**RESTRICTED**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From: |       |  | To: | Central Referral System for Rehabilitation ServicesSubsystem for the Ex-Mentally IllSocial 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)* |
| Name of applicant: |        | HKIC No.: |       | CRSRehab No.: | D |

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| (✓ in the appropriate box) |  |
|[ ]  **Applicant accepts the offer.** | (For priority placement, the applicant is confirmed to have urgent service need.) |
|  | The following documents have already been sent to the rehabilitation unit for further action on  |  / / |
|  | [ ]  Chest X-Ray Report (Remarks: |  | ) | [ ]  CRSRehab-ExMI Form 2 |
|  | [ ]  Others:  |  |

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|[ ]  **Applicant declines the offer.** | (The application will be removed from the concerned Day placement/ Residential placement waitlisting, please refer to CRSRehab Manual of Procedures)  |
|  | [ ]  Unfavourable location  |
|  | [ ]  Ill health / unstable mental or emotional condition |
|  | [ ]  Temporary leave of Hong Kong / emigration |
|  | [ ]  Open / supported employment |
|  | [ ]  Lost trace of client |
|  | [ ]  No longer in need of placement upon case review |
|  | [ ]  Ability improved, upward movement required |
|  | [ ]  Ability deteriorated, downward movement required  |
|  | [ ]  Self-withdrawal/ unmotivated / unwillingness |
|  | [ ]  Already receiving day programme in rehabilitation unit (please specify): |
|  | Name of unit: |  |
|  | Admission date: |  |
|  | [ ]  Others, please specify: |  |
|  |  |  |
|  | **For case declining BPS offer, please tick below box if residential service is no longer required** |
|  | [ ]  (Case will be removed from waiting list directly) |

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|[ ]  **Applicant is temporarily hospitalized.** | (not applicable to the applicants who are admitted to psychiatric hospital or psychiatric ward of general hospital, please refer to CRSRehab Manual of Procedures)  |
|  | Name of Hospital: |  |
|  | Admission date: |  |
|  | Diagnosis/Treatment required: |  |

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| --- | --- | --- |
|  | Signature: |  |
|  | Name: |       |
|  | Post: |       |
|  |  |  |  |
|  |  |  |  |
| c.c. Rehabilitation Unit ( ) Fax: ( ) |