

### 保密文件 Confidential

# **仁**濟醫院

## Referral Form for Yan Chai Emergency Assistance Relief Fund

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 傅真 Fax: 2412 0245 電郵 E-mail: fund@yanchai.org.hk

電郵 E-mail: fund@yanchai.org.hk 2025-2026 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

申請人必須提供身份證明文件 Applicants must provide identification do	ocuments		
	男 Male	■ ■香港身份證號碼/身份證明文件號码	馬
Name 🔲 -	女 Female	HKID Card no. / Identity document no.	
出生日期(日/月/年)		聯絡電話	
Date of birth (dd/mm/yy) / /		Contact no.	
居住地址(必須提交地址證明文件)			
Residential address (Please provide proof of address)			
健康狀況		職業	
Health condition		Occupation	
婚姻狀況 Marital status			
□單身 Single □已婚 Married □同居 Coha	bited	□離婚 Divorced □分居 Separate	d □鰥寡 Widowed
不幸事故及申請理由 Unfortunate Incidents	s and Aı	oplication Reasons	
□死亡 Death 死者姓名 Name of deceased		□暴力傷害(申請人須提供向警方作出書	面口供的複本)
200 South 765 August Marine of deceased		Violence assault (please produce a copy of the w	
□受傷 Injury 最近病假的結束日期(日/月/年)(	由挂人須担		□火災/水災/自然災禍
		(Sick leave certificate must be produced)	Fire /Flood/Natural disaster
□急病 Acute disease End date of sick leave (dd/mm/yy)/ □其他不幸事故	/	(Sick leave certificate must be produced)	File /Flood/Natural disaster
請簡要說明過去 12 個月內,有導致申請人出現經濟該事故對申請人及其家庭的影響 Briefly describe any unfort date, details, and expected impact period of the incident, as well as how it has a	unate incident	s that have caused financial hardship for the applicant	
申請項目 Application Item  本基金僅提供一次性及基本的緊急援助,申請人須提交括號內列 assistance. Applicants must submit the documents specified in parentheses  □ 險葬援助(須提供殮葬報價單及死亡證明)  Funeral assistance (funeral quotation and death document)  □ 家居援助(請註明需要)  Household assistance (please specify the need:		<ul> <li>C件 The Yan Chai Emergency Assistance Relief Fund</li> <li>□ 災難援助(須提供受災的相片)</li> <li>Disaster relief (photos of the damage)</li> <li>□ 租金援助(須提供住屋證明,例如租單</li> </ul>	
	)	Rental aid (proofs of accommodation. e.g. rent rec	
□ 生活援助	)	Rental aid (proofs of accommodation. e.g. rent rec  其他	

### 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 individ
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姓名	與申請人關係	年齡	職業	與申請人同住?	持有香港身份證?	備註	
Name	Relationship with applicant	Age	Occupation	Residing with applicant?	HKID card holder?	Remarks	
				□是 Yes □否 No	□是 Yes □否 No		
				□是 Yes □否 No	□是 Yes □否 No		
				□是 Yes □否 No	□是 Yes □否 No		
				□是 Yes □否 No	□是 Yes □否 No		
				□是 Yes □否 No	□是 Yes □否 No		
家庭每月收入 Monthly Household Income							

申請人及其家庭成員在過去 6 個月的收入 Income of the applicant and their household members over 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. 最近獲提供的經濟支援 Recently Provided 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

non governmentar organizations in the past o months			
經濟援助	援助詳情		
Financial assistance	Details of assistance		
綜合社會保障援助金CSSA			
檔案編號CSSA no.:			
其他(請註明援助名稱)			
Others (please specify the assistance name)			

#### 7. 家庭總資產 Total Household Asset

申請人及其家庭成員必須提供過去 6 個月的銀行存摺、銀行月結單及其他形式的資產證明文件。如在收到要求後兩週內未提交相關文件,有關申請將不獲受 理 Applicants and their family members are required to provide bank passbooks, monthly bank statements, and other forms of asset proof for the past 6 months. If the required documents are not submitted within two weeks of receiving the request, the application will not be accepted

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	其他有價值的資產(請註明)
Total cash value of insurance & annuity	Other assets (please specify)

#### 8. 轉介機構 Referral Agency

未轉介表格僅供機構填宽。如有任何疑問,請顧未其全職終 This referral form is for institutional use only. If you have any questions, please contact us

平特月农格里民被得失為 如为证的规则 明兴本至显哪治 This telefral form is for institutional use only, if you have any questions, piease contact us				
機構名稱		地址		
Name of agency		Address		
推薦人姓名		職街		
Referrer's name		Position		
電話	傳真		電郵	
Contact no.	Fax no.		E-mail	

填妥後的表格可透過傳真、郵寄或電郵方式提交,申請所需的證明文件可由申請人於會面時直接向本基金出示