



「仁濟傳心傳義基金」申請表

Application Form for Yan Chai Caring Fund for Severely Disabled

地址：荃灣仁濟街 7-11 號仁濟醫院 C 座 10 樓仁濟醫院董事局

Address : 10/F., Block C, Yan Chai Hospital, 7-11 Yan Chai Street, Tsuen Wan

電話 Tel : 8100 7711 傳真 Fax : 2412 0245

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請勿填寫 For Official Use Only

檔案編號：_____

請以正楷填寫及在合適的格內✓。 Please complete the form clearly and put a "✓" in appropriate boxes.

甲部 Section A

1. 申請人個人資料 (嚴重殘疾者)

Particulars of Applicant (Severely Disabled Person)

中文姓名 <i>Name in Chinese</i>	英文姓名 <i>Name in English</i>
出生日期 (日/月/年) <i>Date of birth (dd/mm/yy)</i> / /	香港身份證號碼 <i>HKID card no.</i> ()
性別 <i>Sex</i> <input type="checkbox"/> 男 <i>Male</i> <input type="checkbox"/> 女 <i>Female</i>	婚姻狀況 <i>Marital Status</i> <input type="checkbox"/> 單身 <i>Single</i> <input type="checkbox"/> 已婚 <i>Married</i> <input type="checkbox"/> 同居 <i>Cohabited</i> <input type="checkbox"/> 分居 <i>Separated</i> <input type="checkbox"/> 離婚 <i>Divorced</i> <input type="checkbox"/> 喪偶 <i>Widowed</i>
聯絡電話 <i>Telephone no.</i>	電郵地址 <i>Email address</i>
住址 <i>Residential address</i>	
職業 <i>Occupation</i>	每月工作收入 <i>Monthly working income</i> \$
機構名稱 <i>Company name</i>	機構地址 <i>Company address</i>

其他收入 *Other income* :

<input type="checkbox"/> 關愛基金 <i>Community care fund</i> \$ _____ (每月金額 <i>Monthly amount</i>)	<input type="checkbox"/> 從家人、親戚或朋友等收取的金錢 <i>Income from family members, relatives, friends, etc.</i> \$ _____ (每月金額 <i>Monthly amount</i>)
<input type="checkbox"/> 長者生活津貼/高齡津貼/傷殘津貼 <i>Old age living allowance/Old age allowance/Disability allowance</i> \$ _____ (每月金額 <i>Monthly amount</i>)	<input type="checkbox"/> 綜合社會保障援助 <i>CSSA</i>
<input type="checkbox"/> 為低收入的殘疾人士照顧者提供生活津貼試驗計劃 <i>Pilot scheme on living allowance for low-income carers of persons with disabilities</i> \$ _____ (每月金額 <i>Monthly amount</i>)	
<input type="checkbox"/> 嚴重肢體傷殘人士綜合支援服務 <i>Integrated support service for persons with severe physical disabilities</i> <input type="checkbox"/> 租用輔助呼吸醫療儀器特別津貼 <i>Special subsidy for renting respiratory support medical equipment</i> \$ _____ (每月金額 <i>Monthly amount</i>) <input type="checkbox"/> 購買醫療消耗品特別津貼 <i>Special subsidy for purchasing medical consumables</i> \$ _____ (每月金額 <i>Monthly amount</i>)	
<input type="checkbox"/> 其他慈善基金 <i>Other charitable fund(s)</i> (近 6 個月的領款紀錄 <i>Record(s) in the past 6 months</i>) 基金名稱 <i>Name of charitable fund(s)</i> _____ 最近 6 個月的領款總額 <i>Amount received in the past 6 months</i> \$ _____ 備註 <i>Remarks</i> _____	
<input type="checkbox"/> 在職家庭津貼計劃 <i>Working Family Allowance Scheme</i> \$ _____ (每月金額 <i>Monthly amount</i>)	<input type="checkbox"/> 退休金/長俸 <i>Retirement benefits/Pensions</i> \$ _____ (每月金額 <i>Monthly amount</i>)
<input type="checkbox"/> 其他每月收益 <i>Other monthly income</i> \$ _____ (來源 <i>Source</i> _____)	

2. 自我簡述傷殘情況**Brief Description of Disabilities**

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3. 家屬資料**Particulars of Family Members**

姓名 <i>Name</i>	年齡 <i>Age</i>	性別 <i>Sex</i>	與申請人關係 <i>Relationship with applicant</i>	職業 <i>Occupation</i>	每月收入 <i>Monthly income</i>	「綜援」受助人? <i>CSSA recipient?</i>	與申請人同住? <i>Whether residing with applicant?</i>
						<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
						<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
						<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
						<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
						<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
						<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
						<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>

合共 *Total* \$

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4. 住所資料**Accommodation Information**

<input type="checkbox"/> 公營租住房屋 <i>Public rental housing</i> <input type="checkbox"/> 私營租住房屋 <i>Private rental housing</i> 每月租金 <i>Monthly rent</i> \$ _____	<input type="checkbox"/> 自置居所 <i>Self-owned property</i> 按揭 <i>Mortgage</i> (如有 <i>if applicable</i>) : 每月供款 <i>Monthly mortgage payment</i> \$ _____
<input type="checkbox"/> 居所由僱主/親友提供 <i>Provided by employer/relative and friend</i> 詳情 <i>Details</i> _____	<input type="checkbox"/> 免租 <i>Rent free</i> 詳情 <i>Details</i> _____
<input type="checkbox"/> 其他 <i>Others</i> 詳情 <i>Details</i> _____	

5. 資產 (申請人與同住家屬)**Capital Assets (Applicant & family members living under the same roof)**

填上的內容以遞交此申請表時最近資料為準。 Please provide the information up to the date of submitting this application form.

現金 *Cash in hand*非自住物業 *Non-owner occupied property*總額 *Total amount* \$ _____總估值 *Total estimated value* \$ _____車輛、土地、股票、股份的投資及易於變換現金的財產 *Vehicle, land, investments in stocks, shares and readily liquidated assets*詳情及金額 *Details and amount* \$保險計劃的現金價值、年金計劃的投保保費金額 *Cash value of insurance policies, pre-surrender/surrender value of annuity schemes*詳情及金額 *Details and amount* \$其他資產 *Other assets*詳情及金額 *Details and amount* \$**6. 儲蓄及定期存款 (申請人與同住家屬)****Savings & Fixed Deposits (Applicant & family members living under the same roof)**

帳戶持有人姓名 <i>Name of account holder</i>	銀行名稱 <i>Bank name</i>	帳戶號碼 <i>Account number</i>	最近期結餘 <i>Recent balance (\$)</i>	結餘日期 <i>Date of the balance</i>
合共 <i>Total</i>			(\$)	

7. 申請人每月用在醫療及復康的經常支出**Monthly Expenses in Medical and Rehabilitation Items of Applicant**

基本的醫療與復康項目 (如醫療消耗品、醫療費、僱用照顧者開支、儀器保養費、特別膳食、外出求診等。) <i>Essential medical and rehabilitation items (e.g. purchase of medical consumables, medical charges, carer expenses, maintenance of equipment, special diet, transport to and from clinic/hospital, etc.)</i>		每月平均支出 <i>Average monthly expenditure</i>
1		
2		
3		
4		
合共 Total		(\$)

8. 照顧津貼**Caring Allowance**

成功申請者，每月可獲最高不超過港幣\$4,380 的資助額。 *The maximum amount of grant to each successful applicant is \$4,380 per month.*

申請每月資助額 *Grant amount requested per month* : \$ _____

倘你獲得照顧津貼，你會如何使用 *Please describe how to use the caring allowance as you were granted ?*

9. 申請原因**Reasons for Making Application**

10. 義務工作

Volunteer Service

「仁濟傳心傳義基金」的每分每毫都是靠籌款而來，倘你獲得資助，你願意義務參與「基金」的宣傳及籌募活動嗎？

Every dollar of the Yan Chai Caring Fund for Severely Disabled comes from donations and successful applicants may be invited to attend the fund-raising events.

Would you come and join us as you were granted?

- 我願意 *Yes, I do.* (刊物 *publication* / 單張 *leaflet* / 電視節目 *TV programmes* / 電台節目 *Radio programmes* /
 報章 *Newspaper* / 社交媒體 *Social media*)
- 我不願意 *No, I don't.*

11. 收取津貼 (只適用於領取臨時津貼)

Receiving subsidy (Applicable to receiving temporary allowance)

用以收取臨時津貼的銀行帳戶號碼 (請提供顯示帳戶持有人的英文姓名及帳戶號碼的月結單/存摺副本)。

Bank account number for receiving subsidy (Please provide copy of the monthly bank statement/passbook which shows the holder's english name and the account number).

病人的姓名 *Name of Patient:* _____

帳戶持有人的英文姓名 <i>Name of account holder</i>	銀行名稱 <i>Name of bank</i>	帳戶號碼 <i>Account number</i>

12. 聲明

Declaration

本人謹此聲明，所呈報之資料均屬正確無訛，並無遺漏，本人接受「申請須知」的所有內容及受其約束。

I hereby declare that the information given herein is true, correct and complete. I accept the terms and conditions of the Yan Chai Caring Fund for Severely Disabled and agree to be bound by them.

申請人或監護人的簽署/指模	姓名	日期
<i>Signature/Thumbprint of applicant or guardian</i>	<i>Name</i>	<i>Date</i>

如申請人年齡在 18 歲以下，申請表須由申請人的監護人簽署。

If an applicant is aged below 18, parent or legal guardian should act on his behalf to sign the application form.

13. 備忘

Checklist

在遞交申請之前，請檢查以下事項 *Before submitting your application, please check if you have:*

- ✓ 已填妥的申請表格 *complete the application form*
- ✓ 附上申請須知內所要求提交的文件副本 *supplies copies of documents stated in the terms and conditions*
- ✓ 已簽署申請表及填上日期 *signed and dated the application form*

請將填妥之表格及有關文件交回「仁濟傳心傳義基金」。

Please return the completed application form with all required documentation to "Yan Chai Caring Fund for Severely Disabled".

乙部 Section B 此部份只供社工填寫。倘填寫此部份時有疑問，請與本基金職員聯絡。*This part should be completed by social worker only. If you have any enquiries about this part, please contact us.*

14. 照顧系統

Care System

- 「主要照顧者」與「次要照顧者」是指會或將會為申請人提供照顧或協助的家人，包括父母、家屬或親人。*“Primary carer” and “secondary carer” refer to family members that offer or would offer care or assistance to the applicant, including parents, relatives and kins.*
- 如果申請人現正接受醫院或特殊學校寄宿服務，則以申請人回家渡假時或離開院舍後，會照顧申請人的家人為「主要照顧者」及「次要照顧者」。*If the applicant is receiving hospital treatment or boarding school service in special school, “primary carer” or “secondary carer” should be the family members who look after the applicant during his/her home leaves or after he/she is discharged from institution or hospital.*
- 倘若申請人沒有主要或次要照顧者，請於相關的「姓名」一欄填「無」。*If the applicant has no primary or secondary carer, please enter “No” in the corresponding “Name” field.*
- 「其他照顧者」是指會提供協助的鄰居、朋友，或受聘照顧申請人的家庭傭工，但不包括醫院或特殊學校寄宿職員。*Other carer(s) refers to the neighbours, friends, or employed domestic helpers who provide care to the applicant, but not staff of hospitals or boarding school service in special schools.*

照顧者類別 <i>Types of Carer</i>	姓名 <i>Name</i>	年齡 <i>Age</i>	關係 <i>Relationship</i>	與申請人同住? <i>Whether residing with the applicant?</i>	職業及工作時間 <i>Occupation and Working hour</i>	每週照顧時數 <i>Care hours per week</i>
主要照顧者 <i>Primary Carer</i>				<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>		
次要照顧者 <i>Secondary Carer</i>				<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>		
其他照顧者 (可多於一位) <i>Other carer(s)</i> <i>(may indicate more than one)</i>				<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>		
每週總照顧時數 <i>Total care hours per week</i>						

照顧系統所面臨的危機 *Risks Encountered by the Care System*

a) 主要照顧者年齡已達 60 歲或以上 <i>The primary carer is 60 years old or above</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
b) 主要照顧者健康轉差或有長期病患，以致無法照顧申請人 <i>The primary carer's health condition deteriorates and cannot look after the applicant</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
c) 主要照顧者為肢體傷殘人士、智障人士或嚴重精神病患者 <i>The primary carer is a physically/intellectually handicapped person or has severe mental illness</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
d) 主要照顧者出現情緒困擾 (例如：長期沮喪或抑鬱)，以致無法照顧申請人 <i>The primary carer is emotionally disturbed (e.g. prolonged depression) and cannot look after the applicant</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
e) 主要照顧者需同時照顧其他患有殘疾或長期病患的家庭成員，以致無法照顧申請人 <i>The primary carer has to take care of other disabled or chronically ill persons and cannot look after the applicant</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
f) 主要照顧者需長時間工作，且無能力安排其他照顧者照顧申請人 <i>The primary carer has long hour work and cannot make other care arrangement for the applicant</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
g) 申請人無法與家人及親友聯絡，亦無人可提供所需照顧 <i>The applicant loses contact with family or relatives and no one can provide care for the applicant</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
h) 申請人為社會福利署署長監護個案，並無家人或親友可提供所需照顧 <i>The applicant is a Ward of Director of Social Welfare and no family or relatives would provide care</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>

人際關係 <i>Interpersonal Relationship</i>		
i)	申請人在過去三個月內，曾至少兩次與家人或同住者發生嚴重衝突 <i>The applicant had at least two occasions of serious conflict with family member or inmate in the past three months</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
j)	申請人在過去三個月內，曾至少兩次滋擾鄰居而引致嚴重衝突 <i>The applicant had at least two occasions of serious conflict arising from disturbing the neighbours in the past three months</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
k)	申請人曾與家人發生嚴重衝突，並需接受精神科住院治療，至今家人仍拒絕接納申請人回家 <i>The applicant was hospitalized for psychiatric treatment due to serious conflict with family member. The latter still refuses to accept him/her returning home</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>

其他危機因素 <i>Other Risk Factors</i>		
l)	申請人被家人虐待或侵犯（包括身體虐待、心理虐待、性侵犯等） <i>The applicant is/was being physically/psychologically/sexually abused by family member</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
m)	申請人被其他人士虐待或侵犯（包括身體虐待、心理虐待、性侵犯等） <i>The applicant is/was being physically/psychologically/sexually abused by other person</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
n)	申請人被疏忽照顧 <i>The applicant is/was being neglected from care</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>

15. 現正接受的服務 Service that currently received		
服務類別 <i>Type of Service</i>	服務機構名稱 <i>Name of service provider</i>	平均每週接受服務的時數 <i>Average service hour received weekly</i>
學校服務 <i>School service</i>		
社區支援服務 <i>Community support</i>		
日間訓練服務 <i>Day training</i>		
住宿服務 <i>Residential service</i>		
住院服務 <i>In-patient treatment</i>		
每週總時數 Total hours per week		

16. 評估及推薦

Assessment & Recommendations

申請人的個案背景 *Applicant's case background*

轉介原因 *Reason for making referral*

17. 轉介機構確認

Confirmation from Referral Agency

申請人是否正在輪候入住「嚴重肢體傷殘人士宿舍」 *Is the applicant on the waiting list of "Hostel for Severely Physically Handicapped Persons" ?*

不是 *No* → 注意：合資格申請人必須為「嚴重肢體傷殘人士宿舍」的輪候者。

Attention : The eligible applicant must be the patient on the waiting list of "Hostel for Severely Physically Handicapped Persons".

是 *Yes* → 在遞交申請表時，請一併提交由「社會福利署康復服務中央轉介系統」提供的申請康復服務登記書 1A。

Copy of Form 1A (CRSRehab confirmation form) should be submitted together with the application form.

18. 轉介機構

Referral Agency

推薦人姓名 *Name of recommending officer*

職銜 *Position*

機構及辦事處名稱 *Name of agency and office*

電話 *Telephone no.*

電郵 *Email address*

傳真 *Fax no.*

地址 *Correspondence address*

簽署及機構印章 *Signature with chop*

日期 *Date*