

綜合社會保障援助計劃 Comprehensive Social Security Assistance Scheme  
申請表 Application Form

檔案編號 Casefile ref.

調查員 Investigating Officer

1. 申請人的個人資料 Applicant's personal data

中文姓名 Name in Chinese

英文姓名 Name in English

中文姓名電碼 Name in CCC

身分證明文件號碼 Identity document no.

身分證明文件類別 Type of identity document

身分證明文件簽發日期 Date of issue of identity document

身分證明文件首次簽發日期 Date of first issue of identity document

首次抵港日期 Date of first arrival in Hong Kong

婚姻狀況 Marital status

性別 Sex

出生地點 Place of birth

出生日期 Date of birth

年齡 Age

銀行帳戶資料(自動轉帳用) Bank account particulars (for auto-payment)

帳戶名稱 Account name

銀行 Bank code

分行 Branch code

帳戶號碼 A/C no.

電話號碼 Telephone no.

住址 Residential address

通訊地址 Correspondence address

2. 家庭成員的個人資料 Family members' personal data

中文姓名 Name in Chinese / 中文姓名電碼 Name in CCC	英文姓名 Name in English	身分證明文件號碼 Identity document no./ 身分證明文件類別 Type of identity document	身分證明文件簽發日期 Date of issue of identity document/ 身分證明文件首次簽發 日期 Date of first issue of identity document	首次抵港日期 Date of first arrival in HK	性別 Sex	出生日期 Date of birth	年齡 Age	與申請人關係 Relationship with applicant	婚姻狀況 Marital status

3. \*監護人/受委人的個人資料 \*Guardian's / Appointee's personal data

中文姓名 Name in Chinese

英文姓名 Name in English

中文姓名電碼 Name in CCC

身分證明文件號碼 Identity document no.

身分證明文件類別 Type of identity document

與申請人關係 Relationship with applicant

電話號碼 Telephone no.

通訊地址 Correspondence address

4. 受託人的個人資料 Agent's personal data

中文姓名 Name in Chinese

英文姓名 Name in English

中文姓名電碼 Name in CCC

身分證明文件號碼 Identity document no.

身分證明文件類別 Type of identity document

與申請人關係 Relationship with applicant

電話號碼 Telephone no.

通訊地址 Correspondence address

5. 資產 Capital assets

(a) 現金 Cash in hand

姓名 Name	金額(元) Amount (\$)	日期 Date

(b) 銀行儲蓄 Savings in bank

帳戶名稱 Account name	帳戶號碼 Account no.	最近期結餘(元) Last balance (\$)	日期 Date of last balance

(c) 股票, 股份的投資及易於變換現金的財產 Investments in stocks, shares and readily realizable assets

姓名 Name	金額(元) Amount (\$)	日期 Date

(d) 貴重財物 Valuable possessions

姓名 Name	金額(元) Amount (\$)	日期 Date

*申請人/監護人/受委人 *簽名/指模 *Signature / Thumbprint of *applicant/guardian/appointee		見證人 *簽名/指模 *Signature / Thumbprint of witness		見證人姓名 Name of witness		日期 Date
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(e) \*土地/自住物業/非自住物業 \*Land/owner occupied property /non-owner occupied property

姓名 Name	金額 (元) Amount (\$)	日期 Date

(f) 其他 Others

姓名 Name	資產資料 Description of assets	金額 (元) Amount (\$)	日期 Date

總金額 (元) Total amount (\$)

### 6. 住屋開支 Accommodation expenses

(a) 租金/自住樓宇按揭還款開支 Rent/Mortgage payment for self-owned flat

日期 Period: 由 From – 至 To	每月 (元) Monthly amount (\$)	每月其他開支 (元) Monthly other payment (\$)	租金包括水費 Including water charges	樓房類別 Type of accommodation

(b) 水費/排污費 Water charges/Sewage charges

日期 Period: 由 From – 至 To	共用水錶人數 No. of persons sharing a water meter

(c) 電話費 Telephone charges

日期 Period: 由 From – 至 To	電話公司名稱 Telephone Company Name	共用人數 Shared By	類別 Type	每月費用 (元)(非標準收費適用) Monthly amount (\$) (For non standard charges)

### 7. 教育/幼兒中心繳費資料 Education/Child care centre expenses

(i) 學校日常開支 General expenses

姓名 Name	育嬰園/幼兒園/學校名稱 Name of pre/nursery/school	課程 Level of education	讀班級 (如適用) Class (if applicable)	全日制 Full day / 半日 Half day / 夜 校 Evening	每月費用 (元) Monthly fee per month (\$)	繳費期間 Period covered From – 至 To	向學生資助辦事處申請 有關津貼 Application for Financial Assistance from Student Financial Assistance Agency

(ii) 全日制學生的午膳津貼 Meal allowance for full-day student

姓名 Name	日期 Period: 由 From – 至 To	上學模式 School attendance

(iii) 日間幼兒園/日間育嬰園供應的膳食 Meals provided by DN/DC

姓名 Name	日期 Period: 由 From – 至 To	膳食餐數 Meal pattern

### 8. 交通費用 Travel expenses

姓名 Name	目的 Purpose	日期 Period: 由 From – 至 To	路線 Route	每月次數 No. of trips per month	單程費用 Fare per trip	每月支出(元) Total amount per month (\$)

### 9. 其他支出 Other expenses

姓名 Name	項目 Items	日期 Period: 由 From – 至 To	金額 (元) Amount (\$)

### 10. 申請人及其家庭成員從所有來源的收入 Income of applicant and household members from all sources

(a) 從就業所得的收入 From employment

從申請前就業所得的收入 From previous employment

姓名 Name 僱主姓名 Name of employer

職業 Occupation

離職日期 Date of termination of last employment

最後支薪日期 Date of payment of last pay 最後支薪金額 (元) Amount of last pay (\$)

代通知金付款日期 Date of payment of in lieu of notice 代通知金額 (元) Amount of payment in lieu of notice (\$)

退休金付款日期 Date of payment for Retirement Benefit 退休金額 (元) Amount of payment for retirement benefit (\$)

從現時就業所得的收入 From current employment

姓名 Name 僱主姓名 Name of employer

職業 Occupation

開始工作日期 Date of commencing work 每月平均收入 Average income per month

每月工作日數 Working days per month

每月工作時數 Working hours per month

離職日期 Date of termination of last employment

最後支薪日期 Date of payment of last pay 最後支薪金額 (元) Amount of last pay (\$)

代通知金付款日期 Date of payment in lieu of notice 代通知金額 (元) Amount of payment in lieu of notice (\$)

退休金付款日期 Date of payment for Retirement Benefit 退休金額 (元) Amount of payment for retirement benefit (\$)

*申請人/監護人/受委人 *簽名/指模 *Signature / Thumbprint of *applicant/guardian/appointee	見證人 *簽名/指模 *Signature / Thumbprint of witness	見證人姓名 Name of witness	日期 Date

## Income Detail

日期 Period (MM/YYYY)	每月金額 (元) Monthly Amount (\$)	強積金扣減金額 (元)MPF Deduction Amount (\$)	其他扣減金額 (元) Other Deduction Amount (\$)	淨金額 (元) Monthly Net Amount (\$)	類別 Type

## (b) 從庇護工作獲得的收入 From sheltered work

## 從現時就業所得的收入 From current employment

姓名 Name

庇護工場名稱 Name of workshop

日期 (由) Period from (MM/YYYY)

日期 (至) Period to (MM/YYYY)

開始工作日期 Date of commencing work

每月平均薪金(元) Average wage per month (\$)

每月平均獎勵金(元) Average incentive payment per month (\$)

每月平均交通津貼 (元) Average transportation allowance per month (\$)

每月其他平均津貼 (元) Average other allowance per month (\$)

農曆新年花紅 (元) Chinese New Year bonus (\$)

離職日期 Date of termination of last employment

最後支薪日期 Date of payment of last pay

最後支薪金額 (元) Amount of last pay (\$)

代通知金付款日期 Date of payment in lieu of notice

代通知金額 (元) Amount of payment in lieu of notice (\$)

退休金付款日期 Date of payment for retirement benefit

退休金 (元) Amount of payment for retirement benefit (\$)

## (c) 親友的捐贈 Contribution from relatives/friends

收款人姓名 Name of recipient	親友姓名 Name of relatives/friends	關係 Relationship	日期 Period: 由 From – 至 To	每月金額 (元) Amount per month (\$)

## (d) 退休金 Pension

姓名 Name	日期 Period: 由 From – 至 To	每月金額 (元) Amount per month(\$)

## (e) 慈善基金 Charitable fund

收款人姓名 Name of recipient	慈善基金名稱 Name of charitable fund	收取日期 Date of receipt	金額 (元) Amount (\$)

## (f) 其他來源 Other sources

收款人姓名 Name of recipient	項目 Items	日期 Period: 由 From – 至 To	金額 (元) Amount (\$)

## 11. 健康狀況 Health condition

姓名 Name	健康狀況 Health condition	疾病 / 傷殘性質 Nature of illness / disability

## 12. 入住政府或受資助院舍或醫院管理局轄下的醫療機構或被拘禁 Admission to government/subvented residential institution/medical residential institution under the Hospital Authority/Imprisonment

## (a) 醫院 Hospital

姓名 Name	醫院名稱 Name of hospital	入院日期 Date of admission	出院日期 Date of discharge

## (b) 院舍 Institution

姓名 Name	院舍名稱 Name of institution	日期 Period: 由 From – 至 To	院費 Home Charge Amount	院租 Home Rent Amount

## 13. 旅遊證件及離港記錄 Travel document and record of absence from Hong Kong

## (a) 旅遊證件 Travel document

姓名 Name	證件類別及號碼 Document type & number	簽發日期 Date of issue	有效期至 Date of expiry

## (b) \*自取得香港居民身分/自申請前一年至今在旅遊證件上的離港記錄 Record of absence since \*acquiring Hong Kong residence status/one year before the date of application as shown in the travel document

姓名 Name	離港日期 Date of departure	抵港日期 Date of arrival	日數 No. of days

(c) \*自取得香港居民身分/自申請前一年至今在旅遊證件上沒有記錄的離港日數約共\_\_\_\_\_天

\_\_\_\_\_day(s) of absence since \*acquiring Hong Kong residence status/one year before the date of application not shown in the travel document

(b) + (c) 總共(天) Total absence (days)\_\_\_\_\_

(For office use: verify absence and reset date of eligibility, if applicable)

## 14. 福利服務的需要 Welfare needs

姓名 Name	福利需要 Welfare needs

## 15. 其他資料 Other information

*申請人/監護人/受委人 *簽名/指模 *Signature / Thumbprint of applicant/guardian/appointee	見證人 *簽名/指模 *Signature / Thumbprint of witness	見證人姓名 Name of witness	日期 Date

File Ref. No. \_\_\_\_\_ Completion Date &amp; Time \_\_\_\_\_

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## 16. 聲明及保證 Declaration & undertaking

本人(即下方簽署人)現聲明據本人所知,本表以上所列各項有關\*本人/申請人\*及本人/及申請人的其他家庭成員的家庭狀況(已向本人宣讀,本人亦完全明白)是正確無訛。

I, the undersigned, DECLARE that to the best of my knowledge and belief, the information and statement given in the above sections (which has been read over to me and well understood by me) is true and is a complete and accurate statement of \*my/the applicant's circumstances and those of the other members of \*my/the applicant's household.

如以上表內所列的資料有任何改變(不論屬永久性或暫時性),或\*本人/申請人\*或本人/或申請人的任何家庭成員離開香港,本人將從速向社會福利署具報。

I undertake to report immediately to the Social Welfare Department any changes (being permanent or temporary) in the particulars contains herein. I further undertake to report immediately to the Social Welfare Department if \*I/ the applicant or any member of \*my/the applicant's household leave Hong Kong.

本人完全明白並同意社會福利署因為\*本人/申請人申請綜合社會保障援助及社會福利署提供的其他服務而需要索取有關資料。本人亦同意該等記錄及資料可以被提交社會福利署轄下其他單位、有關的政府部門及其他非政府機構,以方便\*本人/申請人向社會福利署提出的各項申請。本人亦明白可以向社會福利署查閱該等資料及作出修改。

I fully understand the purpose and agree to the Social Welfare Department obtaining information from me for the purpose of applying for Comprehensive Social Security Assistance. I agree that these data and other related information contained in subsequent case records or social enquiry reports can be shared with other Social Welfare Department offices or government departments or related non-governmental organizations to facilitate \*my/the applicant's application for assistance and service from the Social Welfare Department. I understand that I can approach the Social Welfare Department on personal data access and data correction matters.

本人承諾會通知\*本人/申請人的家庭成員及其他有關人士,他們的個人資料已提供予社會福利署作本申請用途。

I undertake to inform the other members of \*my/the applicant's household or other relevant persons that their personal data have been provided to the Social Welfare Department for the purpose of this application.

本人同意社會福利署就\*本人/申請人領取綜合社會保障援助事而進行有關的調查,包括向入境事務處、各政府部門、銀行及其他團體、人士索取\*本人/申請人和其他家庭成員的個人資料及記錄(例如\*本人/申請人和其他家庭成員的出入境電腦資料)用來進行資料核對程序。本人亦同意該等政府部門、銀行及其他團體、人士將所需資料及記錄提供予社會福利署。

I consent to any investigations into the circumstances relating to \*my/the applicant's receipt of Comprehensive Social Security Assistance being carried out by the Social Welfare Department, including but not limited to asking the Immigration Department, other government departments, banks and other parties to match \*my/the applicant's personal data relating to \*my/the applicant's receipt of Comprehensive Social Security Assistance with \*my/the applicant's personal data held by such other departments or such other parties (such as travel records held on the computer) and those of the other members of my/the applicant's household. I also consent to such government departments, banks and parties providing the requested data and records to the Social Welfare Department.

\*本人/申請人\*及本人/及申請人的任何家庭成員並無向社會福利署申請或領取\*綜合社會保障援助/公共福利金。

No application for \*Comprehensive Social Security Assistance/Social Security Allowance has been made by \*me/the applicant nor \*am I or is any other member of my household/is the applicant or is any other member of the applicant's household receiving \*Comprehensive Social Security Assistance/Social Security Allowance from the Social Welfare Department.

如\*本人/申請人\*或本人/或申請人的任何家庭成員入住政府或受資助院舍或醫院管理局轄下的醫療機構或被拘禁,本人將從速向社會福利署具報。

I undertake to report immediately to the Social Welfare Department \*my/the applicant's admission to a government or subvented residential institution or medical residential institution under the Hospital Authority or imprisonment and those of the other members of \*my/the applicant's household.

本人\*同意/不同意援助金直接存入申請人的銀行帳戶。(只適用於十五歲至十七歲心智健全的申請人而其申請須由監護人或受委人簽署)。

I \*agree/do not agree that the assistance be paid directly into the applicant's bank account (applicable only to mentally sound applicants aged 15-17 whose applications have to be signed by guardian/appointee).

本人同意社會福利署從\*本人/申請人/受託人的銀行帳戶\_\_\_\_\_取回任何多領的款項。

I agree to the Social Welfare Department to recover any overpayment received by \*me/the applicant from \*my/the applicant's/the agent's bank account No. \_\_\_\_\_ held for \*my/the applicant's use and benefit.

本人亦同意\_\_\_\_\_ (銀行名稱) 從\*本人/申請人/受託人上述的銀行帳戶,扣除經社會福利署核實多領的款項。

I also agree to \_\_\_\_\_ (Name of bank) to debit \*my/the applicant's/the agent's bank account as specified above from time to time with any amount certified by the Social Welfare Department as overpayment.

本人明白如本人蓄意或存心提供不正確資料或隱瞞任何事項,或錯誤引導社會福利署,以圖獲得現金援助,將有被檢控的可能。

I understand that if I knowingly or wilfully make any false statement or withhold any information, or otherwise mislead the Social Welfare Department for the purpose of obtaining payments, it will render me liable to prosecution.

以上聲明,已向本人宣讀,本人亦完全明白。

The above statement has been read over to me and well understood by me.

\*申請人/監護人/受委人 \*簽名/指模

\*Signature / Thumbprint of

\*applicant/guardian/appointee

見證人 \*簽名/指模

\*Signature / Thumbprint of witness

見證人姓名

Name of Witness

調查員簽名

Signature of investigating officer

調查員姓名及職級

Name and rank of investigating officer

日期

Date

## 17. 鄭重聲明 Solemn declaration

本人\_\_\_\_\_鄭重聲明,本份申請表格上的資料全屬正確。本人明白凡蓄意提供虛假資料或漏報資料以騙取綜合社會保障援助金(綜援)乃屬**刑事行爲**,除可導致\*本人/申請人喪失領取綜援的資格外,並可能根據香港法例第 210 章<盜竊罪條例>而被起訴。任何觸犯盜竊罪的人士,循公訴程序定罪後,可判監禁 10 年。

I, \_\_\_\_\_, solemnly and sincerely declare that all the information on this application form is correct.

I understand that the deliberate provision of false information or omission of information in order to obtain Comprehensive Social Security Assistance (CSSA) by **deception** is a **criminal offence**. In addition to the consequence of being ineligible for CSSA, I may be subjected to prosecution under the Theft Ordinance (Cap. 210). Any person who commits theft shall be liable on conviction upon indictment to **imprisonment for 10 years**.

\*申請人/監護人/受委人 \*簽名/指模

\*Signature / Thumbprint of

\*applicant/guardian/appointee

見證人 \*簽名/指模

\*Signature / Thumbprint of witness

見證人姓名

Name of witness

日期

Date

\*請刪去不適用字句 Delete whichever is inappropriate

*申請人/監護人/受委人 *簽名/指模 *Signature / Thumbprint of *applicant/guardian/appointee	見證人 *簽名/指模 *Signature / Thumbprint of witness	見證人姓名 Name of witness	日期 Date
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