

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 <sup>st</sup> Dose Date<br>____yy____mm____dd | <input type="checkbox"/> Sinovac<br><input type="checkbox"/> BioNTech<br><input type="checkbox"/> Others : (Please Specify)_____                            |
| 2 <sup>nd</sup> Dose Date<br>____yy____mm____dd | <input type="checkbox"/> Sinovac<br><input type="checkbox"/> BioNTech<br><input type="checkbox"/> Others : (Please Specify)_____                            |
| 3 <sup>rd</sup> Dose Date<br>____yy____mm____dd | <input type="checkbox"/> Sinovac<br><input type="checkbox"/> BioNTech<br><input type="checkbox"/> Others : (Please Specify)_____                            |
| 4 <sup>th</sup> Dose Date<br>____yy____mm____dd | <input type="checkbox"/> Sinovac<br><input type="checkbox"/> BioNTech Comirnaty bivalent vaccine<br><input type="checkbox"/> Others : (Please Specify)_____ |
| 5 <sup>th</sup> Dose Date<br>____yy____mm____dd | <input type="checkbox"/> Sinovac<br><input type="checkbox"/> BioNTech Comirnaty bivalent vaccine<br><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 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)

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 「\*」.**