

# 「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

2022-2023 年援助申請 Assistance for the year

2022-2023

# 請在適當方格內加上√號 Please put a "√" in the appropriate box

姓名						
		香港身份證號碼/身份證明文件號碼				
Name			HKID Card no. / Identity document no.			
出生日期(日/月/年)			聯絡電話			
Date of birth (dd/mm/yy)		<u>/</u>	Contact no.			
居住地址 Residential	address (申請人須提供地址證	E明 Proof of accommodation is re	quired to produce by applicant	t)		
健康狀況(請註明)			職業			
Health condition (please sp	pecify)		Occupation			
婚姻狀況 Marital stat	us					
□單身 Single	□已婚 Married	□同居 Cohabited	□離婚 Divorced	□分居 Separated	□鰥寡 Widowed	
. 曾發生的不幸	事故及申請理由 Ui	nfortunate Inciden	t and Reason for	Applying		
□死亡 Death 死:	者姓名 Name of deceased	□火災/水災/自然災	岡 □暴力傷害(申請	人須提供向警方作出書	面口供的複本)	
		Fire /Flood/Natural disaster	Violence (please pro	oduce a copy of written staten	nent made to police)	
□受傷 Injury	最新病假的完結日期	月(日/月/年)(申請人須提住	共病假證明)	□其他(請註)	明)	
□急病 Acute Disease	Sick leave end date (dd/mm/yy	(Sic	k leave certificate must be pro-	duced) Others (please	e specify)	
	course and the duration of impact i	•	••	•		
. 申請項目 App	lication Items					
				=	; indicated in parentheses. Please note th	
本基金只提供一次性。 "Yan Chai Emergency Ass	及基本的緊急援助,申請人多	s one-time and emergency assistan			s indicated in parentheses. Please note th	
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#### 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	與申請人關係	年龄	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	

#### 5. 家庭每月收入 Monthly Family Income

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	/	/	/
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	經濟援助名稱	援助時期	援助總額	備註
Received	Name of financial assistance	Receiving period of assistance	Total amount of assistance	Remarks
	綜合社會保障援助金CSSA			
	檔案編號CSSA no.:			
	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

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總銀行儲蓄	總現金		
Total bank savings	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 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

20月升农人仍然得买周 太月四月发日 明天年至显明的 11115101111111111111111111111111111111	na omy se completed by rigency. Should you have any enquiries, please contact as
機構及辦事處名稱	地址
Name of agency & office	Address
推薦人姓名	職街
Name of recommending officer	Position
電話	傳真
Contact no.	Fax no.
日期	簽署及印鑑
Date	Signature & Chop