

Tung Wah Group of Hospitals
Non-subsidized Homes for the Elderly
Application Form

Application No.: _____
 (For office use only)

Remarks :
 1. For enquiries, please contact the homes directly.
 2. Please complete the application form and return to the most preferred home.
 3. Please refer to Appendix II for Personal Information Collection Statement.

A. Personal Particulars of Applicant

Name : _____ (English) _____ (Chinese) Sex : _____ M/F
 (Surname) (Name) (If applicable)

HK I.D. Card No. : _____ Date of Birth : _____ Age : _____

Residence Address : _____ Dialect Used : _____
 Telephone No. : _____

Correspondence Address _____ Day-time _____
 (if applicable) : _____ Telephone No. : _____

1. How did you (or your relatives) know about our non-subsidized residential care services? (You may select more than one item)
 our Community Services Centres Medical Social Workers friends our website
 other elderly services centres or Integrated Family Service Centres others (please specified) : _____

2. Reason(s) of choosing our non-subsidized residential care services (You may select more than one item):
 convenient location trustable quality of services others (please specified) : _____
 reasonable price good reputation and credibility

B. Personal Particulars of Sponsor/Guarantor

Name : _____ Sex : _____ M/F

Address : _____

Tel. No. : _____

Pager/Mobile Phone No.: _____

Relationship with Applicant : _____

C. Particulars of Referring Worker (if applicable)

Name of Referer: _____

Post: _____ Tel. No. : _____

Name of Agency: _____
 (if applicable)

Address : _____

D. Location and Room Preference

Please put a '✓' in the appropriate box(es) (you may choose more than 1 room type) :

Jockey Club Blissful Villa
 (Address: 3/F-6/F, Jockey Club Sunshine Complex, 29 Nam Long Shan Road, Wong Chuk Hang, H.K. ; Tel: 2292 3456 ; Fax: 2292 3500)
 3/F: 4 person Room (RCSV)* [*Applicable to Holders of Residential Care Service Voucher Scheme for the Elderly (RCSV) only]
 4/F: 4 person Room 2 person Room 4 person Room (RCSV)* 2 person Room (RCSV)*
 5/F: 2 person Room Superior 2 person Room Spacious Single Room
 6/F: 2 person Room Superior 2 person Room Single Room Spacious Single Room Scenery Single room

Women's Welfare Club Western District, Hong Kong Residential Care Home for the Elderly (Non-subsidized Section)
 (Address: No. 501, 5/F, Oi Sin House, Oi Tung Estate, Shau Kei Wan, H.K. ; Tel: 3156 2111 ; Fax: 3156 1456)
 6 person Room 5 person Room 4 person Room 3 person Room 2 person Room

D&M Wong Willow Lodge (Non-subsidized Section)
 (Address: 2/F, 18 Willow Street, Tai Kok Tsui, Kowloon, H.K. ; Tel: 2805 6673 ; Fax: 2805 6556)
 6 person Room 4 person Room 2 person Room

Lo Wong Yuk Man Nursing Home cum Day Care Centre (Non-subsidized Section)
 (Address: 2/F, Carpark Floor High Level, Tai Wai Social Service Building, 1 Mei Tin Road, Tai Wai, Sha Tin, N.T. ; Tel: 2350 5200; Fax: 2350 5618)
 8 person Room 4 person Room 2 person Room

Chu Sau Cheung Nursing Home (Non-subsidized Section)
 (Address: Unit 302, 3/F and Unit 401, 4/F, Ancillary Facilities Block, Cheung Sha Wan Estate, 391 Cheung Sha Wan Road, Kowloon; Tel: 2467 2200; Fax: 2467 2020)
 6 person Room

E. Residential Respite Service

Residential Respite Service (Expected stay period, please specify: _____)

F. Declaration

1. I certify that the above information is true and complete.
2. I consent to release my personal particulars, medical examination result and Standardised Care Need Assessment Mechanism for Elderly Services assessment (if applicable) to the T.W.G. Hs, or to accept the arrangement of Standardised Care Need assessment (if applicable) for me, or to check my RCSV status in the SWD online Voucher Information System for the Elderly (if applicable), for consideration of my above application.
3. I have read the Guidance Notes of Non-subsidized Homes for the Elderly (Appendix I) and understand its content.
4. To provide residential respite service for the needy elders so as to allow their caregivers to have a break and be more able to continue taking up this role.
5. I agree object to Tung Wah's using my personal data for the future contact, fund-raising, promotion/training or collection of opinions.
6. I agree object to join the Prestige Care Services for the Elderly (PCSE) as a member (Free Register) and received information on elder services.
7. Please contact PCSE (Tel: 2815 7838) if applicants would like to know about community care services.
 (Please put a "✓" in the box if appropriate.)

Date : _____ Signature of Applicant : _____