



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 with subject title “Crisis Recovery Programme Application”.

DATE OF REFERRAL: _____
REFERRING SOURCE: Name: _____ Agency/Org/Unit: _____ Position: _____ Tel No. (WhatsApp available: Yes/No): _____ Email: _____
CONSENT CONFIRMATION: Please confirm: <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.
POTENTIAL COLLABORATIVE ARRANGEMENT: 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): _____
CLIENT INFORMATION: Name: _____ (Chinese: _____) Age: _____ Gender: _____ Current Occupation: _____ Tel No. (WhatsApp available: Yes/No): _____ If client is under 18 years old, please provide parent/guardian contact details: 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: _____

Application Status: <input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Service: <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:

Approver's Name: _____

Approver's Position: _____

Approver's Signature: _____

Approval Date: _____