



香港聖公會長者之家 (米毛劍英長者之家)

服務申請表 APPLICATION FORM

宿位選擇

CHOICE OF PLACEMENT

1. 宿位類別：

Type of Placement

- | | | | |
|------|--------------------------|-------------|---|
| I. | <input type="checkbox"/> | 長期住宿 | Permanent Placement |
| II. | <input type="checkbox"/> | 短期住宿 | Respite Placement |
| III. | <input type="checkbox"/> | 中風復康+住宿 | Stroke Rehabilitation (Residential) |
| IV. | <input type="checkbox"/> | 中風復康+日間 | Stroke Rehabilitation (Day programme) |
| V. | <input type="checkbox"/> | 認知障礙復康+住宿 | Dementia Rehabilitation (Residential) |
| VI. | <input type="checkbox"/> | 認知障礙復康+日間 | Dementia Rehabilitation (Day programme) |
| VII. | <input type="checkbox"/> | 其他(如:_____) | Others(Please specify:_____) |

2. 房間類別

Type of Room

- | | | | |
|------|--------------------------|-----|-------------|
| I. | <input type="checkbox"/> | 單人房 | Single Room |
| II. | <input type="checkbox"/> | 三人房 | 3-Bed Room |
| III. | <input type="checkbox"/> | 四人房 | 4-Bed Room |

3. 預計入住時間(申請獲批後)：

Tentative Admission Time upon Approval

- | | | | |
|------|--------------------------|-------------|------------------------------------|
| I. | <input type="checkbox"/> | 即時入住 | Immediate Admission |
| II. | <input type="checkbox"/> | 1-3 星期內入住 | To be admitted within 1 to 3 weeks |
| III. | <input type="checkbox"/> | 一個月後入住 | To be admitted after 1 month |
| IV. | <input type="checkbox"/> | 其他(如:_____) | Other (Please specify:_____) |

期望入住時間: _____年_____月_____日至_____年_____月_____日

Tentative Admission Time:

_____ (yyyy) _____ (mm) _____ (dd) to _____ (yyyy) _____ (mm) _____ (dd)

若閣下選擇的房間類別已額滿，閣下是否願意先入住其他類別的房間？

If the chosen type of rooms is fully occupied, will you consider other type(s) of room?

(請按照你的意願，在內填入 1,2,3)(Please indicate your preference of the type of room, fill in the blank with number 1, 2, 3)

是 Yes

- | | | |
|--------------------------|-----|-------------|
| <input type="checkbox"/> | 一人房 | Single Room |
| <input type="checkbox"/> | 四人房 | 4-Bed Room |

三人房 3-Bed Room

否 No



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背景資料 Background Information

申請人姓名: (中文) Name of applicant : (Chinese)		(請貼上院友相片)
(英文) (English)		
身份證號碼 : HK I.D. No:	性別: Sex :	<input type="checkbox"/> 男 M <input type="checkbox"/> 女 F
地 址 : Address:		電話 : Tel:
出生日期 : Date of birth: _____ 年 _____ 月 _____ 日		
籍 貫 Native place: _____		
方言: <input type="checkbox"/> 廣東話(Cantonese) <input type="checkbox"/> 國語/普通話(Mandarin) Dialect used: <input type="checkbox"/> 英語(English) <input type="checkbox"/> 中國方言(Chinese dialects)(如 Please specify: _____) <input type="checkbox"/> 其他(Others) (如 Please specify: _____)		
教 育: <input type="checkbox"/> 從未讀書 <input type="checkbox"/> 小學未畢業 <input type="checkbox"/> 小學畢業 Education: (None) (Less than primary school) (Primary School) <input type="checkbox"/> 初中 <input type="checkbox"/> 高中 <input type="checkbox"/> 工業學院 (Junior Secondary School) (Senior Secondary School) (Prevocational and Secondary Technical Education) <input type="checkbox"/> 大專 <input type="checkbox"/> 大學學士 <input type="checkbox"/> 私塾學校 (Post-secondary School) (University) (Traditional Chinese Sisu) <input type="checkbox"/> 無法判斷 (unable to determine)		
宗 教: <input type="checkbox"/> 無宗教信仰 (Infidel) <input type="checkbox"/> 中國民間信仰 (Traditional Chinese religious) Religion: <input type="checkbox"/> 佛教 (Buddhism) <input type="checkbox"/> 天主教 (Catholic) <input type="checkbox"/> 基督教 (Christian) <input type="checkbox"/> 回教 (Muslim) <input type="checkbox"/> 其他 (Others)(如 Please specify: _____)		
所屬教會(Church attended) : _____		
婚姻狀況: <input type="checkbox"/> 單身(Single) <input type="checkbox"/> 已婚(Married) Marital Status: <input type="checkbox"/> 離婚 /分居(Divorced/Separated) <input type="checkbox"/> 鰥寡(Widowed)		
曾任職業 Occupation: _____		



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家庭成員或親屬 Family Members or Close Relatives

姓名 Name	性別 Sex	年齡 Age	職業 Occupation	與申請人關係 Relationship With applicant	如不與申請人同住 請註明地址、電話 if not living with applicant, please provide address & tel. No.

居住狀況 Living Arrangement:

獨居 (Living along)
 與配偶同住 (Living with spouse)
 與子女同住 (Living with children)

住所情況:
 公共房屋 (Public Housing)
 私人樓宇 (Private Housing)
 其他(如: _____) Others (Please specify: _____)



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經濟狀況: (請✓適合之項目) Financial Status & Income (please✓ appropriate items)

- 領取傷殘津貼 On Disability Allowance
- 領取高齡津貼 On Old Age Allowance
- 家人供養(配偶/子女) Contribution from Family
- 親屬供養 Contribution from relative
- 領取退休金 On Pension
- 儲蓄 On Savings
- 其他 Others(請註明 Please specify): _____

如果已領取傷殘津貼/高齡津貼 If in receipt of Disability Allowance / Old Age Allowance
社會保障部辦事處 Social Security Field Unit: _____

電話 Tel. No.: _____ 檔案編號 Case Ref. No.: _____

如申請人被接納入住，費用將由何人支付

If the applicant is admitted, fee will be paid by

- 家人/親屬 Family/Relative 金額 Amount _____
- 申請人 Applicant 金額 Amount _____
- 其他 Others(請註明 Please specify): _____ 金額 Amount _____



申請人身體機能狀況 Physical and Medical Condition

活動能力 Mobility : 行動自如 Freedom of movement 拐杖 Crutch

助行架 Walking frame 輪椅 Wheelchair 臥床 Bedridden

其他 Others(請註明 Please specify) : _____

健康狀況:

Health Condition: _____

*有無傳染病 有 / 無 若有，請註明

Any Infectious Disease Yes/No

(if yes, please specify: _____)

精神狀況(Mental Condition) :

正常(Normal) 記憶力/智力衰退(Poor Memory/ Intellectual Deterioration)

抑鬱/情緒低落(Depression) 精神昏亂/妄想 (Delirium/ Delusion of Persecution)

決定能力 (Decision making ability):

沒有能力作出治療決定 (Not capable of making medical treatment decisions)

沒有能力處理個人財物 (Not capable of managing personal belongings/ assets)

沒有能力接觸和透露本身的臨床醫療紀錄 (Not capable of accessing or disclosing clinical medical history)

有合法監護人或代理決策者 (With authorized legal guardian or surrogate decision maker)

自我照顧能力 (Self-care capabilities):

個人衛生 (Self-hygiene)

獨立完成 (Able to performed independently) 需要協助 (Partially dependent)

完全依賴 (Totally dependent on assistance)

進食 (Feeding)



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- 獨立完成 (Able to performed independently) 需要協助 (Partially dependent)
完全依賴 (Totally dependent on assistance)

如廁 (Toileting)

- 獨立完成 (Able to performed independently) 需要協助 (Partially dependent)
完全依賴 (Totally dependent on assistance)

防疫注射記錄 (Vaccination Records):

- 肺炎疫苗注射(5 年內) (Pneumococcal Vaccine (Within 5 years))
流感疫苗注射(1 年內) Seasonal Influenza Vaccine (Within 1 year)
破傷風疫苗注射(5 年內) (Tetanus Vaccination) (Within 5 years)
其他 Others (請註明 Please specify): _____

敏感反應 (Allergic Reactions):

- 無 (Negative)
有(請註明) Please specify if positive :
- | | |
|--|--|
| <input type="checkbox"/> 食物 (Food allergy) _____ | <input type="checkbox"/> 藥物(Drug allergy) : _____ |
| <input type="checkbox"/> 皮膚 (Skin allergy) _____ | <input type="checkbox"/> 氣管 (Hyperactive Airway) : _____ |
| <input type="checkbox"/> 鼻 (Allergic rhinitis) _____ | <input type="checkbox"/> 其他 (Others) (如 Please specify): _____ |

申請服務原因 Reason of Referral:

- 缺乏照顧 (Lack of Care)
長者參與群體生活 (Client seeking for more opportunity of social life)
舒緩護老者壓力 (Release carers' stress)
其他(Others)(請註明 Please specify): _____

得知服務的方法: How did you know our service?

- 網上資料 (Internet) 報章/刊物 (Newspaper/ Magazines)
廣告 (Advertisements) 醫護人員轉介 (Medical referral)
朋友/家人 (Friends/Family) 其他(Others)(請註明 Please specify): _____



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保證人 GUARANTOR*

保證人姓名:	關係:	電話:
GUARANTOR: _____	Relationship: _____	Tel: _____
地 址:		
Address: _____		

*註:保證人乃指任何自願為院友承擔責任的人士,承擔責任包括但不限於辦理入住及遷離院舍手續、商討院友之護理安排及支付院友須繳付之任何費用;保證人亦為關於院友的任何護理決定的最終決策人。

A guarantor refers to a person who takes the responsibilities that include, but not limited to the application for admission, application of discharge, negotiation and consultancy of medical arrangement, and settlement for all chargeable fees for the applicant. The guarantor will also take the role as the surrogate decision-maker for the applicant.

申請人同意書 Applicant' s Consent

本人同意將上述資料及體格檢驗結果提供給香港聖公會福利協會米毛劍英長者之家作審核本人入住申請之用 (I agree that the above information, and the attached Medical Examination Form, may be used by the Hong Kong Sheng Kung Hui Mei Mao Keen Ying Home for the Senior Citizens, for assessment of my application of admission)

申請人簽署* :
Signature of Applicant: _____

姓 名 (正楷)* :
Name in Black Letter: _____

日期:
Date: _____

聲明: 本人明白及同意本人所提供之個人資料,將會按需要而由 貴會提供予有關人士及團體,如政府部門、醫管局、其他服務機構或團體等。

I fully understand and consent that all personal data and information with respect to me, which are provided by me, in relation to this application may be held or disclosed to the following parties, such as Government and related organizations, Hospital Authority, other Parties.

*如申請人未能自行簽署,可授權家屬代行。

*Where an applicant is unable to sign application, signature of authorized family member is accepted.



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中心專用

接受申請日期:

Date of receiving application: _____

申請結果：接受申請 拒絕申請

拒絕申請原因:

Reason of rejecting the application: _____

護理 / 個案經理姓名:

Name of Nursing / Case Manager: _____

簽名:

Signature: _____

高級服務經理姓名:

Name of Senior Service Manager: _____

簽名:

Signature: _____

日期:

Date: _____