



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”

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

保密文件 Confidential

2020 年援助申請

Assistance for the year 2020

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 Applicant is required to produce identity document

| | | |
|--|--|---|
| 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 accommodation is required to produce by applicant) | | |
| 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. 所發生的不幸事故及申請理由 Unfortunate Incident(s) and Reason for Applying

| | | |
|---|---|---|
| <input type="checkbox"/> 死亡 Death 死者姓名 Deceased name | <input type="checkbox"/> 火災/水災/自然災禍 Fire /Flood/Natural disaster | <input type="checkbox"/> 暴力(申請人須提供向警方作出書面口供的複本) Violence (please produce a copy of written statement made to 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"/> 其他(請註明) | |
| <input type="checkbox"/> 急病 Acute Disease Sick leave end date (dd/mm/yy) _____ / _____ / _____ (Sick leave certificate must be produced) | 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，其中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 Briefly describe the unfortunate incident that happened within the past 12 months which caused the applicant to have financial difficulties. Please provide the incident date, course and the duration of impact is expected, as well as how the incident influences the applicant and his/her family | | |

3. 申請項目 Application Items

本基金只提供一次性及基本的緊急援助，申請人須向本基金提供括號內所註明的文件 Applicant is required to produce the documents indicated in parentheses. Please note that the Fund only provides one-time and emergency assistance for purpose of basic needs.

- | | |
|---|--|
| <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 assistance (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 assistance (proofs of accommodation, e.g. rent receipt and tenancy agreement) |
| <input type="checkbox"/> 生活援助 Subsistence assistance | <input type="checkbox"/> 其他 Other: _____ |

4. 家庭成員 Particulars of Family Member(s)

申請人有可能須提供以下人士的身份證明文件 Depending on circumstances, applicant may be required to produce identity document for below member(s)

| 姓名 Name | 與申請人關係 Relationship with applicant | 年齡 Age | 職業 Occupation | 與申請人同住 Live 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 Income of Family

申請人及家庭成員在過去 6 個月的收入 Income of applicant and family member(s) 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 family member(s) | \$ | \$ | \$ | \$ | \$ | \$ |

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 applicant and family member(s), which provided by government and non-governmental organization(s) in the past 6 months

| 已領取 Received | 經濟援助名稱 Name of financial assistance | 援助時期 Receiving period 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 Comprehensive Social Security Assistance 檔案編號 CSSA no. : _____ | | | |
| <input type="checkbox"/> | 其他(請註明) Others (please specify) | | | |

7. 家庭總資產 Total Family 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 Applicant and his/her family member(s) may be asked to produce bank passbooks, bank statements and any other documentary proof of assets of the past 6 months

| | |
|---|--|
| 總銀行儲蓄 Total bank savings | 總現金 Total cash in hand |
| 保險計劃的總現金值 Total cash value of insurance policy | 其他有價值的資產(請註明) Other assets (please specify) |

8. 轉介機構 Referring Agency

此轉介表只供機構填寫，如有任何疑問，請與本基金聯絡 This referral form should only be completed by Agency. Should you have any enquiries, please contact us

| | |
|---------------------------------------|---------------------------|
| 機構及辦事處名稱 Name of agency & office | |
| 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 |

此轉介表在填妥後，可經傳真或郵寄方式交回本基金，申請所需證明文件待會面時由申請人直接向本基金提交
Completed form can be submitted by fax or post. All supporting documents required for the application only be produced by applicant during interview