

SideBySide
The Hong Kong Jockey Club Community Project Grant – Project Oasis
Referral Form

Personal Information:

Name : _____ (_____) Age : ____ Sex : ____ HKID No. : _____ (____)

Date of Birth : _____ Telephone No. : _____

Address : _____

Criminal History:Criminal Record : Yes No Prisoner No. (if applicable) : _____

Last Offence : _____ Date of Sentence : _____

Type of Sentence : _____ Discharge Date/Prison (if applicable) : _____

Supervision Order : No Yes, SWD Probation Officer Yes, CSD Welfare OfficerPending trials : No Yes , please provide the details: _____**History of Drug Abuse:**

Type(s) of Drugs used	Addiction since:	Dosage:\$/day, mg/day	Method of drug taking
Heroin / Methadone			
Cocaine			
Methamphetamine (Ice)			
Cannabis			
Ketamine			
Midazolam / Zopiclone			
Others :			

History of Mental Illness:No Has mental illness record , diagnosed as _____.**SideBySide Services:**Applicant Had Never Currently receive services from SideBySide, and the responsible social worker is _____.Application for (can choose multiple) : Residential detox treatment Outpatient detox treatmentHostel Services Drug Rehabilitation Counselling**Referrer Information (if applicable):**

Name : _____ Position : _____ Service Unit : _____

Tel. No. : _____ Fax No. : _____ Date : _____

Declaration : Referrer has obtained the consent from applicant to provide the information above for SideBySide to review and process this application. Signature: _____

Please kindly send this application by mail/fax/email: Attention to Project-in-charge
 SideBySide, Project Oasis Address: 2/F, 402 Shanghai Street, Yau Ma Tei, Kowloon
 Tel. No.: 2384 3100 Fax No.: 2384 3155 Email : pic_oasis@sidebyside.org.hk