



香港青年協會  
the hongkong federation of youth groups

Referral Form

<i>For Internal Use</i>
Case No.:
Date Received:
Date Contacted Referrer:
Staff Contacting the Referrer:

全健復元支援支援計劃轉介表

**Crisis Recovery Programme Referral Form**

Please email to [wp@hkfyg.org.hk](mailto:wp@hkfyg.org.hk) with subject title “Crisis Recovery Programme Application”.

<b>DATE OF REFERRAL:</b> _____
<b>REFERRING SOURCE:</b> Name: _____ Agency/Org/Unit: _____ Position: _____ Tel No. (WhatsApp available: Yes/No): _____ Email: _____ Mailing Address for Receiving Confirmation Letter: _____
<b>CONSENT CONFIRMATION:</b> <b>Please confirm:</b> <input type="checkbox"/> The referrer has obtained the client's consent for this referral. <input type="checkbox"/> For clients under 18 years old, the referrer has obtained parental/guardian consent for this referral.
<b>POTENTIAL COLLABORATIVE ARRANGEMENT:</b> Please select one: <input type="checkbox"/> The referrer will continue follow-up with the client. Please ensure the client has provided consent for collaborative coordination. <input type="checkbox"/> The referrer transfers the case to your unit and will cease further follow-up. <input type="checkbox"/> Other (please specify): _____
<b>CLIENT INFORMATION:</b> Name: _____ (Chinese: _____) Age: _____ Gender: _____ Current Occupation: _____ Tel No. (WhatsApp available: Yes/No): _____  <b>If client is under 18 years old, please provide parent/guardian contact details:</b> Name: _____ (Chinese: _____) Relationship: _____ Tel No. (WhatsApp available: Yes/No): _____ Consent for Wellness PLUS (HK) staff to contact parent/guardian for appointment scheduling: <input type="checkbox"/> Granted

**GOALS/REASONS FOR REFERRAL:****PRESENTING PROBLEMS** (Detail relevant emotional, psychological, behavioral, or social concerns):**SERVICE RENDERED BY THE REFERRER/OTHER SUPPORT ENTITIES:****ELIGIBILITY CONFIRMATION:**

Please confirm that the applicant meets at least one of the following criteria:

## 1. Age and residency

☐ The applicant is a Hong Kong resident aged between 6 and 35 (HKID checked for age and residency).

## 2. Frontline helper affected by the Tai Po fire incident

☐ The applicant is a frontline helper affected by the Tai Po fire incident, such as:

- Fire services personnel
- Healthcare personnel
- Social welfare worker
- Other helping professionals / first responders: \_\_\_\_\_ (Please specify role and service unit)

**REFERRER CHECKLIST:**

Please ensure the following before submitting:

- ☐ The applicant meets the above eligibility criteria.
- ☐ The referrer has verified the applicant's HKID (for age and Hong Kong residency) and/or frontline helper identity (e.g. staff card, employment proof, service record).
- ☐ The applicant has signed the programme "Referral Consent Form" to allow this referral and information sharing for coordination of care.
- ☐ The referrer / agency has clearly explained the content, nature and time-limited free sessions of this crisis recovery support programme to the applicant (and parent/guardian for applicants under 18).

**REMARKS:**

Please note any additional information or observations relevant to the referral:

☐ I hereby declare that the above information is true and accurate to the best of my knowledge.

**Referrer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\*\*\*\* INTERNAL USE ONLY \*\*\*\*\*

**Date Application Received:** \_\_\_\_\_

<b>Application Status:</b>  <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Rejected</b>	<b>Service:</b> <input type="checkbox"/> Psychiatrist: Diagnosis and/or Treatment <input type="checkbox"/> Clinical Psychologist: Assessment and/or Psychological Intervention <input type="checkbox"/> Social Worker: Supportive Counselling <input type="checkbox"/> Others: _____
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**Reason for Approval/Rejection:**

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**Approver's Name:** \_\_\_\_\_

**Approver's Position:** \_\_\_\_\_

**Approver's Signature:** \_\_\_\_\_

**Approval Date:** \_\_\_\_\_