

From: \_\_\_\_\_  
(Name of referring office)

\_\_\_\_\_  
(Name of organisation)

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

To: Central Referral System  
for Residential Child Care Services  
Social Welfare Department  
7/F, Wu Chung House  
213 Queen's Road East,  
Wan Chai.  
Tel: 28925164 Fax: 28335840

Date: \_\_\_\_\_

Application for Residential Child Care Services

Name of child: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring office ref.: \_\_\_\_\_

With reference to the above-named child's application for residential child care services, I attach the Referral Form for Placement in Residential Child Care Services (CRSRC 3) and the following papers for your information:

- School Report
- Medical Report
- Psychological Report
- Other papers (please specify) \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \*Mr./ Mrs./ Ms \_\_\_\_\_

Post: \_\_\_\_\_

From: \_\_\_\_\_  
(Name of referring office)

\_\_\_\_\_  
(Name of organisation)

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

To:  Officer-in-charge,  
Central Foster Care Unit,  
Social Welfare Department,  
4/F, Harbour Building, 38, Pier Road, Central, HK.  
Tel.: 28524596 Fax: 25819545

Superintendent,  
Chuk Yuen Children's Reception Centre,  
Social Welfare Department,  
1, Lung Fung Street, Wong Tai Sin, Kowloon  
Tel.: 23202044 Fax.: 23210400

Superintendent,  
Wai Yee Hostel,  
Social Welfare Department,  
22, Yeung Tsing Road, Tuen Mun, New Territories.  
Tel: 24533111 Fax: 24533058

Officer-in-charge,  
Po Leung Kuk Newcomers' Ward,  
Po Leung Kuk,  
66, Leighton Road, Causeway Bay, Hong Kong.  
Tel: 25763386 Fax: 25041316

Superintendent,  
Sha Kok Children's Home,  
Social Welfare Department,  
G/F, 1-18, Bean Goose House, Sha Kok Estate,  
Shatin, New Territories.  
Tel: 26497622 Fax: 26359584

Date: \_\_\_\_\_

Application for Residential Placement in \*Foster Care Service/  
SWD Residential Homes/ PLK Newcomers' Ward

Name of child: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring office ref.: \_\_\_\_\_

With reference to the above-named child's application for residential placement in \*foster care service/ Chuk Yuen Children's Reception Centre/ Sha Kok Children's Home/ Wai Yee Hostel/ Po Leung Kuk Newcomer's Ward, I attach the Referral Form for Placement in Residential Child Care Services (CRSRC 3) and the following papers for your information:

- School Report
- Medical Report
- Psychological Report
- Other papers (please specify) \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \*Mr./ Mrs./ Ms \_\_\_\_\_

Post: \_\_\_\_\_

**c.c. Central Referral System for Residential Child Care Services**

**Restricted**  
**Referral Form for Placement in Residential Child Care Services**

**A. Case particulars**

1. Name of Child:

\_\_\_\_\_ ( \_\_\_\_\_ )  
(In English, surname first) (In Chinese)

2. Sex:  Male  Female

3. Date of birth: \_\_\_\_\_ (day/month/year)

4. Document type:  Birth Certificate  HK Juvenile IC  Other documents (please specify) \_\_\_\_\_

5. Document no.: \_\_\_\_\_

6. Schooling/Occupation:  Studying  Non-attendance  No school placement  
 Employment, please specify \_\_\_\_\_  Unemployment

7. Last class attended:  Kindergarten  Primary School  Secondary School  
 Vocational Training  Others, Please specify \_\_\_\_\_  
Class Level: \_\_\_\_\_

8. Family income: \_\_\_\_\_  Recipient of CSSA

9. Year arrived in HK: \_\_\_\_\_  since birth

10. Address of family or child:

(English) \_\_\_\_\_  
(Chinese) \_\_\_\_\_

11. Telephone number: \_\_\_\_\_ (home) \_\_\_\_\_ (parent/guardian, if different)

12. Type of accommodation: \_\_\_\_\_

13. Name of parent/ guardian\*: \_\_\_\_\_ ( \_\_\_\_\_ )  
(In English, surname first) (In Chinese)  
(HKIC No.: \_\_\_\_\_ )

**B. Particulars of family members and relatives significant to the child**

(Mark " #" before the names to indicate those who are living apart)

Name (in English & Chinese)	Relationship to child	Sex	Age/Date of birth	Occupation/ schooling
(				
(				
(				
(				
(				
(				
(				

\*Delete where appropriate

**C. Particulars of referrer**

1. Name of referring officer: \* Mr./ Mrs./ Ms \_\_\_\_\_
2. Type of referring office:  SWD       NGO       ED       Hospital Authority  
 Others: (please specify) \_\_\_\_\_
3. Office name: \_\_\_\_\_  FSC    CPSU    CCSU    PO    MSS   other: \_\_\_\_\_
4. Name of agency and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Tel. No. \_\_\_\_\_
6. Fax No. \_\_\_\_\_
7. File ref. in referring office: \_\_\_\_\_

**D. Placement choice**

1. Indicate 4 placement choices at most by entering the respective codes. Select either type of service e.g. C000 or specific home(s) e.g. C001, C002.

1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> choice \_\_\_\_\_ 4<sup>th</sup> choice \_\_\_\_\_  
(Please refer to residential child care services codes on p. 8)

2. Indicate district preference, **if absolutely necessary**, for small group homes service and foster care service only:

\_\_\_\_\_  
(Please refer to district codes on p.8. Please also note that district preference is not encouraged as this may significantly slow down the referral process when there is no vacancy at the preferred district.)

- 3.a. Please enter name(s) of sibling(s) residing/ having referred for residential child care services:

<u>Name</u>	<u>CRSRC No.</u> (if any)	<u>Name of residential unit</u> (if any)	<u>Admitted</u>	<u>Referred</u> (please tick either)
a. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

- 3.b. Are sibling placements required?  No  Yes \_\_\_\_\_  
(Please enter name(s) of sibling(s) involved)

- 4.a. Is urgent placement required?    No    Yes, the reason(s) being: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4.b. If urgent placement could not be secured, please elaborate the possible outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Placement of child at time of referred: *(tick one only)*

- |   |  |
|---|--|
| <input type="checkbox"/> a. At home   | <input type="checkbox"/> b. At relative's home             |
| <input type="checkbox"/> c. In hospital   | <input type="checkbox"/> d. Under the care of child-minder |
| <input type="checkbox"/> e. In remand home/place of refuge/ emergency foster care/ reception centre |  |
| <input type="checkbox"/> f. In residential creche   | <input type="checkbox"/> g. In residential nursery         |
| <input type="checkbox"/> h. In foster home  | <input type="checkbox"/> i. In small group home            |
| <input type="checkbox"/> j. In children's home  | <input type="checkbox"/> k. In boys'/ girls' home          |
| <input type="checkbox"/> l. In boys' girls' hostel  | <input type="checkbox"/> z. Others                         |

Please specify (for item e to z) \_\_\_\_\_

**E. Family background**

1. Nature of immediate family: *(tick one only)*

- |   |  |
|---|--|
| <input type="checkbox"/> a. Single-parent (natural) family        | <input type="checkbox"/> b. Single-parent (not natural) family     |
| <input type="checkbox"/> c. Two-parent (both natural) family      | <input type="checkbox"/> d. Two-parent (one natural) family        |
| <input type="checkbox"/> e. Two-parent (both not natural) family  | <input type="checkbox"/> f. Adoptive family                        |
| <input type="checkbox"/> g. Grandparents' family                  | <input type="checkbox"/> h. Relatives' family                      |
| <input type="checkbox"/> i. Child is abandoned or an orphan       | <input type="checkbox"/> j. Split family (with 1 parent not in HK) |
| <input type="checkbox"/> z. Others: <i>(please specify)</i> _____ |  |

2. Are the child's parents new arrivals (i.e. having stayed in HK for less than 1 year)?

- Yes, both     Yes, one of them     No.

3. Is the child a new arrival?     Yes     No

4. Is the child a ward?

- No  
 Yes, the child is                       a. DSW's ward  
 Pending application                       b. Ward of Court

5. Is the child a subject of Care or Protection Order?     Yes

- No  
 Pending application

**F. Circumstances leading to need for out-of-home care**

1. Child's conditions: *(may tick more than one)*

- |   |   |
|---|---|
| <input type="checkbox"/> a. Behaviour problems                          | <input type="checkbox"/> b. Emotional problems                        |
| <input type="checkbox"/> c. Health problems                             | <input type="checkbox"/> d. Indecent employment                       |
| <input type="checkbox"/> e. Mental problems                             | <input type="checkbox"/> f. Missing from home                         |
| <input type="checkbox"/> g. Personality problems                        | <input type="checkbox"/> h. Relationship problems with family members |
| <input type="checkbox"/> i. Sibling of victim of abuse/ suspected abuse |   |
| <input type="checkbox"/> j. Study/ schooling problems                   | <input type="checkbox"/> k. Undesirable peer influence                |
| <input type="checkbox"/> l. Victim of abuse/ suspected abuse            | <input type="checkbox"/> m. Being signed off                          |
| <input type="checkbox"/> n. Child with limited intelligence             | <input type="checkbox"/> x. No specific problem                       |
| <input type="checkbox"/> z. Others: <i>(please specify)</i> _____       |   |

The main one being: *(please enter code)* \_\_\_\_\_

2. Parents'/ carers' conditions: (may tick more than one)

- |  |  |
|--|--|
| <input type="checkbox"/> a. Away from Hong Kong            | <input type="checkbox"/> b. Broken marriage                      |
| <input type="checkbox"/> c. Criminal background            | <input type="checkbox"/> d. Drug abuser                          |
| <input type="checkbox"/> e. Emotional problems             | <input type="checkbox"/> f. Health problems                      |
| <input type="checkbox"/> g. Hospitalization                | <input type="checkbox"/> h. In prison                            |
| <input type="checkbox"/> i. Inadequate parenting/ care     | <input type="checkbox"/> j. Long working hours                   |
| <input type="checkbox"/> k. Mental problems                | <input type="checkbox"/> l. Parental death                       |
| <input type="checkbox"/> m. Parents' whereabouts not known | <input type="checkbox"/> n. Personality problems                 |
| <input type="checkbox"/> o. Victim of loan shark           | <input type="checkbox"/> p. Child abuser/ suspected child abuser |
| <input type="checkbox"/> q. Marital problem                | <input type="checkbox"/> r. Unmarried mother                     |
| <input type="checkbox"/> s. Financial problem              | <input type="checkbox"/> t. Housing problem                      |
| <input type="checkbox"/> x. No specific problem            |  |
| <input type="checkbox"/> z. Others: (please specify) _____ |  |

The main one being: (please enter code) \_\_\_\_\_

3. Other conditions:

- Is the request for placement a statutory requirement?  Yes  No
- Is the child awaiting adoption?  Yes  No
- Is the request for placement related to breakdown of family?  Yes  No
- Is the previous placement unsuccessful?  Yes  No  N.A.
- Is the child's health condition suitable for care in a home-like setting?  Yes  No

**G. Involvement of child**

1. Has the child been involved in the decision-making process?

- Yes  No, the reason being: (tick one only)
- a. Child is too young (under 4 years old)
- b. Child has not been seen because \_\_\_\_\_
- z. Others: (please specify) \_\_\_\_\_

2. Child's reaction in the decision of out-of-home care: (tick one only)

- a. Accepted readily
- b. Accepted with counselling
- c. Cannot accept but continuous counselling will be given
- d. Cannot accept even with counselling
- x. Not known
- z. Others
- Please specify \_\_\_\_\_

**H. Involvement of parents/ carers**

(Name of carer: \_\_\_\_\_)

(Relationship with the child: \_\_\_\_\_)

1. Have the \*parents/ carers been involved in the decision-making process?

- Yes  No, the reason being: (tick one only)
- a. DSW is the only legal guardian
- b. Parents/ carers are not available for discussion because \_\_\_\_\_
- c. Parents/ carers are unwilling to hold discussion because \_\_\_\_\_
- z. Others: (please specify) \_\_\_\_\_

\*Delete where appropriate

2. \*Parents'/ Carers'/ Legal guardian's reaction in the decision of out-of-home care: *(tick one only)*

a. Accepted readily

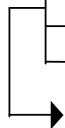
b. Accepted with counselling

c. Cannot accept but continuous counselling will be given

d. Cannot accept even with counselling

x. Not known

z. Others



→ Please specify \_\_\_\_\_

\_\_\_\_\_

**I. Case details**

1. Reasons for referral:

2. Significant events in the family history leading to the need for placement:

3. Current family relationship:

\*Delete where appropriate

4. Appearance of child:

5. Development history of child (please specify general physical, mental condition and any disability on all health of the child. If relevant, please include family health history):

a. indicate whether the child is:

- Mental retardation  , specify IQ score / grading: \_\_\_\_\_ )  
Physical handicapped  , specify details: \_\_\_\_\_ )  
Visually impaired  , specify details: \_\_\_\_\_ )

b. medical assessment and/or psychological assessment report is:

- Attached   
Not attached   
Not available

c. State the health condition of the child

d. elaborate on the development history:

6. Social, emotional or behavioural performance of the child:

7. School history and adjustment:

a. latest school report is:

- Attached   
Not attached   
Not available

b. School history (in chronological order) and **adjustment:**



8. Work experience (if applicable):

9. Interest and activities:

10. Record of previous placement, if any

Name of Residential Unit	Date of Admission	Date of Discharge	Reasons for Discharge

11. History of abscondence (if applicable):

12. Future plan for the child (please specify duration of placement, short term and long term goal) :

Signature of Referring Worker: \_\_\_\_\_ Countersigned by: \_\_\_\_\_

Date: \_\_\_\_\_

Name in BLOCK LETTERS: ( \_\_\_\_\_ )

Post Title/ Rank: \_\_\_\_\_

Date: \_\_\_\_\_

Residential child care services codes

<u>Residential crèches (A000)</u>	
HKSPC Portland Street Residential Creche (A001)	Po Leung Kuk Babies Section (A002)
<u>Residential nurseries (B000)</u>	
Po Leung Kuk Kinder Section (B001)	St. Christopher's Home Kinder Section (B002)
<u>Children's homes (C000)</u>	
Evangel Children's Home (C001)	Mark Memorial Home (C002)
Po Leung Kuk Children's Section (C003)	Wan Tsui Home for Boys (C004)
Precious Blood Children's Village (C005)	
<u>Boys' homes with school on site(D000)</u> (please refer case to CCRM as this service is not covered by CRSRC at this moment)	
HKJCC Bradbury Hostel (D001)	Island Hostel (D002)
Chak Yan Centre (D003)	Shing Tak Centre (D004)
<u>Girls' homes with school on site (E000)</u> (please refer case to CCRM as this service is not covered by CRSRC at this moment)	
Marycove Centre (E001)	Pelletier Hall (E002)
<u>Boys' home without school on site (F000)</u>	
Holland Hostel (F001)	Cheung Hong Hostel (F002)
Un Chau Hostel (F003)	
<u>Boys' Hostel (G000)</u>	
Yue Wan Hostel (G001)	
<u>Girls' hostels (H000)</u>	
Caritas Morning Star Hostel (H001)	Choi Wan Hostel (H002)
Our Lady's Hostel (H003)	
<u>Newcomers' Ward (I000)</u> (please copy the referral to CRSRC upon referral sent to Po Leung Kuk Newcomers' Ward)	
Po Leung Kuk Newcomers' Ward (I001)	
<u>Small group homes (J000)</u>	
<u>Foster care service (K000)</u> (please copy the referral to CRSRC upon referral sent to Central Foster Care Unit of SWD)	
<u>SWD Homes (S000)</u> (please copy the referral to CRSRC upon referral sent to the respective Home)	
Chuk Yuen Children's Reception Centre (S001)	Sha Kok Children's Home (S002)
Wai Yee Hostel (S003)	
<u>Other services (Z000)</u> (please specify)	

District codes

District code	District	District code	District
HK01	Central and Western	WN01	Kwai Tsing
HK02	Eastern	WN02	Tsuen Wan
HK03	Southern	WN03	Tuen Mun
HK04	Wan Chai	EN01	North
IS01	Islands	EN02	Sai Kung (except Tseung Kwan O area)
WK01	Kowloon City	EN03	Tseung Kwan O area
WK02	Mong Kok	EN04	Sha Tin (except Ma On Shan area)
WK03	Sham Shui Po	EN05	Ma On Shan area
WK04	Yau Tsim	EN06	Tai Po
EK01	Kwun Tong	EN07	Yuen Long (except Tin Shui Wai area)
EK02	Wong Tai Sin	EN08	Tin Shui Wai area

**(Only applicable for the application of Foster Care Placement)**

**家長同意書**

我們同意由社會福利署

為子/女\_\_\_\_\_

(姓名)

安排寄養服務。

父親簽名: \_\_\_\_\_ 母親簽名: \_\_\_\_\_

父親姓名: \_\_\_\_\_ 母親姓名: \_\_\_\_\_

日期: \_\_\_\_\_ 日期: \_\_\_\_\_

---

From: Central Referral System  
for Residential Child Care Services  
Tel: 28925164 Fax: 28335840

To: \_\_\_\_\_  
(Name of Residential Unit)  
  
\_\_\_\_\_  
(Name of Organisation)

Date: \_\_\_\_\_

Referral for Admission

Name of child: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring office ref.: \_\_\_\_\_

CRSRC No.: \_\_\_\_\_

I forward the application of the above-named child, received on \_\_\_\_\_, for admission to your unit for your consideration \*of urgent placement.

Please let me know your decision, by completing CRSRC 12 for case of acceptance-in-principle or CRSRC 13 for rejected case as soon as possible. If decision could not be made within 28 working days after receiving this referrals, please complete CRSRC 18 to report the progress of processing.

\*The child has been referred to \_\_\_\_\_  
and is rejected on \_\_\_\_\_ on the following grounds: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Name: \*Mr./ Mrs./ Ms \_\_\_\_\_

Post: \_\_\_\_\_

c.c. \_\_\_\_\_, \_\_\_\_\_  
(Referring worker) (Referring office)

(Referring worker should report the situation by completing CRSRC 8 in case the intake proceeding has to be delayed.)

From: Central Foster Care Unit  
Tel: 28524594 Fax: 25819545

To:  Hong Kong Christian Services  
 Hong Kong Family Welfare Society  
 Hong Kong Lutheran Social Services  
 International Social Service Hong Kong Branch  
 Mother's Choice

Date: \_\_\_\_\_

Referral for Foster Care Placement

Name of child: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring office ref.: \_\_\_\_\_

F.C. No.: \_\_\_\_\_

I would like to refer the above case to you for foster care placement. The referral form is attached.

Please contact our Home Pool Worker at \_\_\_\_\_ if you want to reserve homes in the available foster home pool for matching and please let me know the result of matching by completing CRSRC 14 for case of admission or CRSRC 13 for rejected case as soon as possible. If matching cannot be completed within 3 months after receiving this referral, please complete CRSRC 18 to report the progress of processing.

Signature: \_\_\_\_\_

Name: \*Mr./ Mrs./ Ms \_\_\_\_\_

Post: \_\_\_\_\_

c.c. \_\_\_\_\_, \_\_\_\_\_  
(Referring worker) (Referring office)

(Referring worker should report the situation by completing CRSRC 8 in case the matching proceeding has to be delayed.)

From: \_\_\_\_\_  
*(Name of residential unit)*

\_\_\_\_\_  
*(Name of organisation)*

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

To: \_\_\_\_\_  
*(Name of referring worker)*

\_\_\_\_\_  
*(Name of unit/organisation)*

Date: \_\_\_\_\_

### Notification of Acceptance-in-principle

Name of child: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring office ref.: \_\_\_\_\_

CRSRC No.: \_\_\_\_\_

I am pleased to inform you that the above-named is accepted-in-principle for admission. Please effect admission as soon as possible.

If the case could not be admitted within a month, please provide the reason of the delay by completing CRSRC 8 and returning to CRSRC with copy sent to us for consideration.

Signature: \_\_\_\_\_

Name: \*Mr./ Mrs./ Ms \_\_\_\_\_

Post: \_\_\_\_\_

c.c. Central Referral System  
for Residential Child Care Services

From: \_\_\_\_\_  
(Name of \*residential unit/ foster care agency)

\_\_\_\_\_  
(Name of organisation)

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

#To: 

Central Referral System for Residential Child Care Services Social Welfare Department 7/F, Wu Chung House 213 Queen's Road East, Wan Chai. Tel: 28925164 Fax: 28335840
---

Officer-in-charge Central Foster Care Unit Social Welfare Department 4/F, Harbour Building 38 Pier Road, Central Tel: 28524596 Fax: 25819454
---

Date: \_\_\_\_\_

Notification of Rejection

Name of child: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring office ref.: \_\_\_\_\_

\*CRSRC No./ F.C. No.: \_\_\_\_\_

I regret to inform you that the above-named child's application for admission is rejected on the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Name: \*Mr./ Mrs./ Ms \_\_\_\_\_

Post: \_\_\_\_\_

c.c. \_\_\_\_\_, \_\_\_\_\_  
(Referring worker) (Referring office)

(In case the child is still in need of the residential child care services, referring worker is required to complete CRSRC 8 addressed to CRSRC to state the placement choices and update case situation, as appropriate.)

From: \_\_\_\_\_  
(Name of \*residential unit/ foster care agency)

\_\_\_\_\_  
(Name of organisation)

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

#To:

Central Referral System  
for Residential Child Care Services  
Social Welfare Department  
7/F, Wu Chung House  
213 Queen's Road East, Wan Chai.  
Tel: 28925164 Fax: 28335840

Officer-in-charge  
Central Foster Care Unit  
Social Welfare Department  
4/F, Harbour Building  
38 Pier Road, Central  
Tel: 28524596 Fax: 25819454

Date: \_\_\_\_\_

### Admission of Child

(For admission of foster care placement, please complete CRSRC 14 (supplementary))

Name of child: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring office ref.: \_\_\_\_\_

\*CRSRC No./ F.C. No.: \_\_\_\_\_

With reference to your referral of the above-named child to \*my unit/  
foster home (FP No. \_\_\_\_\_) on \_\_\_\_\_, I wish to inform  
(date)  
you that the child was admitted on \_\_\_\_\_.  
(date)

Signature: \_\_\_\_\_

Name: \*Mr./ Mrs./ Ms \_\_\_\_\_

Post: \_\_\_\_\_

c.c. \_\_\_\_\_, \_\_\_\_\_  
(Referring worker) (Referring office)



**(Only applicable for the application of Foster Care Placement)**

SWD FC File No.: \_\_\_\_\_  
Name of foster child: \_\_\_\_\_

**Details of the foster care placement:**

SWD FP File No.: \_\_\_\_\_  
Name of foster mother: \_\_\_\_\_  
Name of foster father: \_\_\_\_\_  
Address of foster home: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

As agreed upon by the referring worker, natural parents, foster parents and us, the placement is scheduled to be effective for \_\_\_\_\_ years/months\* subject to regular case review

Please note that the above home \* is/ is not selected from the Circulation List of Home Available for Matching. Reason(s) for not selecting homes from the Circulation List is (are) as follows:

1. Status of the home before the present matching

- The home is fostering another child
- The home is retained for matching by the agency after its last service
- The home is retained for matching by the agency after the agency's home study

2. Reason for selecting the home which is not on the Circulation List

- There is no suitable home in the circulation list for the child.
- The child has \* physical/ health/ behavioural/ emotional problem. This is a home with capacity and experience in handling these kinds of children.
- The child's family background is complicated. This home has experience in working with such families.
- The child's sibling is already in this home.
- The child is in urgent need of the placement and this home is available for immediate matching.
- Others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
Name of worker: \*Mr./ Mrs./ Ms \_\_\_\_\_  
Name of agency: \_\_\_\_\_

Counter-signature: \_\_\_\_\_  
Name of Supervisor: \*Mr./ Mrs./ Ms \_\_\_\_\_

\* Delete where appropriate

From: \_\_\_\_\_  
(Name of \*residential unit/ foster care agency)

\_\_\_\_\_  
(Name of organisation)

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

#To:

Central Referral System  
For Residential Child Care Services  
Social Welfare Department  
7/F, Wu Chung House  
213 Queen's Road East, Wan Chai.  
Tel: 28925164 Fax: 28335840

Officer-in-charge  
Central Foster Care Unit  
Social Welfare Department  
4/F, Harbour Building  
38 Pier Road, Central  
Tel: 28524596 Fax: 25819454

Date: \_\_\_\_\_

### Discharge of Child

Name of child: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring office ref.: \_\_\_\_\_

\*CRSRC No./ F.C. No: \_\_\_\_\_

I wish to inform you that the above-named child, admitted to my unit on \_\_\_\_\_, was discharged on \_\_\_\_\_. The child is:  
(date) (date)

restored home

transferred to \_\_\_\_\_  
(name of residential unit)

discharged by my unit due to his/ her unsatisfactory performance.

Others (please specify) \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Name: \*Mr./ Mrs./ Ms \_\_\_\_\_

Post: \_\_\_\_\_

c.c. \_\_\_\_\_,  
(Referring worker) (Referring office)

\* Central Referral System for Residential Child Care Services, if issued to CFCU

From: \_\_\_\_\_  
*(Name of residential unit)*

\_\_\_\_\_  
*(Name of organisation)*

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

To: Central Referral System  
 for Residential Child Care Services  
 Social Welfare Department  
 7/F, Wu Chung House  
 213 Queen's Road East,  
 Wan Chai.  
 Tel: 28925164 Fax: 28335840

Date: \_\_\_\_\_

Notification of Vacancies

Please note the following details of vacancies in my unit:

(A) No. of vacancies available as at end of \_\_\_\_\_  
*(month)*

	Cap.	In Placement	No. of referral(s) approved and pending admission	No. of referral(s) under process	No. of referral(s) CRSRC can send	Age-range & other requirements
	(a)	(b)	(c)	(d)	(e) = (a) - (b) - (c) - (d)	
Boys						
Girls						

(B) No. of vacancies anticipated (excluding those reported in item (A))

	Vacancies	Available date(s)	Age-range & other requirements
Boys			
Girls			

Remarks: \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_  
 Name: *\*Mr./ Mrs./ Ms* \_\_\_\_\_  
 Post: \_\_\_\_\_

\* delete where appropriate

*(to be completed as soon as possible and no later than 7 working days, if placement is not needed)*

From: \_\_\_\_\_  
*(Name of referring office)*

\_\_\_\_\_  
*(Name of organisation)*

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

#To: 

Central Referral System for Residential Child Care Services Social Welfare Department 7/F, Wu Chung House 213 Queen's Road East, Wan Chai. Tel: 28925164 Fax: 28335840
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Officer-in-charge Central Foster Care Unit Social Welfare Department 4/F, Harbour Building 38 Pier Road, Central Tel: 28524596 Fax: 25819454
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Date: \_\_\_\_\_

Notification of Withdrawal

Name of child: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*CRSRC No./ F.C. No.: \_\_\_\_\_

I wish to withdraw the above-named child's application for residential child care services because:

- Child is missing from home and whereabouts unknown
- Change in child's behaviour
- Change in family circumstances
- The child and/or the parent(s) change(s) his/her/their mind and reject(s) residential placement
- Alternative placement would be arranged/ has been secured.
- Others

→ Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Name: \*Mr./ Mrs./ Ms \_\_\_\_\_

Post: \_\_\_\_\_

*Please complete the following if referral has been sent to Residential Unit:*

C.C. \_\_\_\_\_,  
*(Residential unit) (Name of organisation)*

\* Central Referral System for Residential Child Care Services, if issued to CFCU

From: \_\_\_\_\_  
*\*(Name of \*residential unit/ foster care agency)*

\_\_\_\_\_  
*(Name of organisation)*

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

#To:

Central Referral System  
for Residential Child Care Services  
Social Welfare Department  
7/F, Wu Chung House  
213 Queen's Road East, Wan Chai.  
Tel: 28925164 Fax: 28335840

Officer-in-charge  
Central Foster Care Unit  
Social Welfare Department  
4/F, Harbour Building  
38 Pier Road, Central  
Tel: 28524596 Fax: 25819454

Date: \_\_\_\_\_

Progress of Processing

Name of child: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring office ref.: \_\_\_\_\_

\*CRSRC No./ F.C. No: \_\_\_\_\_

I wish to inform that

as agreed with \_\_\_\_\_ on \_\_\_\_\_, application is to be  
*(Referring worker) (Date)*

withdrawn. (Please see note below)

decision cannot be reached;

admission cannot be effected;

→ Please specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Name: \*Mr./ Mrs./ Ms \_\_\_\_\_

Post: \_\_\_\_\_

c.c. \_\_\_\_\_,  
*(Referring worker) (Referring office)*

**Note:** By copy of this notification, referring worker is requested to confirm the progress stated above in writing.

For case to be withdrawn, please complete CRSRC 17, if such has not been done.

Otherwise, please provide the updated information of the case leading to the delay of application by CRSRC 8.

From Central Foster Care Unit  
Tel: 28524594 Fax: 25819545

To: Central Referral System  
for Residential Child Care Services  
Tel: 28925164 Fax: 28335840

Date: \_\_\_\_\_

Notification of Progress of Referral for Foster Care Service

Name of child: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring office ref.: \_\_\_\_\_

F.C. No.: \_\_\_\_\_

The above-named child who applied for foster care placement has been :

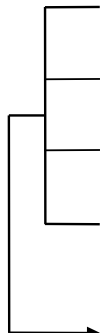
placed in foster home on \_\_\_\_\_ (date);

assessed to be unsuitable;

failed in matching;

failed in trial placement; and

self-withdrawn the application (by copy of this form, referring worker is required to report to CRSRC by using CRSRC 17)

  
(CRSRC is requested to process the next placement choice as indicated in the referral form copied to CRSRC earlier)

Regarding the case processing, the details are as follows:

Date of referral received by CFCU: \_\_\_\_\_  
(dd/mm/yy)

Date of screening completed: \_\_\_\_\_  
(dd/mm/yy)

Date of referral put on waiting list: \_\_\_\_\_  
(dd/mm/yy)

Date of referral sent to foster care agency: \_\_\_\_\_  
(dd/mm/yy)

Date of formal placement started: \_\_\_\_\_  
(dd/mm/yy)

Date of last matching failed: \_\_\_\_\_  
(dd/mm/yy)

Date of last trial placement failed: \_\_\_\_\_  
(dd/mm/yy)

Name of foster care agency: \_\_\_\_\_

- Hong Kong Christian Services
- Hong Kong Family Welfare Society
- Hong Kong Lutheran Social Services
- International Social Service Hong Kong Branch
- Mother's Choice
- Central Foster Care Unit, Social Welfare Department

Reason for matching/ trial placement failed/ foster care being unsuitable:

- Child admitted to small group home.
- Child admitted to institution.
- Natural parents able to take care of child on their own.
- Natural parents had entrusted child to relatives/ childminder.
- Natural parents or foster child did not accept the service.
- Natural parents preferred to let child stay in institution.
- Natural parents preferred to let child stay at small group home.
- Child joined adopted home
- No suitable foster home for child
- Others, please specific \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Name: \*Mr./ Mrs./ Ms \_\_\_\_\_

Post: \_\_\_\_\_