



Elderly Chinese Home Inc.
Application to be waitlisted

Care Recipient Personal Detail 服務使用者個人資料:

Last Name 姓氏: _____ First Name 名字: _____

Chinese Name 中文姓名: _____ Sex 性別: Male 男 Female 女

Date of birth 出生日期(DD/MM/YYYY): _____ / _____ / _____

Country of Birth 出生地: _____ Language Spoken 語言: _____

Marital Status 結婚狀態: _____ Phone No. 電話號碼: _____

Moving From 從何處搬離入住本院:

Home 住所

Address 當前住址: _____

Facility 機構 Facility Name 機構名稱: _____

Facility Type 機構種類: Residential 住宿院舍 Hospital 醫院 Transition 過渡護理

Facility Address 機構地址: _____

Contact Person 機構聯絡人: _____ Phone No. 電話: _____

Date of Admission 入院日期(DD/MM/YYYY): _____



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Legal and Financial Management Detail 法律及財政管理資料:

Enduring Power of Attorney (EPA) 已申請持久授權書: Yes 是 No 否

If yes, 如有:

Medical 醫療

Finance 財務

Guardianship 監護

Name 委託人名稱: _____ Relationship 關係: _____

Address 委託人地址: _____

Contact No. 委託人聯絡電話: _____

If no EPA appointed, authorized Nominee is responsible for PAYING ACCOUNTS and receive correspondence from the Aged Care Home / Government Department. 如未能安排持久授權委託書, 請填寫負責繳費及代收由護理院或政府部門信件的授權人資料:

Name 授權人名稱: _____ Relationship 關係: _____

Correspondence Address 通信地址: _____

Billing Address 賬單地址: Same as Correspondence Address 同上

Others (Please Specify) 其他: _____



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Pension & Benefits Details 養老金或其他社會福利資料:

Do you receive any form of income support? 您是否有收取任何形式的收入補助金? :

Yes 是

No 否

If yes, 如有:

Full Aged Pension 全額養老金

Part Aged Pension 半額養老金

Others (Please specify) 其他: _____

Pension Card Number 養老卡號碼: _____ Expiry Date 到期日: _____

Medicare Number 保健卡號碼: _____ Expiry Date 到期日: _____

There is no obligation to declare the above information. However, persons will be charged the maximum accommodation cost as per Government guidelines 可以選擇不填寫以上資料，但院方將按照政府收費指引收取最高住院費。

Combined Assets & Income assessment 入息及資產評估:

Have you submitted the application? 您是否已遞交申請?

Yes 是

No 否

If yes, 如有:

With Report 完成報告

Awaiting Report 等待報告

If no, 如無:

I understand my application will not be prioritised. 本人明白護理院不會優先處理沒有遞交【入息及綜合資產評估】的申請者。



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Medical & Personal Care Needs 藥物及個人護理:

Information regarding Diagnosis & Medications? 是否能夠提交病例及藥物資料? :

As per ACAT assessment 根據養老服務評估 Medical Referral letter 醫生介紹信

Major Medical Conditions 健康狀況: _____

Major Medications 主要服務藥物: _____

Medication Times 每日服藥時間: _____

GP Visits 醫生探訪: Own GP Dr _____ 家庭醫生

Require Facility Arrangement 由院方建議

Specialized nursing care needs (BP, Blood glucose level, catheter care, wound care)

註明專業護理需要, 如量血壓, 血糖, 導管或傷口處理

Specify 註明: _____

Eating and drinking 飲食協助 Mobility 行動協助 Personal Hygiene 個人衛生

Toileting 如廁協助 Continence Aids 失禁用品 Others 其他: _____

Wandering 遊蕩行為 Verbal Disruption 言語滋擾 Physical Disruption 行動滋擾



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Special Requests 特別要求:

Dietary 膳食

Please Specify (Allergies, Preferences) 請註明 (食物敏感/偏愛) : _____

Religion 宗教

Please Specify 請註明: _____

Social 社交

Please Specify 請註明: _____

Others 其他

Please Specify 請註明: _____

Readiness to Move In 準備入住情況:

If placement is offered, readiness to be admitted 如有床位入住準備情況:

Immediately 立即入住

Preparation time required 需要多長時間準備: _____

Waitlist till further advised 保留在輪候名單等待家屬通知

Others 其他: _____



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I understand ECH has security system including Security doors and Keypads. I consent to the using of such security system with my confirmation of application. 本人明白安老之家內已安裝保安系統，如保安門及密碼門鎖，申請時本人已同意使用該保安系統。

Signature by Care Recipient or Authorised Representative

服務使用者或授權人簽署：

Care Recipient Name 服務使用者全名: _____

Care Recipient Signature 服務使用者簽署: _____

Authorized Representative Name 授權人全名: _____

Authorized Representative Signature 授權人簽署: _____

Relationship to Care Recipient 與服務使用者的關係: _____

Witness Name 見證人全名: _____

Witness Signature 見證人簽署: _____

Document Signed Date 文件簽署日期 (dd/mm/yyyy): _____



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OFFICE USE ONLY 院方用

Date of Application 申請日期 (DD/MM/YYYY): _____

Reference No. 參考編號: _____

First Contact Name 最優先通知者姓名: _____

First Contact Phone No. 最優先通知者電話號碼: _____

Process Date 處理日期 (DD/MM/YYYY): _____

Results: Priority 優先處理 Normal 一般處理 Unsuitable 不成功

Admission Date 入住日期 (DD/MM/YYYY): _____

Room No. 房間號: _____

DOCUMENT CHECKLIST 文件清單

ACAT Report Application Form Combined Assets and Income Assessment

Medicare Card Copy Pension Card Copy Others: _____

Staff Responsible for this Application 員工全名: _____

Staff Signature 員工簽署: _____ Date 日期: _____