仁濟醫院 Yan Chai Hospital

「仁濟緊急援助基金」轉介表

Referral Form for Yan Chai Emergency Assistance Relief Fund

保密文件 Confidential

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: 6916 0968　　傳真 Fax: 2412 0245　　電郵 E-mail: ycfund@yanchai.org.hk

2026-2027

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 documents

姓名 Name　☐男 Male ☐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(必須提交地址證明文件) Residential address (Please provide proof of address)	
健康狀況 Health condition	職業 Occupation
婚姻狀況 Marital status ☐單身 Single ☐已婚 Married ☐同居 Cohabited ☐離婚 Divorced ☐分居 Separated ☐鰥寡 Widowed	

2. 不幸事故及申請理由 Unfortunate Incidents and Application 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) Violence assault (please produce a copy of the written statement given to the police)
☐受傷 Injury ☐急病 Acute disease	最近病假的結束日期(日/月/年) (申請人須提供病假證明) End date of sick leave (dd/mm/yy)_____/_____/_____ (Sick leave certificate must be produced)	☐火災/水災/自然災禍 Fire /Flood/Natural disaster
☐其他不幸事故 Other unfortunate incident _____		

請簡要說明過去 12 個月內，有導致申請人出現經濟困難的不幸事故，並提供事故發生的日期、經過及預計影響時期，以及該事故對申請人及其家庭的影響 Briefly describe any unfortunate incidents that have caused financial hardship for the applicant in the past 12 months. Please provide the date, details, and expected impact period of the incident, as well as how it has affected the applicant and their family

3. 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出的相關文件 The Yan Chai Emergency Assistance Relief Fund provides only one-time and basic emergency assistance. Applicants must submit the documents specified in parentheses

☐ 殮葬援助(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: _____)

☐ 生活援助
Livelihood assistance

☐ 災難援助(須提供受災的相片)
Disaster relief (photos of the damage)

☐ 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)

☐ 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
				☐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	

5. 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

經濟援助 Financial assistance	援助詳情 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 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

本轉介表格僅供機構填寫。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 questions, please contact us

機構名稱 Name of agency	地址 Address	
推薦人姓名 Referrer's name	職銜 Position	
電話 Contact no.	傳真 Fax no.	電郵 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

The completed form can be submitted via fax/mail/e-mail. The applicant may present the required supporting documents directly to our organization during the meeting