

2. 家屬資料

Particulars of Family Members

姓名 <i>Name</i>	年齡 <i>Age</i>	性別 <i>Sex</i>	與申請人關係 <i>Relationship with the applicant</i>	職業 <i>Occupation</i>	每月收入 <i>Monthly income</i>	「綜援」受助人? <i>CSSA recipient?</i>	與申請人同住? <i>Whether residing with the applicant?</i>
						<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
						<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
						<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
						<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
						<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>	<input type="checkbox"/> 是 <i>Yes</i> <input type="checkbox"/> 否 <i>No</i>
合共 <i>Total</i>					\$		

3. 住所資料

Accommodation Information

<input type="checkbox"/> 公營租住房屋 <i>Public rental housing</i> <input type="checkbox"/> 私營租住房屋 <i>Private rental housing</i> 每月租金 <i>Monthly rent</i> \$ _____	<input type="checkbox"/> 自置居所 <i>Self-owned property</i> 按揭 <i>Mortgage</i> (如有 <i>if applicable</i>) : → 每月供款 <i>Monthly mortgage payment</i> \$ _____
<input type="checkbox"/> 居所由僱主/親友提供 <i>Provided by employer/relative and friend</i> 詳情 <i>Details</i> _____	<input type="checkbox"/> 免租 <i>Rent free</i> 詳情 <i>Details</i> _____
<input type="checkbox"/> 其他 <i>Others</i> 詳情 <i>Details</i> _____	

4. 資產 (申請人與同住家屬)

Capital Assets (Applicant & family members living under the same roof)

填上的內容以遞交此申請表時最近資料為準。 *Please provide the information up to the date of submitting this application form.*

現金 <i>Cash in hand</i> 總額 <i>Total amount</i> \$ _____	非自住物業 <i>Non-owner occupied property</i> 總估值 <i>Total estimated value</i> \$ _____
車輛、土地、股票、股份的投資及易於變換現金的財產 <i>Vehicle, land, investments in stocks, shares and readily liquidated assets</i> 詳情及金額 <i>Details and amount</i> \$ _____	
保險計劃的現金價值、年金計劃的投保保費金額 <i>Cash value of insurance policies, pre-surrender/surrender value of annuity schemes</i> 詳情及金額 <i>Details and amount</i> \$ _____	
其他資產 <i>Other assets</i> 詳情及金額 <i>Details and amount</i> \$ _____	

5. 儲蓄及定期存款 (申請人與同住家屬)				
Savings & Fixed Deposits (Applicant & family members living under the same roof)				
帳戶持有人姓名 <i>Name of account holder</i>	銀行名稱 <i>Bank name</i>	帳戶號碼 <i>Account number</i>	最近結餘 <i>Recent balance \$</i>	結餘日期 <i>Date of the balance</i>
合共 Total			\$	

6. 申請人每月用在醫療及復康的經常支出		
Applicant's Regular Monthly Expenditure in Medical and Rehabilitation Items		
基本的醫療與復康項目 (如醫療消耗品、醫療費、僱用照顧者開支、儀器保養費、特別膳食、外出求診等。) <i>Essential medical and rehabilitation items (e.g. purchase of medical consumables, medical charges, carer expenses, maintenance of equipment, special diet, transport to and from clinic/hospital, etc.)</i>	每月平均支出 <i>Average monthly expenditure</i>	
a)		
b)		
c)		
d)		
e)		
合共 Total		\$

7. 最近申請「仁濟永強全癱病人基金」紀錄 (如適用)		
Records of Recent Application for Yan Chai Tetraplegic Fund (if applicable)		
年份 Year	摘要 Description	受助金額 Amount \$
2021		
2022		

首次申請「仁濟永強全癱病人基金」的年份 *First Year of Application for Yan Chai Tetraplegic Fund* : _____ (年 Year)

8. 申請項目
Types of Application
<i>Application must be accompanied by a recommendation certifying the applicant's need issued by a medical officer, therapist or relevant professionals.</i>
請提供由醫生、治療師或相關專業人士對以下申請項目的推薦信。

8.1 醫療 / 復康用具 <i>Medical / Rehabilitation appliance</i> (請提供報價資料 <i>Please provide quotation(s)</i>)										
報價要求 <i>Quotation requirement</i> :										
<table border="1"> <thead> <tr> <th>申請項目銀碼 <i>Amount of application item</i></th> <th>須出示以下數目的報價單 <i>Number of quotation(s) required</i></th> </tr> </thead> <tbody> <tr> <td>≤ \$8,000</td> <td>1 份報價單 <i>1 quotation</i></td> </tr> <tr> <td>> \$8,000 - \$35,000</td> <td>2 份不同供應商的報價 <i>2 quotations from different suppliers</i></td> </tr> <tr> <td>> \$35,000 - \$60,000</td> <td>3 份不同供應商的報價 <i>3 quotations from different suppliers</i></td> </tr> <tr> <td>> \$60,000</td> <td>4 份不同供應商的報價 <i>4 quotations from different suppliers</i></td> </tr> </tbody> </table>	申請項目銀碼 <i>Amount of application item</i>	須出示以下數目的報價單 <i>Number of quotation(s) required</i>	≤ \$8,000	1 份報價單 <i>1 quotation</i>	> \$8,000 - \$35,000	2 份不同供應商的報價 <i>2 quotations from different suppliers</i>	> \$35,000 - \$60,000	3 份不同供應商的報價 <i>3 quotations from different suppliers</i>	> \$60,000	4 份不同供應商的報價 <i>4 quotations from different suppliers</i>
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≤ \$8,000	1 份報價單 <i>1 quotation</i>									
> \$8,000 - \$35,000	2 份不同供應商的報價 <i>2 quotations from different suppliers</i>									
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> \$60,000	4 份不同供應商的報價 <i>4 quotations from different suppliers</i>									

申請項目 <i>Application item(s)</i>	金額 <i>Amount</i>
a)	
b)	
c)	
d)	
e)	
合共 <i>Total</i>	\$

8.2 臨時津貼 *Temporary allowance*

臨時津貼可用於外傭工資、暫顧服務及醫療消耗品等。

Temporary allowance in coping with special needs, e.g. expense of domestic helper, occasional care, medical consumable items, etc.

申請項目 <i>Application item(s)</i>	每月金額 <i>Monthly amount</i>
a)	
b)	
c)	
d)	
e)	
f)	
	每月總共 <i>Monthly total</i> \$

8.3 家居改裝費用 *Home modifications expenses*

請提供由治療師或相關專業人士對以下申請項目的推薦信。

Application must be accompanied by a recommendation certifying the applicant's need issued by a therapist or relevant professionals.

申請項目 <i>Application item(s)</i>	金額 <i>Amount</i>
a)	
b)	
	合共 <i>Total</i> \$

8.4 其他申請 *Others*

請提供由相關專業人士對以下申請項目的推薦信。

Application must be accompanied by a recommendation certifying the applicant's need issued by relevant professionals.

申請項目 <i>Application item(s)</i>	金額 <i>Amount</i>
a)	
b)	
	合共 <i>Total</i> \$

9. 申請原因

Reasons for Making Application

10. 義務工作

Volunteer Service

「仁濟永強全癱病人基金」的每分每毫都是靠籌款而來，倘你獲得資助，你願意義務參與「基金」的宣傳及籌募活動嗎？

Every dollar of the Yan Chai Tetraplegic Fund comes from donations and successful applicants may be invited to attend the fund-raising events. Would you come and join us as you were granted?

- 我願意 *Yes, I do.* (刊物 *publication* / 單張 *leaflet* / 電視節目 *TV programmes* / 電台節目 *Radio programmes* / 報章 *Newspaper* / 社交媒體 *Social media*)
- 我不願意 *No, I don't.*

11. 收取津貼 (只適用於領取臨時津貼)

Receiving subsidy (Applicable to receiving temporary allowance)

用以收取臨時津貼的銀行帳戶號碼 (請提供顯示帳戶持有人的英文姓名及帳戶號碼的月結單/存摺副本)。

Bank account number for receiving subsidy (Please provide copy of the monthly bank statement/passbook which shows the holder's english name and the account number).

病人的姓名 *Name of Patient*: _____

帳戶持有人的英文姓名 <i>Name of account holder</i>	銀行名稱 <i>Name of bank</i>	帳戶號碼 <i>Account number</i>

醫療器材的資助一般是以支票發放，不會存入銀行戶口。

Grant for any medical/rehabilitation appliance will be in the form of cheque payable to the respective supplier.

12. 聲明

Declaration

本人謹此聲明，所呈報之資料均屬正確無訛，並無遺漏，本人接受「申請須知」的所有內容及受其約束。

I hereby declare that the information given herein is true, correct and complete. I accept the "terms and conditions" of the Yan Chai Tetraplegic Fund and agree to be bound by them.

申請人或監護人的簽署/指模	姓名	日期
<i>Signature/Thumbprint of applicant or guardian</i>	<i>Name</i>	<i>Date</i>

如申請人年齡在 18 歲以下，申請表須由申請人的監護人簽署。

If an applicant is aged below 18, parent or legal guardian should act on his behalf to sign the application form.

13. 備忘

Checklist

在遞交申請之前，請檢查以下事項 *Before submitting your application, please check if you have:*

- ✓ 已填妥的申請表格 *complete the application form*
- ✓ 附上申請須知內所要求提交的文件副本 *supplies copies of documents stated in the terms and conditions*
- ✓ 已簽署申請表及填上日期 *signed and dated the application form*

請將填妥之表格及有關文件於 2022 年 10 月 15 日或之前交回「仁濟永強全癱病人基金」。

Please return the completed application form with all required documentation to "Yan Chai Tetraplegic Fund" on or before 15 October 2022.

乙部 Section B

(由轉介機構填寫 to be completed by referring agency)

如非有合理理由，此部份只供醫務社工/醫護專業人員填寫。倘填寫此部份時有疑問，請與本基金職員聯絡。

If there is no reason, this part should be completed by a medical social worker/medical profession only. If you have any enquiries about this part, please contact us.

14. 轉介機構評估及推薦

Assessment & Recommendations by Referring Agency

申請人的個案背景 *Applicant's case background*

申請人的需要 *Needs of applicant*

轉介原因 *Reason for making referral*

15. 申請人的活動能力及日常生活活動

Applicant's mobility and Activities of Daily Living

項目 <i>Activities</i>	分數 <i>Scores</i>	內容 <i>Descriptions</i>
進食 <i>Eating</i>	10	<input type="checkbox"/> 自己在合理時間內(約 10 秒鐘吃一口飯)進食 <i>Independent in eating within reasonable time</i>
	5	<input type="checkbox"/> 需別人幫忙穿脫輔具或只會用湯匙進食 <i>Needs help in cutting, wearing tools or requires modified diet</i>
	0	<input type="checkbox"/> 無法自行取食或耗費時間過長 <i>Unable to eat without feeding or taking too much time</i>
洗澡 <i>Bathing</i>	5	<input type="checkbox"/> 可獨立完成，不需別人在旁(不論是盆浴或淋浴) <i>Independent in shower or bath</i>
	0	<input type="checkbox"/> 需別人協助 <i>Needs help</i>
個人衛生 <i>Personal Hygiene</i>	5	<input type="checkbox"/> 可獨立完成洗臉、洗手、刷牙及梳頭髮 <i>Independent in cleaning face/hands/teeth/hair</i>
	0	<input type="checkbox"/> 需別人協助 <i>Needs help</i>
穿脫衣服 <i>Dressing</i>	10	<input type="checkbox"/> 可自行穿脫衣服、褲子、鞋子、及輔具等 <i>Independent in dressing(including buttons, zips, laces, etc.)</i>
	5	<input type="checkbox"/> 在別人協助下，可自行完成一半的動作 <i>Needs help but can do about half unaided</i>
	0	<input type="checkbox"/> 需別人協助 <i>Needs help</i>
如廁 <i>Toileting</i>	10	<input type="checkbox"/> 可自行進出廁所，穿脫衣服及可自行清理便盆 <i>Independent on and off toilet, wiping or dressing</i>
	5	<input type="checkbox"/> 需別人協助保持姿勢的平衡、整理使用物品及清理 <i>Needs some help in balancing or cleaning</i>
	0	<input type="checkbox"/> 完全依賴 <i>Dependent</i>
排便/排尿控制 <i>Bowel/ Bladder Control</i>	10	<input type="checkbox"/> 日夜皆不會失禁 <i>Continent</i>
	5	<input type="checkbox"/> 偶而會失禁(每週不超過一次) <i>Occasional accident (not more than once a week)</i>
	0	<input type="checkbox"/> 不能自主排便/尿，或需使用尿管/灌腸劑 <i>Unable to manage alone or catheterized or given enemas</i>
移位 (輪椅與床位間的移動) <i>Transferring (Bed/wheelchair mobility)</i>	15	<input type="checkbox"/> 可獨立完成 <i>Independent</i>
	10	<input type="checkbox"/> 需要稍微的協助(需要口頭指導或輕扶以保持平衡) <i>Minor help in transferring (verbal or physical)</i>
	5	<input type="checkbox"/> 可自行從床上坐起來，但移位時仍需要人幫忙 <i>Major help in transferring, can sit with balance</i>
	0	<input type="checkbox"/> 需別人協助可坐起來或需要兩人幫忙方可移位 <i>Unable to sit or need two people to transfer</i>
移動 <i>Ambulating</i>	15	<input type="checkbox"/> 使用或不使用輔具皆可獨立行走 45 米以上 <i>Independent but may use tools for over 45 metres</i>
	10	<input type="checkbox"/> 要稍微扶持或口頭指導方可行走 45 米以上 <i>Walk with help (verbal or physical) over 45 metres</i>
	5	<input type="checkbox"/> 可獨自操縱輪椅(包括轉彎、進門) 行走 45 米以上 <i>Wheelchair independent, including corners over 45 metres</i>
	0	<input type="checkbox"/> 需別人協助推輪椅 <i>Immobile or need help with wheelchair</i>
上下樓梯 <i>Using stairs</i>	10	<input type="checkbox"/> 可自行上下樓梯(允許抓扶手、用拐杖) <i>Independent (with handrails or aids)</i>
	5	<input type="checkbox"/> 需稍微協助或口頭指導 <i>Needs help (verbal, physical, carrying aids)</i>
	0	<input type="checkbox"/> 無法上下樓梯 <i>Unable</i>
總分 <i>Total scores</i> :		

請在合適方格上加✓ Put a "✓" in appropriate boxes

16. 轉介機構

Referring Agency

推薦人姓名 <i>Name of recommending officer</i>	職銜 <i>Position</i>
電話 <i>Telephone no.</i>	傳真 <i>Fax no.</i>
機構及辦事處名稱 <i>Name of agency and office</i>	
地址 <i>Correspondence address</i>	
簽署及機構印章 <i>Signature with chop</i>	日期 <i>Date</i>

丙部 Section C

(由轉介機構給予申請人的主診醫生填寫 to be completed by Medical Officer of the applicant)

Medical Assessment Form
Application for Yan Chai Tetraplegic Fund

Name of Patient: _____ HKID No.: _____ ()

Yan Chai Tetraplegic Fund provides financial assistance for tetraplegic patients with spinal injury at or above level 5 of cervical spine or equivalent disability. This is to refer the above-named to you for your recommendation of application for Yan Chai Tetraplegic Fund. Grateful if you would give your assessment.

1. Nature of illness

[Empty box for nature of illness]

2. Is this patient with spinal injury at or above level 5 of cervical spine or equivalent disability?

- Yes (If yes, it represents the applicant is eligible to apply for financial assistance. Please go to Q3.)
No (If no, it represents the applicant is not eligible to apply for financial assistance. Please go to Q6.)

3. Description of disabilities

[Empty box for description of disabilities]

4. Is patient having the following functional disability?

Table with 3 columns: Question, Yes, No, Remarks (if applicable). Rows include: Bed mobility, Bowel and bladder routine, Bathing, Wheelchair transfer, Wheelchair mobility.

5. The patient requires constant care from others?

- No Yes (Duration of requiring constant care: Permanent Temporary (No. of months))

6. Any comments/recommendations

[Empty box for comments/recommendations]

Name of Medical Officer: _____

Date: _____

(Authorized signature with chop)

Put a "checkmark" in appropriate boxes