

RESTRICTED

when entered with data

Child Assessment Service of Department of Health

Application for change of residential address / contact phone number

CAC No. : _____ Name of child: _____

I, _____, *the father / mother / others _____ of the above child, request Child Assessment Service to update the residential address and/ or contact details of the above-named child as follows: (Please fill in the 'updated' information ONLY)

Residential Address : _____

HK Daytime contact number : _____
* (home / mother's mobile / mother's office / father's mobile / father's office / guardian / others _____)

- I apply to transfer the above-named child's case file to the Child Assessment Centre serving my catchment area for follow-up actions.
- The above-named child would continue the follow-up services at the current Centre.

* Please the option

Note:

1. For update of telephone number or address, please hand in/ fax/mail the duly completed application form to the affiliated Child Assessment Centre or submit by GovHK for processing.
2. For application for transfer to other Centre that serving the catchment area of your new address, please hand in/ fax/ mail the duly completed application form with original/copy of address proof to the affiliated Child Assessment Centre or submit by GovHK for processing. All mailed address proof would not be returned.

Name of Centre	Fax number	Address
Central Kowloon Child Assessment Centre	27153447	2/F, 147L Argyle Street, Kowloon City, Kowloon
Fanling Child Assessment Centre	26712797	4/F, Fanling Health Centre, 2 Pik Fung Road, Fanling, N.T.
Ha Kwai Chung Child Assessment Centre	27448579	2/F, Ha Kwai Chung Polyclinic & Special Education Services Centre, 77 Lai Cho Road, Kwai Chung, N.T.
Ngau Tau Kok Child Assessment Centre	29211028	1/F, Ngau Tau Kok Jockey Club Clinic, 60 Ting On Street, Ngau Tau Kok, Kowloon
Pamela Youde Child Assessment Centre (Kwun Tong)	27278479	3/F, 79 Cha Kwo Ling Road, Kwun Tong, Kowloon
Pamela Youde Child Assessment Centre (Sha Tin)	26466327	2/F, 31-33 Chap Wai Kon Street, Sha Tin, N.T.
Tuen Mun Child Assessment Centre	24624962	G/F, special block, Tuen Mun Hospital, Tsing Chung Koon Road, Tuen Mun, N.T.

3. Client will receive written confirmation from Child Assessment Centre in 4 to 6 weeks upon completion of the application for transfer of child's case file to other Child Assessment Centre.

Name of Applicant: _____

Date: _____

For staff only: Signature of Staff : _____ Name of staff : _____ Date
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