

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

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 Name	金額(元) Amount (\$)	日期 Date

(b) 銀行儲蓄 Bank savings

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

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(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 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

(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

(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 Period covered 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

(b) 從庇護工作獲得的收入 From Sheltered Work

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(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/醫院管理局轄下所有的公立醫院及機構或被拘禁 Admission to residential institutions/all public hospitals and institutions under the Hospital Authority or Imprisonment

(a) 入住公立醫院及機構記錄 Record of Admission to Public Hospital and Institution

姓名 Name	公立醫院及機構名稱 Name of public hospital and institution	入院日期 Date of admission	出院日期 Date of discharge

(b) 入住院舍記錄 Record of Admission to 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

(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 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

14. 福利需要 Welfare needs

姓名 Name	福利需要 Welfare needs

15. 其他資料 Other information

\*本人 / 申請人 / 家庭成員\_\_\_\_\_自取得香港居民身份至申請日前, \*已 / 尚未在香港居住滿 309 天。

\*I have / have not [The \*applicant / family member, \_\_\_\_\_ \*has / has not] resided in Hong Kong for at least 309 days since acquiring Hong Kong resident status to the date prior to the date of application.

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\*及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 circumstances \*and those of the other members of 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\*或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 \*or any member of household leave Hong Kong.

本人已閱讀最後頁「收集個人資料聲明」, 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 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\*及的其他家庭成員的個人資料及記錄 (例如\*及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 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 personal data relating to receipt of Comprehensive Social Security Assistance with 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 household. I also

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consent to such government departments, banks and parties providing the requested data and records to the Social Welfare Department.

本人\*及本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 \*or any other member of household nor \*or is any other member of household receiving \*Comprehensive Social Security Assistance/Social Security Allowance from the Social Welfare Department.

如\*或的任何家庭成員入住或離開住宿院舍或醫院管理局轄下所有的公立醫院及機構或被拘禁，本人將從速向社會福利署申報。

I undertake to report immediately to the Social Welfare Department admission to or discharge from residential institutions or all public hospitals and institutions under the Hospital Authority or imprisonment \*and those of the other members of 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\*及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 monthly entitlements \*and those of the other members of 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 from \*my/the applicant's/the agent's bank account no. \_ held for my 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.

\*簽名/指模

\*Signature / Thumbprint of

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)乃屬刑事行為，除可導致本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.

\*簽名/指模

\*Signature / Thumbprint of

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

#SignCTitle# *簽名/指模 *Signature / Thumbprint of	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

向社會福利署提供個人資料\*之前，請先細閱本聲明。

### 收集資料的目的

1. 社會福利署（社署）及／或獲社署提供津助／資助的非政府機構，或由社署委託的非政府機構，將會使用你所提供的個人資料，向你／申請人及／或你／申請人的家人提供你／申請人及／或你／申請人的家人所需要的及由社署及／或上述非政府機構提供的援助或服務，包括（但不限於）用於監察和檢討各項服務、處理有關你／申請人及／或你／申請人的家人所獲得服務的投訴、進行研究及調查、製備統計數字、履行法定職責等。向社署提供個人資料純屬自願。不過，如果你未能提供所要求的個人資料，本署可能無法處理你的申請或向你／申請人及／或你／申請人的家人提供援助／服務。

### 可能獲轉移資料者

2. 你所提供的個人資料，會按需要知道的原則提供給在本署工作的職員。除此之外，該等個人資料亦可能會為上文第1段所述的目的而向下列機構／人士披露，或在下述情況下披露：

- (a) 其他機構／人士（例如政府決策局／部門、醫院管理局、非政府機構、公用事業公司等），如該等機構／人士有參與以下事項：
  - (i) 審批及／或評估你／申請人及／或你／申請人的家人就上文第1段所提及社署及／或非政府機構向你／申請人及／或你／申請人的家人提供服務／援助而提出的任何申請；
  - (ii) 上文第1段所提及社署及／或非政府機構向你／申請人及／或你／申請人的家人所提供的服務／援助；或
  - (iii) 監察和檢討上文第1段所提及社署及／或非政府機構所提供的服務，或製備統計數字；
- (b) 處理投訴的機構（例如申訴專員公署、個人資料私隱專員公署、社會工作者註冊局、立法會等），如果這些機構正在處理有關社署向你／申請人及／或你／申請人的家人所提供的服務或援助的投訴；
- (c) 法律授權或法律規定須披露資料；或
- (d) 你曾就披露資料給予訂明同意。

### 查閱個人資料

3. 按照《個人資料（私隱）條例》（第486章），你有權就社署所持有的有關你的個人資料提出查閱及改正要求。本署提供個人資料複本將須收取費用。如需查閱或改正社署收集的個人資料，請向以下人士提出：

職銜：主任

地址：

\*根據《個人資料（私隱）條例》（第486章），個人資料指符合以下說明的任何資料 –

- (a) 直接或間接與一名在世的個人有關的；
- (b) 從該資料直接或間接地確定有關的個人的身份是切實可行的；及
- (c) 該資料的存在形式令予以查閱及處理均是切實可行的。

## 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) and/or those non-governmental organisations (“NGOs”) which receive subventions or subsidies from or which are commissioned by SWD to provide you/the applicant and/or your/the applicant’s family members with assistance or service from SWD and/or the aforementioned NGOs which is relevant to the needs of you/the applicant and/or your/the applicant’s family members, including but not limited to monitoring and reviewing of services, handling complaints related to the services provided to you/the applicant and/or your/the applicant’s family members, conducting research and surveys, preparing statistics and discharging statutory duties. The provision of personal data to SWD is voluntary. However, if you fail to provide the personal data requested of you, we may not be able to process your application or provide assistance/service to you/the applicant and/or your/the applicant’s family members.

### 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 be disclosed to the parties or in the circumstances listed below for the purposes mentioned in paragraph 1 above -

- (a) Other parties such as government bureaux/departments, the Hospital Authority, NGOs and public utility companies if they are involved in:
  - (i) processing and/or assessing any application from you/the applicant and/or your/the applicant’s family members for the provision of service/assistance to you/the applicant and/or your/the applicant’s family members by SWD and/or the NGOs mentioned in paragraph 1 above;
  - (ii) the provision of service/assistance to you/the applicant and/or your/the applicant’s family members by SWD and/or the NGOs mentioned in paragraph 1 above; or
  - (iii) monitoring and reviewing of the services provided by SWD and/or the NGOs mentioned in paragraph 1 above or preparing statistics;
- (b) Complaint handling authorities such as the Office of the Ombudsman, the Office of the Privacy Commissioner for Personal Data, the Social Workers Registration Board, the Legislative Council, etc. if they are handling complaints about the services or assistance provided to you/the applicant and/or your/the applicant’s family members by SWD;
- (c) Where such disclosure is authorised or required by law; or
- (d) Where you have given your prescribed consent to such disclosure.

### Access to Personal Data

3. You have the right to request access to and correction of your personal data held by SWD in accordance with the Personal Data (Privacy) Ordinance, Cap 486. A fee is charged for supplying copies of personal data. Requests for access to and correction of personal data collected by SWD should be addressed to –

Post title: SUPERVISOR,

Address:

\* Under the Personal Data (Privacy) Ordinance, Cap. 486, personal data means any data –

- (a) relating directly or indirectly to a living individual;
- (b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
- (c) in a form in which access to or processing of the data is practicable.