Appendix 2c

(Revised 3/2024)

**Notes of Application for Rehabilitation Services**

**Applicable to Central Referral System for Rehabilitation Services –**

**Subsystem for the Supported Employment Training for Persons with Disabilities**

**(CRSRehab-SET)**

1. An applicant will receive the confirmation of application for rehabilitation service (Form 1B) issued by the Central Referral System for Rehabilitation Services - Subsystem for the Supported Employment Training for Persons with Disabilities (CRSRehab-SET) from the referring caseworker.
2. An applicant who indicates no preference in location will be given a day placement in his/her residential district .
3. An applicant who has no preference in location will wait shorter than those who indicate preference. However, in case there is a genuine need, the applicant may indicate preference by region(s)/district(s)/service unit(s).
4. Change of location preference will not affect the application date as long as the applicant has not been offered the required service.
5. Except under the following circumstances, the application will be removed from the waiting list when the applicant declines a placement offer:

a) the placement is not offered in accordance with the applicant’s indicated preference; and

b) the applicant declines the placement offer due to hospitalisation of not exceeding 3 months.

1. SWD and the referring agency will not charge for the application and referral for service. The applicant/family member(s)/guardian/carer(s) should report to the Independent Commission Against Corruption (ICAC) immediately in case anyone offers to assist in application for residential placement in return for remuneration. Attempted bribery by any person is also an offence in law, SWD will refer the case to ICAC for investigation.

After explanation by the Caseworker (Name of Caseworker) of (Name of Agency), I, , the applicant/family member(s)/guardian/carer(s)\* of , understand the content of the “Notes of Application for Rehabilitation Services” and agree to be waitlisted for the service(s) in accordance with the rules and regulations therein. I hereby give my consent to CRSRehab for releasing the personal information of the applicant to relevant Departments/Non-Governmental Organizations for processing of the application.

|  |  |
| --- | --- |
| Signature: |  |
| (Applicant/Family Member(s)/Guardian/Carer(s)) |
| Date: |  |

\* *Delete whichever is inapplicable*

Central Referral System for Rehabilitation Services

Social Welfare Department