**扶康會**

**申請「樂誼居」共融房屋**

**轉介表格**

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| **轉介機構資料** | | | | | | | | | | | | | | | |
| 機構名稱： | |  | | | | | | | | | | | | | |
| 服務單位名稱： | |  | | | | | | | | | | | | | |
| 轉介人姓名： | |  | | | | | 職位： | | |  | | | | | |
| 聯絡電話： | |  | | | | | 電郵： | | |  | | | | | |
| 辦公室地址： | |  | | | | | | | | | | | | | |
| **申請人資料** | | | | | | | | | | | | | | | |
| 中文姓名： 英文姓名： | | | | | | | | | | | | | | | |
| 手提電話號碼： | | | | | | | | | | | | | | | |
| **申請人背景** | | | | | | | | | | | | | | | |
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| **申請原因** | | | | | | | | | | | | | | | |
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| **申請人獨立生活能力 (最低1-最高5)** | | | | | | | | | | | | | | | |
| 1. **個人自理：** | 🞎 1 | | 🞎 2 | 🞎 3 | | 🞎 4 | | 🞎 5 | | | 請簡單說明/描述：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 1. **社交生活：** | 🞎 1 | | 🞎 2 | 🞎 3 | | 🞎 4 | | 🞎 5 | | | 請簡單說明/描述：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 1. **財務管理：** | 🞎 1 | | 🞎 2 | 🞎 3 | | 🞎 4 | | 🞎 5 | | | 請簡單說明/描述：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **其他需關注事項** | | | | | | | | | | | | | | | |
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| **轉介人推薦程度 (最低1-最高5)：** | | | | | 🞎 1 | | | | 🞎 2 | | | 🞎 3 | 🞎 4 | | 🞎 5 |
| **聲明** | | | | |  | | | |  | | |  |  | |  |
| 🞎 就本人所知上述資料正確無誤及完整，明白上述資料或須接受扶康會進一步核實及審查，及只作申請是次「樂誼居」共融房屋的用途，並知道倘若虛報資料，申請即屬無效。 | | | | | | | | | | | | | | | |
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| 轉介人簽署： | | | | | | |  | | | 機構印章： | | | |  | |
| 日期： | | | | | | |  | | |  | | | |  | |

\*如有需要，請另加白紙書寫