

地址：荃灣仁濟街 7-11 號仁濟醫院 C 座 10 樓

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

2024-2025

請在適當方格內加上✓號 Please put a “✓” in the appropriate box

1. 申請人資料 Particulars of Applicant

申請人須提供身份證明文件 The applicant must provide identification documents

姓名 Name	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	香港身份證號碼/身份證明文件號碼 HKID Card no. / Identity document no.
出生日期(日/月/年) Date of birth (dd/mm/yy)	聯絡電話 Contact no.	
居住地址 Residential address (申請人須提供地址證明 Proof of residence is necessary for the applicant's application)		
健康狀況(請註明) Health condition (please specify)	職業 Occupation	
婚姻狀況 Marital status <input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 同居 Cohabited <input type="checkbox"/> 離婚 Divorced <input type="checkbox"/> 分居 Separated <input type="checkbox"/> 鰥寡 Widowed		

2. 不幸事故及申請理由 Details of past unfortunate incidents and the reasons for the application

<input type="checkbox"/> 死亡 Death 死者姓名 Name of deceased	<input type="checkbox"/> 暴力傷害(申請人須提供向警方作出書面口供的複本) Violence (please produce a copy of the written statement given to the police)
<input type="checkbox"/> 受傷 Injury 最新病假的完結日期(日/月/年) (申請人須提供病假證明) <input type="checkbox"/> 急病 Acute Disease End date of sick leave (dd/mm/yy) / / (Sick leave certificate must be produced)	<input type="checkbox"/> 火災/水災/自然災禍 Fire /Flood/Natural disaster
<input type="checkbox"/> 其他(請註明) Others (please specify)	
簡述在最近 12 個月內，有導致申請人出現經濟困難的不幸事故，請提供事故發生的日期、過程及預計受影響時期，事故是如何影響申請人及其家庭 Kindly outline any unfortunate occurrences within the past 12 months that have resulted in economic hardships for the applicant and their family. Please include the incident date, details, expected duration of impact and the consequences for the applicant and their family	

3. 申請項目 Application Item

本基金只提供一次性及基本的緊急援助，申請人須提供括號內所註明的文件 The Yan Chai Emergency Assistance Relief Fund provides one-time and basic emergency support only. Applicants are required to provide the documents specified in parentheses to our organization

- | | |
|---|---|
| <input type="checkbox"/> 殮葬援助(須提供殮葬報價單及死亡證明)
Funeral assistance (funeral quotation and death document) | <input type="checkbox"/> 災難援助(須提供受災的相片)
Disaster relief (photos of the damage) |
| <input type="checkbox"/> 家居援助(請註明需要)
Household assistance (please specify the need: _____) | <input type="checkbox"/> 租金援助(須提供住屋證明，例如租單及租約)
Rental aid (proofs of accommodation, e.g. rent receipt and tenancy agreement) |
| <input type="checkbox"/> 生活援助
Living support | <input type="checkbox"/> 其他
Others: _____ |

4. 家庭成員的資料 Information on Household Members

申請人有可能須提供以下人士的身份證明文件 The applicant may be required to provide identification documents for the following individuals

姓名 Name	與申請人關係 Relationship with applicant	年齡 Age	職業 Occupation	與申請人同住 Residing with applicant	持有香港身份證 HKID card holder	備註 Remarks
				<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
				<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
				<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
				<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	

5. 家庭每月收入 Monthly Household Income

申請人及家庭成員在過去 6 個月的收入 Income of the applicant and household members in the past 6 months

	____ / ____ 月 Month 年 Year	____ / ____ 月 Month 年 Year	____ / ____ 月 Month 年 Year	____ / ____ 月 Month 年 Year	____ / ____ 月 Month 年 Year	____ / ____ 月 Month 年 Year
申請人的收入 Applicant's income	\$	\$	\$	\$	\$	\$
家庭成員的總收入 Total income of household members	\$	\$	\$	\$	\$	\$

6. 經濟援助 Financial Assistance

申請人及家庭成員在過去 6 個月從政府及非政府機構獲得的經濟援助 Financial assistance received by the applicant and household members from government and non-governmental organizations in the past 6 months

有領取 Received	經濟援助名稱 Name of the financial assistance	援助時期 Duration of assistance	援助總額 Total amount of assistance	備註 Remarks
<input type="checkbox"/>	綜合社會保障援助金 CSSA 檔案編號 CSSA no. :			
<input type="checkbox"/>	其他(請註明) Others (please specify)			

7. 家庭總資產 Total Household Asset

申請人及家庭成員會被要求提供過去 6 個月的銀行存摺、銀行月結單及其他任何形式的資產證明文件 The applicant and household members will be required to provide bank passbooks, bank statements for the past 6 months, and any other forms of asset verification documents

總銀行存款 Total bank savings	總現金 Total cash in hand
保險及年金的總現金值 Total cash value of insurance & annuity	其他有價值的資產(請註明) Other assets (please specify)

8. 轉介機構 Referral Agency

本轉介表格只供機構填寫，如有任何疑問，請與本基金聯絡 This referral form is for institutional use only. If you have any queries, please contact us

機構及辦事處名稱 Name of agency & office	地址 Address
推薦人姓名 Name of recommending officer	職銜 Position
電話 Contact no.	傳真 Fax no.
日期 Date	簽署及印鑑 Signature & Chop

本表格於填妥後可透過傳真或郵寄方式遞交，申請所需的證明文件可待會面時由申請人直接向本基金出示

Upon completion of this referral form, kindly return it to our organization either by fax or mail

The applicant may present the necessary supporting documents to our organization in person during the meeting