Appendix 2b

(09/2022)

**Notes of Application for Rehabilitation Services**

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

**Subsystems for the Aged Blind (CRSRehab-AB) / Ex-mentally Ill (CRSRehab-ExMI)/**

**Small Group Home for Mildly Mentally Handicapped Children (CRSRehab-SGHMMHC)**

1. An applicant will receive the “Notification of Registration for Rehabilitation Services” (*Form 1B*) issued by CRSRehab-AB/ CRSRehab-ExMI/ CRSRehab-SGHMMHC/ from the referring caseworker.
2. An applicant who indicates no location preference will be allocated the placement to any service unit with vacancy on random basis.
3. The waiting time for offering a placement to an applicant who has no location preference will be shorter than those with location 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 can be requested at any time and will not affect the application date as long as the applicant has not been offered the required service.
5. An application will be removed from the waiting list when the applicant declines a placement offer unless the placement was not offered in accordance with the applicant’s indicated preference; or due to hospitalisation of not exceeding 3 months (Not applicable to CRSRehab-ExMI applicants who are admitted into psychiatric wards/hospitals).
6. Social Welfare Department (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 rehabilitation 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, I,       , the \*applicant/ family member/ guardian/ carer 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 Organisations for processing of the application.

|  |  |  |
| --- | --- | --- |
| Signature | : |       |
| (\*Applicant/Family Member/Guardian/Carer) |
|  |  |       |
|  |  | (Name of Caseworker) |
|  |  |       |
|  |  | (Name of Agency) |
| Date | : |       |

\* *Delete whichever is inapplicable*

Central Referral System for Rehabilitation Services

Social Welfare Department