

Application No :

(For internal use only)

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

Application Form

Please fill in all the statements with 「*」.

1. Personal particulars

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

*Date of birth : ____ / ____ / ____ Age : _____
(DD / MM / YYYY)

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

Nationality : _____ Place of birth : _____

Home Address : _____

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

Long stay (more than 1 month)

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

Not decided yet

Short stay (from 1 week to 1 month)

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

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

Discharge care Change of health condition Respite service

Others _____

5. ***Type 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

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

Personal saving/investment

Family members

Own pension

Others_____

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

7.1 Previous living status :

Singleton

Live with family members

Live with others

(Please specific : _____)

Main carer : _____

7.2 Currently living status :

No change

Hospital

Others : _____

Main carer : _____

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

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

- Stroke: _____ Hypertension: _____
- Heart disease: _____ Depression : _____ Parkinsonism: _____
- Back pain: _____ Dementia: _____ Arthritis: _____
- Fall history: _____ Diabetes Mellitus: _____

with fracture / no fracture *with / without operation* Operation site _____

- Cataract (Left/Right): _____ *with / without operation*
- Others: _____

8.2 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.

8.3 Mobility:

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

8.4 Feeding:

- Eat independently Need assistance Tube feeding

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

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

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

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

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

10. **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: / /
(DD / MM / YYYY)

*Name of contact person : _____ signature : _____ Date: / /
(DD / MM / YYYY)