**RESTRICTED**

Updating on Family Coping Condition

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  |  |  | To: | Central Referral System for Rehabilitation Services Subsystem for the Mentally/Physically Handicapped Social Welfare Department 6/F., West Coast International Building, 290-296 Un Chau Street, Sham Shui Po, Kowloon |
|  | *(Name of Referring Office)* |  |  |  |  |
|  | *(Name of Organisation)* |  |  |  |  |
| Ref.: | *(Address of Referring Office)* |  |  |  |  |
| Tel.: |  |  |  |  |  |
| Fax: |  |  |  | Tel.: | 3586 3809 (DAC/HSMH/C&A/SD)  3586 3826 (SW/IVRSC/SHOS/HMMH/HSPH)  3422 3995 (Inactive Waitlisting Mechanism) |
| Date: |  |  |  | Fax: | 3755 4946 |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | HKIC No.: |  | CRSRehab No.: |  |
| Date of removal to inactive waiting list : | |  | |  |  |

Upon the below case review, the applicant’s caring condition has been changed and he/she is in need of residential care services. Please put him/her\* back to the waiting list for RCHD services.

**A. Care System**

1. Particulars of Carer(s)

* “Primary carer” and “secondary carer” refer to family members that offer or would offer care or assistance to the applicant, including parents, relatives and kins.
* If the applicant is receiving institutional care, hospital treatment or boarding school service in special school, “primary carer” or “secondary carer” should be the family members who look after the applicant during his/her home leaves or after he/she is discharged from institution or hospital. Their care hours per week may be quite low or even zero.
* If the applicant has no primary or secondary carer, please enter “No” in the corresponding “Name” field.
* Other carer(s) refers to the neighbours, 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 | Working Hour | Care Hours per Week\* |
| (a) Primary carer |  |  |  |  |  |  |  |  |
| (b) Secondary carer |  |  |  |  |  |  |  |  |
| (c) Other carer(s) (may indicate more than one) |  |  |  |  |  |  |  |  |

\*Calculated by 168 hours (total no. of hours in a week) minus the no. of hours that the applicant receives residential or day care/training (if applicable) and that the carer does not have to care for the applicant.

1. Risks Encountered by the Care System

|  |  |
| --- | --- |
| Due to the following circumstances, the referrer considers that the existing care system is encountering considerable risk(s):  1 The description is applicable to the existing care system 0 The description is not applicable to the existing care system, or the applicant has no primary carer | |
| * 1. The primary carer is 55 years old or above |  |
| * 1. The primary carer is deteriorating in physical health condition (e.g. physical strain) or suffering from chronic illnesses and cannot look after the applicant |  |
| * 1. The primary carer is a physically/intellectually disabled person or has severe mental illness |  |
| * 1. The primary carer is deteriorating in mental health condition or emotionally disturbed and cannot look after the applicant |  |
| * 1. The primary carer has to take care of other disabled or chronically ill persons and cannot look after the applicant |  |
| * 1. The primary carer has long hour work and cannot make other care arrangement for the applicant |  |
| * 1. The applicant loses contact with family or relatives and no one can provide care for the applicant |  |
| * 1. The applicant is a Ward of Director of Social Welfare, and no family or relatives would provide care |  |

**B. Interpersonal Relationship**

|  |  |
| --- | --- |
| Due to the following circumstances, the referrer considers that the interpersonal relationship of the applicant has serious problem:  1 Occurred 0 Not occurred, or the applicant is not living with family members | |
| 1. The applicant had at least two occasions of serious conflict with family member or inmate in the past three months |  |
| 2. The applicant had at least two occasions of serious conflict arising from disturbing the neighbours in the past three months |  |
| 1. The applicant was hospitalised for psychiatric treatment due to serious conflict with family member. The latter still refuse to accept him/her returning home. |  |

**C. Other Risk Factors**

|  |  |
| --- | --- |
| Due to the following circumstances, the referrer considers that there is considerable risk regarding the applicant’s safety and has follow-up action(s) accordingly:  1 Occurred 0 Not occurred | |
| 1. The applicant is/was being physically/psychologically/sexually abused by family member |  |
| 2. The applicant is/was being physically/psychologically/sexually abused by other person |  |
| 3. The applicant is/was being neglected from care |  |
| 1. The applicant has uncontrollable behaviour (e.g. runaway, arson or participate in unlawful activities), please specify: |  |

**D. Assessment Result**

After considering the above assessment result of item A to C, it indicates that the existing care system, day training or community support services cannot provide adequate assistance to the applicant and his/her\* family. His/her\* application for residential care service needs to be reactivated.

Remarks :

|  |  |  |
| --- | --- | --- |
|  | Signature: |  |
|  | Name: |  |
|  | Post: |  |

\* *Please delete as appropriate*