

Little Sisters of the Poor
St. Mary's Home for the Aged

Admission Notes
And
Application for Admission



Little Sisters of the Poor St. Mary's Home for the Aged

Admission Notes

1. Eligibility

Applicants must meet the following criteria:

- 1.1 Elder aged 65 or above
- 1.2 Priority will be given to those with self-care ability
- 1.3 Willing and suitable for communal living

2. Application and Admission Procedures

- 2.1 Applicants or their relative may apply in person at the Home or submit the " Application for Admission " by mail, fax, email, or in person.
- 2.2 The Home will use the date of receipt of the above documents as the valid registration date, and the waiting list order will be based on this date.
- 2.3 Applicants will receive a reply letter from the Home to confirm their waiting list eligibility.
- 2.4 During the waiting process, if there are any changes to the information or circumstances, applicants must notify the Home; otherwise, it may affect their waiting list eligibility.
- 2.5 Before admission, the Home will arrange for staff to meet with the applicant for an interview and further assessment. Admission is only possible after passing a specified medical examination.
- 2.6 Applicants must generally be admitted within two weeks of the interview or home visit. If admission is delayed for any reason, the accommodation fees will still be calculated starting from the scheduled admission date.

3. Fees

- 3.1 Applicants must pay the Home's accommodation fees monthly via autopay. Fees are charged based on type of accommodation and level of care required, and will be adjusted annually. For details, please refer to the Home's "Service Charges Table."
- 3.2 After admission, staff will reassess based on changes in the resident's level of care to determine the fee standard.
- 3.3 In addition to items and meals provided by the Home to all residents, any additional personal items or medical supplies required by residents will be charged to the resident at cost.

4. Personal Data Collection Statement

In accordance with the Personal Data (Privacy) Ordinance, the personal data provided by applicants will only be used for procedures directly related to the application for admission to this Home for the Aged. The Home will ensure the absolute confidentiality of applicants' data, which will be destroyed in accordance with organizational guidelines after the applicant withdraws the application.

Received Date of Form 1:	
Level of Care	: <input type="checkbox"/> Moderate <input type="checkbox"/> High
Reference Number:	:
For Staff Only	

Little Sisters of the Poor St. Mary's Home for the Aged
Application for Admission (English Version)

(I) Personal Particulars of Applicant

Name: (Chinese) _____ (English) _____ Sex: Male / Female
 Date of Birth: _____ Age: _____ H.K. ID Card No.: _____ Telephone: _____
 Residence Address: _____
 Place of Origin: _____ #Religion Belief: _____ (#Optional)

(II) Family, living arrangement and health conditions

Marital Status : Married Single Divorced/Separate Widowed
 Living Situation : Living Alone Living with Spouse Living with Children
 Living with Others (please specify): _____
 Other, eg. Residential Home/Hospital, please specify: _____
 Financial Situation : On savings Contribution of family members On Living Allowance
 On disability Allowance Other (please specify: _____)
 Physical Condition : Walk Independently Requires Walking Aids Requires Wheelchair
 Self-Feeding Requires Feeding Uses Diapers
 Other situations requiring assistance from others (please specify: _____)
 Chronic Illness : Diabetes High Blood Pressure Parkinson's disease
 Dementia Respiratory Diseases Other: _____
 Is the applicant simultaneously applying to other residential homes, including government-subsidized homes?
 No Yes, please specify the name of the residential home:

(III) Type of Accommodation

Type of Accommodation Required:

Long-term Residential Care Respite Service (Admission Period: From _____ to _____)

Preferred Room Type:

Please rank your most preferred as "1," and so on. Leave blank for types you do not consider.

_____ Single Room _____ Double Room _____ Couple Room _____ Triple Room _____ Quadruple Room

Remarks: 1) Applicant/responsible social worker, please complete the form and return it to the Home by fax, email, or mail.

2) The Home's accommodation charges table can be obtained from the Home.

(IV) Applicant/Contact Person (Please delete as appropriate) Information	(V) Referring Agency Information (If Applicable)
Name: _____	Name: _____
Address: _____ _____	Position: _____
Telephone: _____	Referring Agency: _____
Email: _____	Address: _____ _____
Relationship: _____	Telephone: _____
Signature: _____	Signature: _____

(VI) Applicant/Contact Person (Please delete as appropriate) Declaration
<p>1. I declare that all information provided in this application form is correct and accurate.</p> <p>2. I am willing to provide the applicant's personal data, medical examination results, and "interRAI-HC / MDS-HC" results (if applicable) to the Home for reference in determining the level of care upon admission to the Home.</p> <p>3. I have read the "Admission Notes" and am willing to comply with them.</p>
<p>Applicant/Contact Person Signature: _____ Date: _____</p>

*Please delete as appropriate

<u>Staff Use Only (Applicable for Long-term Residence Applications)</u>	
1. Registration Date: _____	Waiting List Number: _____
Responsible Staff Name/Signature: _____ / _____	
2. Email Reply Date: _____ (Reply within 7 working days)	
Responsible Staff Name/Signature: _____ / _____	
3. Notification of Vacancy Date: _____	
Applicant's Acceptance/Rejection Date: _____ (Reply within 3 working days)	
Interview Date: _____ (Within 7 days from vacancy notification)	
Admission Date: _____ (Within 2 weeks from home visit/interview date)	
4. Home's Rejection of Admission Date: _____	
Home's Reason for Rejection: _____	
Responsible Staff Name/Signature: _____ / _____ Date: _____	
5. Superior's Name/Signature: _____ / _____ Date: _____	