

Application No.:
(For office use only)

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

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) | |
| <input type="checkbox"/> our Community Services Centres <input type="checkbox"/> Medical Social Workers <input type="checkbox"/> friends <input type="checkbox"/> our website | |
| <input type="checkbox"/> other elderly services centres or Integrated Family Service Centres <input type="checkbox"/> others (please specified) : _____ | |
| 2. Reason(s) of choosing our non-subsidized residential care services (You may select more than one item): | |
| <input type="checkbox"/> convenient location <input type="checkbox"/> trustable quality of services <input type="checkbox"/> others (please specified) : _____ | |
| <input type="checkbox"/> reasonable price <input type="checkbox"/> 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) : | |
| <input type="checkbox"/> 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: <input type="checkbox"/> 4 person Room (RCSV)* [*Applicable to Holders of Residential Care Service Voucher Scheme for the Elderly (RCSV) only] | |
| 4/F: <input type="checkbox"/> 4 person Room <input type="checkbox"/> 2 person Room <input type="checkbox"/> 4 person Room (RCSV)* <input type="checkbox"/> 2 person Room (RCSV)* | |
| 5/F: <input type="checkbox"/> 2 person Room <input type="checkbox"/> Superior 2 person Room <input type="checkbox"/> Spacious Single Room | |
| 6/F: <input type="checkbox"/> 2 person Room <input type="checkbox"/> Superior 2 person Room <input type="checkbox"/> Single Room <input type="checkbox"/> Spacious Single Room <input type="checkbox"/> Scenery Single room | |
| <input type="checkbox"/> 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) | |
| <input type="checkbox"/> 6 person Room <input type="checkbox"/> 5 person Room <input type="checkbox"/> 4 person Room <input type="checkbox"/> 3 person Room <input type="checkbox"/> 2 person Room | |
| <input type="checkbox"/> D&M Wong Willow Lodge (Non-subsidized Section) [All rooms are applicable to Holders of Residential Care Service Voucher Scheme for the Elderly (RCSV)] (Address: 2/F, 18 Willow Street, Tai Kok Tsui, Kowloon, H.K. ; Tel: 2805 6673 ; Fax: 2805 6556) | |
| <input type="checkbox"/> 6 person Room <input type="checkbox"/> 4 person Room <input type="checkbox"/> 2 person Room | |
| <input type="checkbox"/> May Lodge cum Day Care Centre for the Elderly (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) | |
| <input type="checkbox"/> 8 person Room <input type="checkbox"/> 4 person Room <input type="checkbox"/> 2 person Room | |
| <input type="checkbox"/> Pearl Lodge (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) | |
| <input type="checkbox"/> 6 person Room | |

E. Residential Respite Service

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|--|
| <input type="checkbox"/> Residential Respite Service (Expected stay period, please specify: _____) |
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F. Declaration

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|---|--------------------------------|
| 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 <input type="checkbox"/> agree <input type="checkbox"/> object to Tung Wah's using my personal data for the future contact, fund-raising, promotion/training or collection of opinions. (Please put a "✓" in the box if appropriate.) | |
| Date : _____ | Signature of Applicant : _____ |