

This project is sponsored by Chow Tai Fook Charity Foundation

Please call us for preliminary eligibility screening before submitting this form.

Case Ref. : _____

 1st appl.
 ____ app.

D.O.R : _____

1. Information of Applicant [Please in the appropriate boxes]

Name: _____	(Chinese)		(English)
Date of Birth: _____	(DD/MM/YYYY)	Gender : <input type="checkbox"/> M <input type="checkbox"/> F	Age: _____
HKID Number: _____	Telephone : _____	(Home)	(Mobile)
Address: _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed			

2. Service request (Applicant can choose more than one option)

 Emergency Grant Ordinary Grant [Please complete Part 4 and 6 if any funding support is requested]

 Psychological First-aid Grief Counselling Volunteer Visit Others: _____

 Current service received: IFSC School Social Work Service Medical Social Service

 Others: _____

3. Reasons for application

4. Financial Condition [Please include all the family members who are living together with the applicants]

4.1 Monthly Income

Family Members		Relationship	Gender	Age	Living together?	Occupation	Monthly Salary	Remark
No.	Name							
1		Applicant	/	/	/		HK\$	
2							HK\$	
3							HK\$	
4							HK\$	
5							HK\$	
6							HK\$	

4.2 Asset [For applicant requests financial support, please fill in this part]

Family Members No. (Refer to Part 4.1)	Details of Asset Item (e.g. Saving account, securities and/or insurance etc.)	Value in HKD	Remark
		HK\$	
		HK\$	
		HK\$	
		HK\$	
		HK\$	
		HK\$	
		HK\$	
Total Family Asset		HK\$	

Note: The household income of applicant should not exceed the 75% percentile of Median Monthly Domestic Household Income (MMDHI). The total amount of household asset should not exceed the 1.5x of the asset limit of Comprehensive Social Security Assistance (CSSA).

5. Is the applicant / applicant's family receiving / applying other funds or financial assistance? Yes (Please complete the following table) No

Applying	Receiving	Name of Funds / Financial Assistance	Amount
<input type="checkbox"/>	<input type="checkbox"/>	Comprehensive Social Security Assistance CSSA File Number : _____	HK\$ _____ /month
<input type="checkbox"/>	<input type="checkbox"/>	Disability Allowance	HK\$ _____ /month
<input type="checkbox"/>	<input type="checkbox"/>	Others (please specify) :	HK\$ _____ / month or <input type="checkbox"/> one-off

6. Grant amount requested [For applicant who requests for emergency and/or ordinary grant only]

Nature		Estimated request	Office Use Only Granted amount
E.	Emergency Grant	HK\$	HK\$
1.	Basic Living Assistance (e.g. Furniture and appliances / removal subsidy / rental allowance or transportation expenses etc.)	HK\$	HK\$
2.	Medical and Care Assistance (e.g. Health care support / community support / medical expenses / psychological treatment etc.)	HK\$	HK\$
3.	Educational and Child Care Assistance (e.g. Educational expenses / interest classes / examination fees / tutorial class fee / school uniform etc.)	HK\$	HK\$
4.	Others (please specify):	HK\$	HK\$
5.	Total Amount Requested	HK\$	HK\$

7. Declaration

- I agree to provide my personal data for the purpose of project service application. I solemnly and sincerely declare that all the information on this form is correct. I understand that the deliberate provision of false information or omission of information in order to obtain the Chow Tai Fook Charity Foundation by deception is a criminal offence. In addition to the consequences of being ineligible for this Fund, I am liable to conviction of imprisonment for maximum of 10 years under the Theft Ordinance, Chapter 210.
- I promise that the approved grant would be spent in the designated categories of assistance and to return any unspent grant to the project office.
- I understand and agree that the staff of project office would contact the referring officers / social worker and applicants. Home visits or office interviews would be arranged accordingly for conducting income and asset test and evaluating the urgency. The project offices reserve the right of final decision making for all application.
- I understand that the assistance from Chow Tai Fook Charity Foundation overlaps with Comprehensive Social Security Assistance (CSSA). Hence I agree that the responsible worker will inform the Social Welfare Department – Field Unit for this application and arrange subsequent deduction from my / my family's CSSA accounts.

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Applicant's Signature

Name

Date

Note: According to the Personal Data (Privacy) Ordinance, personal data provided by you to the project office and Chow Tai Fook Charity Foundation for providing assistance to you and research purpose. Your data will be kept confidential.

8. Particular of Referrer [Please complete this part if the application was referred by other agencies]

Name of Referrer:	Position:	Agency Chop and Countersign:
Service Provided by Referrer:		
Name of Agency:		
Office Tel:	Fax:	

Office Use Only

The Project Office approved / disapproved* the application for the following reasons:

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Signature of Approving Officer

Name

Date

Family in Crisis Support Project

List of Supporting Document for requesting Financial Assistance

Please complete the application form and sent to the respective project office by fax or by mail according to the residential address of the applicant with the photocopy of the following supporting document (please ensure that the copies are clear and readable).

1. Information on Personal Identity

- Applicant's Hong Kong Identity Card **Remark 1**
- Hong Kong Identity Card / Birth Certificate of all family members **Remark 1**
- Document proof of Student identity (e.g. Student Card / Student Handbook etc.)
- Death Certificate of the deceased family member (for case that involved death of family member only)

Remark 1: Please provide other document that could prove the identity of Hong Kong Resident if no ID card / BC could be provided.

2. Information on Household Income

- Income proof of the applicant in the past 6 months **Remark 2**
- Income proof of the family members in the past 6 months **Remark 2**
- Document proof of Comprehensive Social Security Assistance (CSSA) (if any)
- Document proof of Disability Assistance (if any)

Remark 2: Example: Payment Advice, Income or pension statement that provided by the employer etc. Please provide the demission certificate if the applicant / family members leave the job.

3. Information on Household Asset and Address Proof

- Address Proof (For family who lived in Public Rental Housing (PRH) Unit, please provide the copy of tenancy agreement; For other families, please provide the copy of the tenancy agreement and utility bills.
- All bankbook record that showed the transactions **in the past six months** OR the bank statements in the past six months. The copy of the bankbook should include the page that printed that name of the account holder and the account number. (Please provide the document proof for all bank accounts that were active, opened or closed within the past six months)
- The document proof of all investment items owned by the applicants or family members. The document must show the monetary value of those investment items. (e.g. Year / month / quarter statements of insurance / securities / bonds / fund).
- Other document proof of asset including but not limited to property, parking space or other bank account / assets out of Hong Kong.
- Letters of administration that showed the assets or debts of the deceased (for case that involved death of family member only)

4. Other information

- Medical Appointment Slips (for case that required financial needs that caused by the illness of family members)

Important Notice:

1. Applicants are required to provide all the above documents. If the relevant documents are unavailable, declaration is required to prove its truthfulness.
2. Information that not listed above could be requested by the project office when necessary.
3. The progress on handling the application would be affected if the applicant could not provide the necessary document.

Please call the project office if you have any enquiries related to the project.

Hong Kong Family Welfare Society – Tel: 2772 2322 Fax: 2775 2221

Address: 1/F, Shun Lai House, Yau Lai Estate, Yau Tong, Kowloon