

**職員填寫**

申請編號:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

日期:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

《沿途「友」您－曾接觸司法程序人士家屬精神健康支援計劃》

“Along Your Way”: Mental Health Support Program for Family Members of Persons who had Contact with Legal Procedures

**服務申請表**

**服務介紹:**

提升被捕／還押／在囚／更生人士及其家屬的精神壓力管理能力及引發公眾對服務對象的關注，共建共融社會。

**服務協議:**

本人\_\_\_\_\_\_\_\_\_\_\_\_\_(身份証號碼:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)，得悉 貴會可為本人及被捕/還押人士/在囚人士/更生人士個案提供服務，並明白其宗旨及內容，本人同意 貴會根據以下資料，聯絡家人安排有關服務，以作跟進。

家屬姓名:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 年齡:\_\_\_\_\_\_\_\_\_\_\_\_ 性別:\_\_\_\_\_\_\_\_\_\_\_\_

聯絡電話:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

地址:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

個案名稱:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 聯絡方法:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

終身號碼/還押號碼:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 所犯罪行:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

出獄日期:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

申請服務:

支援家屬服務 物資津貼 心意傳遞 院所接送服務

備註:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

轉介社工名稱:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

聯絡方法:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

轉介機構名稱:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

日期:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_