
(b) Other carer(s)						

V. Referrer Information

Case Ref. No.: _____

Name of Referrer: (Chi) _____

(Eng) _____

Service Unit: _____

Agency Name : _____

Tel./Fax No.: _____

Date: _____

Remarks

Persons with severe disabilities over the age of 60 can opt for (1) Home Care Service for Persons with Severe Disabilities/ Integrated Support Service for Persons with Severe Physical Disabilities or (2) services for the elderly including Integrated Home Care Services/ Enhanced Home and Community Care Services/ Day Care Centre/Unit for the Elderly/ Community Care Service Voucher for the Elderly if the applicant is assessed to be eligible for service. The applicant cannot receive both kinds of services at the same time. For the applicant with severe disabilities under the age of 60, he/she can only choose Home Care Service for Persons with Severe Disabilities or Integrated Support Service for Persons with Severe Disabilities depending on their eligibility for the respective service. To avoid service duplication, Applicant/Guardian/Appointee is required to make a declaration for the service operator of not using similar services of other subvented non-government organisations during service application, and gives consent for the service operator to confirm information with relevant agencies.