



Certificate of Disability Type for Healthy Teeth Collaboration (HTC)

Name of the HTC applicant: _____

Sex: M F

HK Identity Card No.: _____

<p><i>To be completed by the doctor</i></p> <p>This is to certify the above named HTC applicant is a person with</p> <p><input type="checkbox"/> intellectual disability</p> <p><input type="checkbox"/> autism spectrum disorder</p> <p><input type="checkbox"/> intellectual disability and autism spectrum disorder</p>	<p><i>To be completed by the person-in-charge of the rehabilitation service unit under the designated types of rehabilitation services[#]</i></p> <p>This is to certify the above named HTC applicant is a person with</p> <p><input type="checkbox"/> intellectual disability</p> <p><input type="checkbox"/> autism spectrum disorder</p> <p><input type="checkbox"/> intellectual disability and autism spectrum disorder</p> <p>and is a service user of our rehabilitation service unit under the following type of rehabilitation services[#]:</p> <p><input type="checkbox"/> Care and Attention Home for Severely Disabled Persons</p> <p><input type="checkbox"/> Hostel for Severely Mentally Handicapped Persons</p> <p><input type="checkbox"/> Hostel for Moderately Mentally Handicapped Persons</p> <p><input type="checkbox"/> Supported Hostel</p> <p><input type="checkbox"/> Integrated Vocational Training Centre (Residential Service)</p> <p><input type="checkbox"/> Day Activity Centre</p> <p><input type="checkbox"/> Sheltered Workshop</p> <p><input type="checkbox"/> Integrated Vocational Rehabilitation Services Centre</p> <p><input type="checkbox"/> Integrated Vocational Training Centre (Day Service)</p> <p><input type="checkbox"/> District Support Centre for Persons with Disabilities</p> <p><input type="checkbox"/> Day Care Service for Persons with Severe Disabilities</p>
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[#] Designated types of rehabilitation services include Care and Attention Home for Severely Disabled Persons, Hostel for Severely Mentally Handicapped Persons, Hostel for Moderately Mentally Handicapped Persons, Supported Hostel, Integrated Vocational Training Centre (Residential Service), Day Activity Centre, Sheltered Workshop, Integrated Vocational Rehabilitation Services Centre, Integrated Vocational Training Centre (Day Service), District Support Centre for Persons with Disabilities and Day Care Service for Persons with Severe Disabilities as listed in Social Welfare Department's site at <https://www.swd.gov.hk/tc/pubsvr/rehab>

Signature: _____

Name of Doctor / Person-in-charge of the
Rehabilitation Service Unit: _____

Name of Clinic /
Rehabilitation Service Unit: _____

Chop of Clinic /
Rehabilitation Service Unit: _____

Date : _____