

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
()				
()				
()				
()				
()				
()				
()				

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.

1st choice _____ 2nd choice _____ 3rd choice _____ 4th 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
 Pending application
- a. DSW's ward
 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the child awaiting adoption? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the request for placement related to breakdown of family? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the previous placement unsuccessful? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N.A. |
| Is the child's health condition suitable for care in a home-like setting? | <input type="checkbox"/> Yes <input type="checkbox"/> 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) (please refer case to CCRM as this service is not covered by CRSRC at this moment)</u>	
HKJCC Bradbury Hostel (D001)	Island Hostel (D002)
Chak Yan Centre (D003)	Shing Tak Centre (D004)
<u>Girls' homes with school on site (E000) (please refer case to CCRM as this service is not covered by CRSRC at this moment)</u>	
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) (please copy the referral to CRSRC upon referral sent to Po Leung Kuk Newcomers' Ward)</u>	
Po Leung Kuk Newcomers' Ward (I001)	
<u>Small group homes (J000)</u>	
<u>Foster care service (K000) (please copy the referral to CRSRC upon referral sent to Central Foster Care Unit of SWD)</u>	
<u>SWD Homes (S000) (please copy the referral to CRSRC upon referral sent to the respective Home)</u>	
Chuk Yuen Children's Reception Centre (S001)	Sha Kok Children's Home (S002)
Wai Yee Hostel (S003)	
<u>Other services (Z000) (please specify)</u>	

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