

Application No :

(For internal use only)

**Hong Kong Housing Society
The Tanner Hill Joyous Home**

Application Form

1. Personal particulars

*Name of applicant : _____ (Eng.) _____ (Chinese)

*Date of birth : _____ Age : _____
(D / M / Y)

*HK ID Card No. : _____ *Sex : _____

Nationality : _____ Place of birth : _____

Home Address : _____

*Contact Tel No. : _____
_____ (Home)/ _____ (Mobile)

E-mail address : _____

2. Information of contact person

*Name : _____ (Eng.) _____ (Chinese)

Relationship with : _____
applicant

Address : _____

*Contact Tel No. : _____
_____ (Home) / _____ (Mobile)

Email address : _____

3. Vaccination requirements for residential care homes for the elderly new residents

The SWD has informed all RCHE operators of the vaccination requirements for new RCH residents remain unchanged. It was applicable to cover all persons newly admitted to the residential care homes for the elderly (RCHEs). In order to remain eligible for residing in the residential care homes, for those applicants or newly admitted residents should meet the following criterias:

- (1) All persons newly admitted to the residential care homes for long-term abode must have received at least the first dose of a COVID-19 vaccine in order to be admitted, unless COVID-19 Vaccination Medical Exemption Certificates issued by doctors can be produced to prove their unsuitability to receive vaccination (the concerned applicants or newly admitted residents have to submit a copy of valid certificate together with the applications).
- (2) The newly admitted residents who have received the first dose of a COVID-19 vaccine are still required to complete COVID-19 vaccination in the specified period as required by Social Welfare Department ^, counting from the day when the first dose of the vaccine is received (the first and the last day inclusive), in order to remain eligible for residing in the residential care homes.

Please fill in the following table:

Vaccination Date (Please fill in)	Vaccine Name (Please <input checked="" type="checkbox"/>)
1 st Dose Date ____yy____mm____dd	<input type="checkbox"/> Sinovac <input type="checkbox"/> BioNTech <input type="checkbox"/> Others : (Please Specify)_____
2 nd Dose Date ____yy____mm____dd	<input type="checkbox"/> Sinovac <input type="checkbox"/> BioNTech <input type="checkbox"/> Others : (Please Specify)_____
3 rd Dose Date ____yy____mm____dd	<input type="checkbox"/> Sinovac <input type="checkbox"/> BioNTech <input type="checkbox"/> Others : (Please Specify)_____
4 th Dose Date ____yy____mm____dd	<input type="checkbox"/> Sinovac <input type="checkbox"/> BioNTech Comirnaty bivalent vaccine <input type="checkbox"/> Others : (Please Specify)_____
5 th Dose Date ____yy____mm____dd	<input type="checkbox"/> Sinovac <input type="checkbox"/> BioNTech Comirnaty bivalent vaccine <input type="checkbox"/> Others : (Please Specify)_____

☐ COVID-19 Vaccination Medical Exemption Certificates issued by doctors to prove their unsuitability to receive vaccination

4. ***Duration of stay** (Put a tick in the appropriate box)

☐ Long stay (more than 31 days)

From : ____Y/____M/____D to ____Y/____M/____D

☐ Not decided yet

☐ Short stay (from 3 days to 30 days)

From : ____Y/____M/____D to ____Y/____M/____D)

5. **Reason(s) for application**

☐ Discharge care

☐ Change of health condition

☐ Respite service

☐ Others _____

6. ***Tape of accommodation** (Please rank your preference by using number 1-3, with 1 being the highest preference)

☐ Private room

☐ Twin-bed room

☐ 5-bed room

7. **Financial support during stay in residential care home** (Put a tick in the appropriate box)

☐ Personal saving/investment

☐ Family members

☐ Own pension

☐ Others _____

8. **Living Status** (Put a tick in the appropriate box)

8.1 Previous living status :

☐ Singleton

☐ Live with family members

☐ Live with others

(Please specific : _____)

Main carer : _____

8.2 Currently living status :

☐ No change

☐ Hospital

☐ Others : _____

Main carer : _____

9. Health condition (Put a tick in the appropriate box)

9.1 Medical history (Please state the year of diagnosis):

- ☐ Stroke: _____ ☐ Hypertension: _____
- ☐ Heart disease: _____ ☐ Depression : _____ ☐ Parkinsonism: _____
- ☐ Back pain: _____ ☐ Dementia: _____ ☐ Arthritis: _____
- ☐ Fall history: _____ ☐ Diabetes Mellitus: _____
- With fracture* *with / without operation* *Operation site* _____
No fracture
- ☐ Cataract (Left/Right): _____ *with / without operation*
- ☐ Others: _____

9.2 Infectious Disease*:

- ☐ M.R.S.A.: _____ Year (☐Recovered) ☐ Syphilis: _____ Year (☐Recovered)
- ☐ Pulmonary Tuberculosis: _____ Year (☐Recovered)
- ☐ Scabies: _____ Year (☐Recovered) ☐ Hepatitis B/C: _____ Year (☐Inactive)
- ☐ Not Known ☐ Others (Please specific): _____

#Any infectious disease should be declared to The Tanner Hill Joyous Home, otherwise, The Home shall have the right to reject the application and forfeit the assessment fee. If you have any doubt about the infectious disease, please consult the family doctor.

9.3 Mobility:

- ☐ Can walk independently ☐ Walk with walking aids
- ☐ Wheel Chair Bound ☐ Bed ridden

9.4 Feeding:

- ☐ Eat independently ☐ Need assistance ☐ Tube feeding

- 9.5 Toileting:
- ☐ Totally independent ☐ Urinary incontinence ☐ Fecal incontinence
- ☐ Need assistance when toileting ☐ Use diapers
- ☐ Use of Foley Catheter ☐ Stoma care

- 9.6 Other medical support:
- ☐ Oxygen Concentrator ☐ Positive pressure breathing machine
- ☐ Peritoneal Dialysis ☐ Hemodialysis
- ☐ Other Special Care _____

- 9.7 Follow-up consultation:
- ☐ SOPD: _____ Hospital / Clinic _____
- ☐ GOPD: _____ Hospital / Clinic _____
- ☐ Private clinic: _____ Hospital / Clinic _____

10.Source of information (Put a tick in the appropriate box)

- ☐ Website/ FACEBOOK ☐ Direct mailer ☐ Leasing Office ☐ Relatives
- ☐ Advertising (magazine) ☐ Headline Daily ☐ HKET ☐ Sky Post
- ☐ Others : _____

11.Direct Marketing

As we intend to use your personal data for direct marketing purposes, we now seek your consent as required under the Personal Data (Privacy) Ordinance. We intend to send you information about the events, activities, promotions and privileges provided by the Hong Kong Housing Society and/or our business partners. The products, services and facilities provided by us and/or our business partners may include products, services and facilities relating to housing, medical treatment, household services, dining and other housing and ancillary facilities.

For direct marketing purposes, we may use your name, e-mail address, correspondence address, mobile phone number and fax number. We may also send marketing materials or communications to you through various channels, including printed letters, e-mails and SMS messages. If you do not wish to receive such marketing information, you can inform us, or contact us through the means of communication provided in our marketing materials, to decline to receive direct marketing information in future.

After receiving your request, we will stop using your personal data for direct marketing purposes.

If you do not put a tick in the box below but you accept this Statement by signing it, that means you do not object to (i.e. you agree to) being included in the direct marketing name list.

☐ I object to my personal data being used in direct marketing mentioned above.

I hereby declare that the information given in this application form is true to the best of my knowledge and belief °

*Name of applicant : _____ Signature : _____ Date: _____

*Name of contact person : _____ Signature : _____ Date: _____

Please fill in all the statements with 「*」.