

Service Application Form of Support Teams for the Elderly

Objective: To provide social networking and outreaching services to vulnerable elders by social workers and volunteers of the Support Teams for the Elderly. Services include:

- (1) regular contacts such as home visits and telephone contacts
- (2) emotional support such as brief counseling
- (3) simple personal assistance such as escorting and handling of simple household chores
- (4) introduction of community resources
- (5) referral for appropriate services

Criteria: Vulnerable elders aged 60 or above who have genuine need and are willing to receive services, and who may be under one or more of the following circumstances: living alone or lacking family support, lacking social network, suffering from poor health, having financial difficulties, living in unfavorable environment, unable to better use community resources or facing other unfavorable circumstances.

Fee and charges: It is free of charge for the service users to receive telephone contacts, home visits and personal assistance. However, service users have to pay the traveling expenses for themselves and those for the volunteers in escort service. Also, they have to pay the material and traveling expenses for the volunteers if they use the household repairing services. For those who have financial difficulty, Support Teams for the Elderly may refer them for financial assistance.

Please complete the following form and return it to the respective Support Team for the Elderly. For enquiries, you can also contact the team direct.

Application Form

Name of elder: _____ (Chinese) _____ (English)
Sex: _____ Date of birth: _____ HKIC No./Cert. of Exemption No.: _____
Address: _____ Tel. No.: _____
Mailing address (if different from above): _____
Emergency contact person: _____ Relationship: _____ Tel. No.: _____

Declaration: I agree that the information contained in this form can be used by the Support Team for the Elderly, related departments and non-governmental organizations for consideration of service provision and related purposes. I am also willing to receive visits paid/use services provided/join activities organized by social workers or volunteers.

Signature: _____
Date: _____

For referring office use

File No.: _____ Referring agent: _____
Contact person: Mr/Ms/Miss* _____ Post: _____
Tel. No.: _____ Date of referral: _____

* Delete as appropriate