

9. Receiving Service(s) from Social Welfare Department, Hospital Authority or non-governmental organizations?

☐ No ☐ Yes (Please fill in the table below)

| Name of Applicant or Household Members | Name of Organization | Type of Service Received | Duration |
|--|----------------------|--------------------------|----------|
| | | | |
| | | | |
| | | | |

Part C Applicant's Public Hospital Specialist Out-patient Clinics (Psychiatry) Appointment Information

Name of Specialist Out-patient Clinics (Psychiatry): _____

Date of New Case Appointment : _____

(Please attach relevant documents as proof)

Part D Applicant's Declaration and Guarantee

I (Applicant) _____ / (Parent / Guardian*) _____ hereby declare that I have read the application guidelines, the declaration, and the notes on page 4 of this form and understand the content; the information provided is true and complete, otherwise, I must return the approved subsidy to the "Psychiatric Medical Subsidy and Community Support Project" and the project has the right to refuse future applications from me or my family.

(* Please delete as appropriate)

Applicant : _____
(Signature)

Applicant's³ Parent / Guardian : _____
(Signature)

Date : _____

Part E Preference for Matching with Private Psychiatrist in the Program⁴ (This section is to be filled out by the referring organization)

☐ If the applicant is approved for the subsidy, it is suggested the follow up by the private psychiatrist :
(Name)_____.

☐ If the applicant is approved for the subsidy, please match the applicant with a private psychiatrist by project's staff.

Part F Referrer's Commitment to Support the Project (This section is to be filled out by the referring organization)

Referrer _____ must commit to conducting a service needs assessment for the beneficiary and assisting in referring the beneficiary to the Integrated Community Centre for Mental Wellness or other support services in their district if the applicant is approved for subsidy. The referrer should encourage the applicant and, if applicable, their family members or caregivers to participate in at least one community support activity organized by the Project.

³ If the applicant is under 18 years old, their parent or guardian must sign this declaration.

⁴ Please tick as appropriate after the discussion with the applicant, and/or their parent/guardian to express their wishes. The suggestion is for reference only during the matching process by the project staff, and the project reserves the final decision on matching.

Part G Referring Organization / School Recommendation and Review

(This section is to be filled out by the referring organization)

| | |
|--|--|
| Our organization / school has verified the application content and clearly understands the applicant's need for financial assistance. | |
| 1. Referrer Signature : _____ Name : _____ (Please fill in block letters) Title : _____ Tel No. : _____ Fax No. : _____ Email : _____ | 2. Review <i>(to be filled out by the referrer's supervisor, if applicable)</i> Signature : _____ Name : _____ (Please fill in block letters) Title : _____ Tel No. : _____ Fax No. : _____ Date : _____ |
| <u>Stamp of Organization / School →</u> | |

Part H Submission of Application Documents and Checklist

(This section is to be filled out by the referring organization)

1. The following documents MUST be submitted:

- a. ☐ Completed application form with required information (Please ensure Parts E, F, and G are fully completed and stamped. The **original** should be submitted to the project office, and a **copy** should be kept by the referring organization)
- b. ☐ **Copy** of Hong Kong Birth Certificate or Hong Kong Identity Card
- c. ☐ **Copy** of proof of family income (recent consecutive 3 months' payslips issued by the employer for the applicant and household members, and/or a self-declaration of income, stating the amount of monthly income for the recent consecutive 3 months (method of payment), position, full-time/part-time, etc., signed by the declarant; or other documents that help with the approval process)
- d. ☐ **Copy** of proof of family assets (recent consecutive 3 months' bank account statements/passbooks for the applicant and household members, showing the account holder's name and number; or other documents that help with the approval process)
** If the applicant is a CSSA recipient, only the medical fee waiver certificate (showing the applicant's name) or the approval notice for "Comprehensive Social Security Assistance" and the recent consecutive 3 months' bank account statements/passbooks showing the CSSA amount are required.*
- e. ☐ **Copy** of proof of new case appointment of public hospital Specialist Out-patient Clinics (Psychiatry)
- f. ☐ **Copy** of proof of correspondence address, such as bank statements, CSSA notification letters, water/electricity/gas bills, etc.

2. The following documents should be submitted based on the applicant's situation

- a. ☐ **Copy** of documents related to the health status of the applicant and their family members
- b. ☐ Other documents that help with the approval process (Please specify : _____)
- c. ☐ Is the applicant currently receiving treatment from a private psychiatrist / clinical psychologist?
☐ No ☐ Yes Please provide **copy** of relevant proof documents, such as clinic receipt/referral letter, etc.
(Please specify : _____)

3. **Remarks** (Referrer can provide additional information that helps with the approval process, such as the relationship between the applicant and their family, economic status, etc.)

Part I Recommendation and Approval

(This section is to be filled out by the Project Office)

The application of _____ for the "Psychiatric Medical Subsidy and Community Support Program" is

☐ recommended

☐ not recommended (remarks) : _____

Head of Professional Services/Supervisor/Social Work Supervisor : _____
(Signature)

Date : _____

Declaration and Notes:

1. This project is jointly funded by Chow Tai Fook Medical Foundation, Shih Wing Ching Foundation, Kerry Group and The Lui Pak Wei Charitable Trust.
2. **【Personal Information Collection Statement】** This project collects the applicant's personal data for review purposes. If necessary, the project may collect the applicant's personal data from other organizations, individuals, and groups to execute the subsidy approval process or disclose the relevant information due to legal, government, and regulatory requirements, including holding, using, transferring, or disclosing the applicant's personal data to the following parties in a confidential manner: i) any referring organization or administrative or service organization related to the project's operation; ii) other charitable funds and relevant approval committees and their members. According to the Personal Data (Privacy) Ordinance, if the applicant wishes to access or amend the personal data on this form, please contact the project staff at 3552-5286. If the requested information is not general information, the program reserves the right to charge a handling fee for processing such inquiries.
3. According to the Prevention of Bribery Ordinance (Cap. 201) of Hong Kong, any person who offers, solicits, or accepts any advantage (such as money, gifts, etc.) in connection with the submission or processing of this application may commit a bribery offense. Anyone convicted of a bribery offense may be fined up to \$500,000 and imprisoned for up to 7 years.
4. **【Disclaimer】** Any person (including volunteers) shall act according to his/her physical health conditions as well as follow the relevant guidelines of the Association and guidance from staff / person in-charge of the activities when using the Association's services, providing services for the Association, participating in the activities of the Association, or assisting the Association in organizing activities. The Association is not liable for any injury or damage caused by non-compliance with the relevant guidelines/guidance or force majeure.
5. If submitting the application by mail, please pay sufficient postage. The mailing address is **2/F, New Life Building, 332 Nam Cheong Street, Shek Kip Mei, Kowloon**, and write the full name **"Psychiatric Medical Subsidy and Community Support Program"** on the envelope. The program does not accept applications submitted by email or fax.
6. The association reserves all final decision rights regarding any disputes arising from the decisions made for this project and its operation.
7. In the event of any conflict or inconsistency between the Chinese and English versions, the Chinese version shall take precedence.