

**鄰舍輔導會
高華閣單身人士宿舍
入住申請表**

第一部分【由申請人填寫】

甲. 申請人資料

姓名：〔英文〕 _____ 〔中文〕 _____

性別： _____ 年齡： _____ 身份證號碼： _____

出生日期： _____ 婚姻狀況： _____ 抵港日期： _____

教育程度： _____ 聯絡電話： _____

現時住址： _____

居住面積： _____ 居住年期： _____ 月

通訊地址及電話：(與上述不同) _____

預算入住日期： _____

乙. 經濟狀況

職業： _____ 待業 散工 長工 每月收入： _____

工作地址/電話： _____

你是否有接受社會福利署之援助？ 是(編號： _____) 否

丙. 證明文件

申請人必須提供以下證明或有效宣誓文件，作核實申請資格：

住址證明 半年租單 其他(請註明) _____

入息證明 糧單或稅單 綜援信件 _____ 其他(請註明) _____

核實簽署(本宿舍專用) _____

丁. 同意書

本人同意將所載之個人資料；包括體格檢驗結果及本人之個案紀錄提供予 貴 機構，俾能審核本人入住宿舍之申請。

宿舍專用
<input type="checkbox"/> 符合入住資格
<input type="checkbox"/> 獲恩恤批准入住
<input type="checkbox"/> 不獲接納
檔案編號： _____
入住日期： 預算 _____ 確實 _____
單位： _____

申請人姓名(正階)： _____

簽 署： _____

日 期： _____

見證人姓名(正階)： _____

簽 署： _____

日 期： _____

***鄰舍輔導會規定本會職員不得接受禮物及金錢的餽贈**

The Neighborhood Advice – Action Council
Application for Admission to High Street House

PART II

CASE SUMMARY (To be completed by referring social worker)

(A) PARTICULARS OF FAMILY MEMBERS OR CLOSE RELATIVES

Name	Sex	Age	Occupation	Relationship With Applicant	If not living with applicant, give address & Tel.No.

FOR EMERGENCY CONTACT

Name: _____ Relationship: _____ Tel.No.: _____

Address: _____

Name: _____ Relationship: _____ Tel.No.: _____

Address: _____

(B) FINANCIAL STATUS & INCOME (Please ✓ appropriate items)

On CSSA Amount: \$ _____
On Disability Allowance Amount: \$ _____
On Old Age Allowance Amount: \$ _____
Contribution for Family Amount: \$ _____
Contribution from relative Amount: \$ _____
On Pension Amount: \$ _____
Others (Specify) Amount: \$ _____
Total amount received per month: \$ _____

If in recipient of CSSA/SSA

Social Security Field Unit (if applicable) : _____

Tel. No. : _____ Case ref. No. : _____

If the applicant is admitted, fee will be paid by :

Social Welfare Department Amount: \$ _____
Family / Relative Amount: \$ _____
Applicant Amount: \$ _____
Others (Specify) _____ Amount: \$ _____
Deposit Arrangement By _____ (max. 4) installments In Full

(C) EXISTING RESIDENCE (MAY CHOOSE MORE THAN ONE)

1. Living alone
- Residing with family
- Residing with non immediate – relative or friend
- In Public housing
- In Private tenements (*Whole flat / mezzanine / bed space / cubicle)
- Men's apartment(please specify): _____
- Street sleeper(please specify): _____
- In Street Sleeper's Shelter(please specify): _____
- In transit Shelter (please specify): _____
- In home/hostel (please specify) : _____
- Other (please specify) : _____

(High Street House may conduct enquiry to specified shelter/home/hostel to verify applicant's living history.)

2. Monthly rental/ charges : \$ _____

(D) PHYSICAL AND MENTAL CONDITION

Any obvious disability and disfigurement or medical follow up

	Yes	No	
Vision : adequate for self care	<input type="checkbox"/>	<input type="checkbox"/>	
Sight : certified blind	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing for Normal Communication :	<input type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate	<input type="checkbox"/> Deaf
Speech :	<input type="checkbox"/> Adequate		
	<input type="checkbox"/> Speech Defect (* Please elaborate : _____)		
	<input type="checkbox"/> No Speech		
Mental State :	<input type="checkbox"/> Normal		
	<input type="checkbox"/> With problem (e.g. emotional problem, paranoid, depression, etc.) (Please elaborate) _____		

	<input type="checkbox"/> With disturbing behavior (Please elaborate) _____		
Mobility :	<input type="checkbox"/> Walk independently		
	<input type="checkbox"/> Walk satisfactory with aids		
	<input type="checkbox"/> Chair bound		
	*Type of aid _____		

(E) ACTIVITIES OF DAILY LIVING

	Fully Capable	Partially Dependent on Others	Totally Dependent on Others
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
House – cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tidying up the room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simple laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing face/hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(F) FUTURE LIVING ARRANGEMENT

Case plan: _____

Type of Future Living Arrangement : _____

Application of the accommodation period in High Street House : _____ months

(G) REASONS OF APPLICATION & SOCIAL WORKERS'S RECOMMENDATION

Recommendation for High Street House Hostel service : _____

Suitability of group living : _____

(H) URGENCY OF APPLICATION

In normal turn

Priority placement (Reason : _____)

N.B. Please call 34279267 for confirmation of referral if referred by facsimile.

(I)REFERRING AGENCY

Name of Agency : _____

Address : _____

Tel. No. : _____ Reference No. : _____

Referring Social Worker

Name : _____

Signature : _____

Position : _____

Tel No. : _____

Date : _____

Countersigning Officer

Name : _____

Signature : _____

Position : _____

Tel No. : _____

Date : _____

Follow up Social Worker (If not the referring Social Worker)

Name : _____

Signature : _____

Tel. No. : _____

Date : _____