

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*

身份證明文件號碼 *Identity document no.*

身份證明文件類別 *Type of identity document*

身份證明文件簽發日期 *Date of issue of identity document*

身份證明文件首次簽發日期 *Date of first issue of identity document*

取得香港居民身分日期 *Date of acquiring Hong Kong resident status*

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*

分行 *Branch code*

帳戶號碼 *A/C no.*

銀行 *Bank code*

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	身份證明文件號碼 Identity document no./ 身份證明文件類別 Type of identity document	身份證明文件簽發日期 Date of issue of identity document/ 身份證明文件首次簽發 日期 Date of first issue of identity document	取得香港居民身 分日期 Date of acquiring Hong Kong resident status	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*

身份證明文件號碼 *Identity document no.*

身份證明文件類別 *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. 代理人的個人資料 **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*

身份證明文件號碼 *Identity document no.*

身份證明文件類別 *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(包括在香港、澳門、內地或海外所擁有的資產) **Capital assets (including those in Hong Kong, Macau, the Mainland or overseas)**

(a) 現金 *Cash in hand*

姓名 <i>Name</i>	金額(元) <i>Amount (\$)</i>	日期 <i>Date</i>

(b) 銀行儲蓄 *Bank savings*

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

(c) 保險計劃的現金價值、股票及股份的投資及易於變換現金的資產 *Cash value of insurance policy, investments in stocks and shares and readily realizable assets*

姓名 <i>Name</i>	金額(元) <i>Amount (\$)</i>	日期 <i>Date</i>

(d) 貴重財物 *Valuable possessions*

姓名 <i>Name</i>	金額(元) <i>Amount (\$)</i>	日期 <i>Date</i>

(e) \*土地/自住物業/非自住物業\* *\*Land/owner occupied property/non-owner occupied property*

姓名 <i>Name</i>	金額(元) <i>Amount (\$)</i>	日期 <i>Date</i>

*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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(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

(a) 學校日常開支 General expenses

姓名 Name	幼兒中心/幼稚園/學校名 稱 Name of child care centre/kindergarten/school	就學程度 Level of education	就讀班級 (如適用) Class (if applicable)	全日制 Full day / 半日 制 Half day / 夜校 Evening	每月學費(元) School fee per month (\$) 每月堂費(元) Tong fee per month (\$)	繳費期間 由 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	學前教育學券持有人 Pre-primary Education Voucher Holder

(b) 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

(c) 幼兒中心供應的膳食 Meals provided by child care centre

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 (\$)

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

*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

(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

日期 (由) Period from (MM/YYYY)

開始工作日期 Date of commencing work

庇護工場名稱 Name of workshop

日期 (至) Period to (MM/YYYY)

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

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

最後支薪金額 (元) Amount of last pay (\$)

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

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

(c) 親友的津助 Contributions from relatives and friends

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

(d) 退休金 / 長俸 Retirement benefits / Pensions

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. 入住住宿院舍 / 醫院管理局轄下的醫療機構或被拘禁 Admission to residential institution/medical residential institution under the Hospital Authority or Imprisonment

(a) 入住醫院記錄 Record of Hospitalization

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) 入住院舍記錄 Record of Institutionalization

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

(c) 被拘禁記錄 Record of Imprisonment

姓名 Name	懲教院所名稱 Name of correctional institution	由 From	至 To

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	有效日期至 Date of expiry

(b) 申請前一年內的離港記錄 Absence from Hong Kong during the year immediately before application

(i) 顯示在旅遊證件上的離港記錄 Record of absence 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

(ii) 沒有顯示在旅遊證件上的離港日數 Number of days of absence not shown in the travel document

姓名 Name	日數 No. of days	此欄由本署填寫 For Office use only
		Total no. of days of absence from Hong Kong [(b)(i)+(b)(ii)] (reset the date of eligibility, where necessary)

14. 福利需要 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

## 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申報。

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.

本人已閱讀最後頁「收集個人資料聲明書」,並明白其內容。

I have read the "Personal Information Collection Statement" at the last page and understand its content.

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 and 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\*及本人/及申請人的其他家庭成員的個人資料及記錄(例如\*本人/申請人\*及本人/及申請人的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/or any other member of \*my/the applicant's household nor \*am I/is the applicant/or is any other member of \*my/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或離開住宿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申報。

I undertake to report immediately to the Social Welfare Department \*my/the applicant's admission to or discharge from a 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).

本人明白社會福利署有權從\*本人/申請人\*及本人/及申請人的任何家庭成員每月可得的援助金中扣除經社會福利署核實的多領款項。

I understand that the Social Welfare Department has the right to deduct from \*my/the applicant's monthly entitlements \*and those of the other members of \*my/the applicant's household any amount certified by the Social Welfare Department as overpayment.

本人同意社會福利署從\*本人/申請人/代理人的銀行帳戶\_\_\_\_\_取回任何多領款項。本人亦同意\_\_\_\_\_ (銀行名稱)從\*本人/申請人/代理人上述的銀行帳戶,扣除經社會福利署核實的多領款項。

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. 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(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,本人可能因觸犯盜竊罪條例(香港法例第210章)而被起訴。任何觸犯盜竊罪的人士,一經定罪,最高可被判入獄十四年。

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 am liable on conviction to **imprisonment for a maximum of 14 years** under the Theft Ordinance, Chapter 210.

\*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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## **收集個人資料聲明書**

向社會福利署提供個人資料之前，請先細閱本聲明書。

### **收集資料的目的**

1. 社會福利署(社署)會使用你所提供的個人資料，向你提供你所需要的適當援助或服務，包括但不限於監察及檢討各項服務、進行研究及調查，以及履行法定職責。向社署提供個人資料，純屬自願。如你未能提供足夠的個人資料，本署可能無法處理你的申請或向你提供援助/服務。

### **可能經由社署轉介資料的人士的類別**

2. 你所提供的個人資料，會供本署在工作上需要知道該等資料的職員使用。除此之外，本署職員在需要時亦只會向下列有關方面或在下列情況披露該等資料：

- (a) 其他涉及評定你的申請，或向你提供服務/援助的有關方面，例如政府決策局/部門、非政府機構及公用事業公司；或
- (b) 由法律授權或法律規定須向其披露資料的有關方面；或
- (c) 你會同意向其披露資料的有關方面。

### **查閱個人資料**

3. 除了《個人資料(私隱)條例》規定的豁免範圍之外，你有權就社署備存有關你的個人資料提出查閱及改正要求。不過，在一般情況下，如收集資料的目的已經完成，本署會刪除有關的個人資料。在條例內訂下的查閱權利是指在繳付所需費用後，取得你的個人資料的複本一份。查閱資料要求須以申請表格或書信提出。你可到社署各辦事處/中心索取查閱資料申請表格。

### **對你申請的服務的查詢、查閱及改正個人資料的要求**

4. 請確保你向社署提供的資料正確無誤。如你對所提交的援助/服務申請有任何查詢，或對所提供的資料有任何更改，亦請聯絡向你收集資料的辦事處。

5. 如果你希望查閱你的個人資料，以及在查閱個人資料後要求改正所得的資料，請向下列人士提出：

職位名稱：(所屬社會保障辦事處主任)

地址：(所屬社會保障辦事處地址)

電話：(所屬社會保障辦事處電話)

## **Personal Information Collection Statement**

Please read this notice before you provide any personal data to the Social Welfare Department

### **Purposes of Collection**

1. The personal data supplied by you will be used by the Social Welfare Department (SWD) to provide appropriate assistance or service from SWD which is relevant to your needs, including but not limited to monitoring and review of services and conducting of research and surveys, and for discharging statutory duties. The provision of personal data to SWD is voluntary. If you do not provide sufficient personal data, we may not be able to process your application or provide assistance/service to you.

### **Classes of Transferees**

2. The personal data you provide will be made available to persons working in SWD on a need-to-know basis. Apart from this, they may only be disclosed to the relevant parties or in the circumstances listed below :-

- (a) Other parties such as government bureaux / departments, non-governmental organizations and public utility companies if they are involved in the assessment of application from or provision of service/assistance to you;
- (b) Where such disclosure is authorized or required by law ; or
- (c) Where you have given consent to such disclosure.

### **Access to Personal Data**

3. Except where there is an exemption provided under the Personal Data (Privacy) Ordinance, you have a right of access to and correction of personal data held on you when the data have not been erased. However, data will usually be erased after fulfilling the purposes of collection. Your right of access under the Ordinance means the right to obtain a copy of your personal data subject to payment of a fee. Applications for access to data should be made either on application form or by a letter. Application forms for access to data are available at offices/centres of SWD.

### **Enquiries, Access to and Correction of Personal Data**

4. Please ensure that the data you provide to SWD are accurate. If you have enquiries concerning your application for assistance/service or if there are changes in the data you provide, please contact the office which collected the data from you.

5. Requests for access to personal data collected by SWD and correction of data obtained from a data access request should be addressed to –

Post title: (Supervisor of the Social Security Field Unit concerned)

Address: (Address of the Social Security Field Unit concerned)

Tel. No: (Telephone number of the Social Security Field Unit concerned)