

Social Welfare Department
Scheme on Living Allowance for
Low-income Carers of Persons with Disabilities (the Allowance Scheme)
Application Form

Ref. No.: PWD _____ / _____
Remarks: _____
(For use by SWD)

Notes:

1. Please read carefully the “Brief on the Living Allowance for Low-income Carers of Persons with Disabilities” and the section of “Personal Information Collection Statement” in this application form before filling in any information.
2. Applicant **should not be recipients of the Comprehensive Social Security Assistance (CSSA)/Old Age Living Allowance /Disability Allowance/allowance in respect of taking care of the same person with disabilities under the “Scheme on Living Allowance for Carers of Elderly Persons from Low-income Families”**. Carers receiving the above allowance(s) are not required to fill out this form or submit the application.
3. Please complete this form in block letters using black or blue ink, and tick (✓) the appropriate box(es) in this form. The applicant must **initial at any alterations** on this application form, and read carefully the “Declaration and Undertaking by Applicant” in Part 6 of this application form before signing that part for confirmation.
4. Upon successful application, the Allowance will be counted from the month in which the Social Welfare Department (SWD) receives this application form.
5. Please submit the completed application form and copies of the supporting documents listed in Part 5 of this form by post (postmark date will be regarded as submission date) or by hand to:

Carer Allowances and Subsidies Team
Social Welfare Department
Room 404, 4/F, Lady Trench Training Centre,
44 Oi Kwan Road,
Wan Chai, Hong Kong

Enquiry Telephone No.: 3468 5636

(Monday to Friday, 9:30 am to 1:00 pm and
2:30 pm to 5:00 pm, except public holidays)

Part 1 Personal Particulars of Applicant (Carer)

Name in English: _____

Hong Kong Identity Card (HKIC) no.: _____ () Sex: ☐ Male ☐ Female

Date of birth: _____ / _____ / _____ Contact telephone number: (Home) _____
(yyyy / mm / dd) (Mobile) _____

Residential address: Flat/ Room: _____ Floor: _____ Block: _____

Name of Building: _____

Name of Estate: _____

Number of Street/ Village: _____

Name of Street/ Village: _____

District: _____ Region: ☐ H.K. ☐ KLN ☐ N.T.

Correspondence address Flat/ Room: _____ Floor: _____ Block: _____
(If different from residential address):

Name of Building: _____

Name of Estate: _____

Number of Street/ Village: _____

Name of Street/ Village: _____

District: _____ Region: ☐ H.K. ☐ KLN ☐ N.T.

I wish to receive notification by email (if applicable) and the email address is _____.

Part 2 Bank Account of Applicant for Receiving the Allowance

If the application is approved, the applicant authorises the SWD to deposit the allowance directly into the bank account refer to the completed form of Authority for Payment to a Bank (GF 179A).

(The account must be a local Hong Kong dollar sole-name savings/current account and the applicant has to submit the related bank account document as stated in Part 5)

Part 3 Personal Particulars of Person(s) with Disabilities being taken care of

(1) The first person with disabilities being taken care of

Name in English: _____ Sex: ☐ Male ☐ Female

Identification document no.: _____ () Type of document: ☐ HK Identity Card ☐ HK Birth Certificate
☐ Other identification document
(Please specify: _____)

Date of birth: _____ / _____ / _____ (yyyy/mm/dd)

Relationship with applicant: _____ Contact telephone number: _____

Is he/she living with ☐ Yes (Please fill in details of the income of the **person with disabilities residing with the applicant in Part 4**)
☐ No (Residential address of the person with disabilities not residing with the applicant: _____)

Is he/she receiving CSSA: ☐ Yes ☐ No

Is he/she on the waiting list of relevant rehabilitation services: ☐ Yes (☐ Specified rehabilitation services of SWD¹ ☐ Special school with boarding placement ☐ Infirmary Services) ☐ Not on the waiting list of any services

Is he/she receiving residential services: ☐ Yes (☐ Residential care ☐ Special school with boarding placement ☐ Infirmary)
Name of residential service: _____
Address: _____
☐ No

(2) The second person with disabilities being taken care of (if applicable)

Name in English: _____ Sex: ☐ Male ☐ Female

Identification document no.: _____ () Type of document: ☐ HK Identity Card ☐ HK Birth Certificate
☐ Other identification document
(Please specify: _____)

Date of birth: _____ / _____ / _____ (yyyy/mm/dd)

Relationship with applicant: _____ Contact telephone number: _____

Is he/she living with ☐ Yes (Please fill in details of the income of the **person with disabilities residing with the applicant in Part 4**)
☐ No (Residential address of the person with disabilities not residing with the applicant: _____)

Is he/she receiving CSSA: ☐ Yes ☐ No

Is he/she on the waiting list of relevant rehabilitation services: ☐ Yes (☐ Specified rehabilitation services of SWD¹ ☐ Special school with boarding placement ☐ Infirmary Services) ☐ Not on the waiting list of any services

Is he/she receiving residential services: ☐ Yes (☐ Residential care ☐ Special school with boarding placement ☐ Infirmary)
Name of residential service: _____
Address: _____
☐ No

¹ Please refer to Note 1 under the eligibility criteria of the “Brief on the Living Allowance for Low-income Carers of Persons with Disabilities” for the list of subsidised services.

Part 4 Income of Applicant and Household Members Residing with the Applicant

Please fill in the information and income of the applicant and his/her household members residing with him/her in Hong Kong (Note 1) (excluding live-in domestic helpers) in the table below regardless of having income or not. If the person(s) with disabilities being taken care of is residing with the applicant, please fill in his/her information as well. If the space provided is insufficient for filling in the information of all the members, the applicant should photocopy this page for completion and sign on the copy.

Name	Identification Document no.	Relationship with applicant	Average monthly income (\$) (Note 2) (Please fill in exact figures and “0” for no income, and take reference to “Guide on Reporting Income”)
1.		Applicant	
2.			
3.			
4.			
5.			
6.			
7.			
Household Size: _____			Total Monthly Income (\$): _____

Part 5 Submission of Documents

Applicant should submit **copies** of the documents below for the purpose of this application, failure to provide the required documents may render SWD unable to process your application:

- ☐ **The applicant’s identification document**
- ☐ **Identification document(s) of the person(s) with disabilities being taken care of** in Part 3
- ☐ **Identification document(s) of the household member(s) residing with the applicant in Hong Kong** in Part 4 (identification documents of those under 18 are also required)
- ☐ **Document of the bank account** specified by **the applicant** (i.e. the bank account provided in Part 2) for receiving the allowance with the account holder’s name and account number clearly shown (e.g. a bank statement or the first page of a bankbook)

Note 1: Household members generally refer to people residing with the applicant in Hong Kong and have close economic ties with him/her (but excluding economic ties arising from employment relationship). This includes household members and those who share or are obliged to share the provisions for a living. **The member(s) concerned must be Hong Kong resident(s).**

Note 2: Please **calculate the average monthly income based on the income for the three months prior to the month when the application is submitted** (e.g. If the application is submitted in May 2025, the average monthly income from February to April 2025 should be declared, excluding the income received out of those three months). For income not paid on a monthly basis, e.g. double pay, bonuses, contract gratuity, dividends, etc., it should be apportioned over the period concerned for calculation. Income includes the following items:

1. Employment earnings: salary, double pay, leave pay, work allowance, bonuses, prize, commission, tips, contract gratuity, income from rendering services, business profits, etc.;
2. Other income: contributions from children, financial assistance from relatives/friends, alimony, monthly pension, widow’s and orphans’ payment or pensions, investment profits (includes income/payout from trust funds, bond and annuity scheme(s) etc.), interest income from fixed deposits, dividends, rental income, etc.;

but **excludes** monthly payments received under the Reverse Mortgage Programme (RMP) (only applicable to the RMP where the property as collateral is an owner-occupied property) and, the Policy Reverse Mortgage Programme, employee mandatory contributions to the Mandatory Provident Fund (MPF) Scheme (i.e. the 5% mandatory contributions made by employee to an MPF Scheme), financial assistance provided by the Government, charitable donations, subsidies from assistance programmes under the Community Care Fund, etc..

Part 6 Declaration and Undertaking by Applicant (Carer)

1. I, the undersigned, declare that I am the applicant indicated in Part 1 of this application form.
2. I have read/have been explained the “Brief on Scheme on Living Allowance for Low-income Carers of Persons with Disabilities” and the “Personal Information Collection Statement” section of this application form and fully understand the content.
3. I agree that the Approved Service Providers/SWD (“related agencies”), may use the data provided by me, including my personal data, the personal data of the person(s) with disabilities being taken care of and the personal data of all household members residing with me in Hong Kong, in order to provide me/the person(s) with disabilities being taken care of with the necessary assistance/services offered by the related agencies, including but not limited to processing my application for the Allowance Scheme (including assessing and/or investigating the eligibility of me/the person(s) with disabilities being taken care of for the Allowance Scheme), disbursing the allowance to me, monitoring and reviewing various services, handling complaints about the services provided to me/the person(s) with disabilities being taken care of, conducting researches and surveys, preparing statistics, discharging statutory duties, etc. I agree that for the above purposes, the related agencies may transfer and disclose the data to the following parties: other parties involved in the assessment of my application or the provision of assistance/services to me/the person(s) with disabilities being taken care of, such as government bureaux/departments, the Hospital Authority (“HA”), non-governmental organisations (“NGOs”), public utility companies and 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 assistance/services provided to me/the person(s) with disabilities being taken care of by the related agencies.
4. I agree that the related agencies may use the personal data of me in its possession and obtain the personal data of me from other government bureaux/departments, HA, relevant service providers, NGOs, public utility companies and organisations conducting statistics, reviews and researches for the Allowance Scheme, etc. for such purposes as verifying the data collected by the related agencies under the Allowance Scheme and investigating the eligibility of me/the person(s) with disabilities being taken care of for the Allowance Scheme, and proceeding data matching procedure regularly with the computerised systems under SWD (including Computerised Social Security System, Central Referral System for Rehabilitation Services, etc.) to check my/the person(s) with disabilities’ latest status of receiving Comprehensive Social Security Assistance/Social Security Allowance and waitlisting of specified rehabilitation services, etc. (if applicable) in order to provide me/the person(s) with disabilities being taken care of with the appropriate assistance/services under the Allowance Scheme. I also agree that the above government bureaux/departments and organisations may provide the required data and records to the related agencies.
5. I confirm that I have consulted the person(s) with disabilities being taken care of and all household members residing with me in Hong Kong whom are mentioned in this application form, and have secured their prescribed consent that the related agencies may use their personal data in its possession and obtain their personal data from other government bureaux/departments, HA, relevant service providers, NGOs, public utility companies and organisations conducting statistics, reviews and researches for the Allowance Scheme, etc. for such purposes as verifying the data collected by the related agencies under the Allowance Scheme and investigating the eligibility of me/the person(s) with disabilities being taken care of for the Allowance Scheme, in order to provide me/the person(s) with disabilities being taken care of with the appropriate assistance/services under the Allowance Scheme. I also confirm that the person(s) with disabilities being taken care of and all household members mentioned in this application form have given prescribed consent for the abovementioned government bureaux/departments and organisations to provide the required data and records to the related agencies.
6. [This paragraph applies when the person(s) with disabilities being taken care of and/or household member(s) residing with the applicant is/are minor(s), is/are incapable of managing his/her/their own affairs, or is/are mentally incapacitated within the meaning of section 2 of the Mental Health Ordinance (Cap. 136), and the applicant is a “relevant person”* in relation to the person(s) with disabilities being taken care of and/or household member(s) of the Personal Data (Privacy) Ordinance (Cap. 486).]

I confirm that the person(s) with disabilities being taken care of and/or household member(s) concerned is/are incapable of understanding the new purpose of using his/her/their personal data as described in paragraph 5 above and deciding whether to give the prescribed consent in relation to the new purpose. I hereby, on behalf of the person(s) with disabilities being taken care of and/or household member(s) concerned, give the prescribed consent to the related agencies for using his/her/their personal data in its possession and obtaining his/her/their personal data from other government bureaux/departments, HA, relevant service providers, NGOs and public utility companies, etc. for such purposes as verifying the data collected by the related agencies under the Allowance Scheme and

investigating eligibility of me/the person(s) with disabilities being taken care of for the Allowance Scheme, in order to provide me/the person(s) with disabilities being taken care of and/or with the appropriate assistance/services under the Allowance Scheme. I hereby give prescribed consent on behalf of the person(s) with disabilities being taken care of and/or household member(s) concerned have given prescribed consent for the abovementioned government bureaux/departments and organisations to provide the required data and records to the related agencies.

7. [This paragraph applies when the person(s) with disabilities being taken care of and/or household member(s) residing with the applicant is/are minor(s), is/are incapable of managing his/her/their own affairs, or is/are mentally incapacitated within the meaning of section 2 of the Mental Health Ordinance (Cap. 136), and the applicant is **NOT** a “relevant person”* in relation to the person(s) with disabilities being taken care of and/or household member(s) of the Personal Data (Privacy) Ordinance (Cap. 486).]

I confirm that I have explained the details of the Allowance Scheme to the relevant person(s) in relation to the person(s) with disabilities being taken care of and/or household member(s) concerned, and they fully understand the content of the Allowance Scheme and would like to join the Allowance Scheme. I hereby, confirm that I have consulted the relevant person(s) in relation to the person(s) with disabilities being taken care of and/or household member(s) concerned and have secured his/her/their prescribed consent(s) that the related agencies may use his/her/their personal data in its possession and obtaining his/her/their personal data from other government bureaux/departments, HA, relevant service providers, NGOs and public utility companies, etc. for such purposes as verifying the data collected by the related agencies under the Allowance Scheme and investigating the eligibility of me/the person(s) with disabilities being taken care of for the Allowance Scheme, in order to provide me/the person(s) with disabilities being taken care of with the appropriate assistance/services under the Allowance Scheme. The relevant person(s) has/have given prescribed consent on behalf of the person(s) with disabilities being taken care of and/or household member(s) concerned for the abovementioned government bureaux/departments and organisations to provide the required data and records to the related agencies.

8. I understand and agree that the related agencies and SWD have the right to conduct comprehensive checks on this application in the course of processing this application or after this application is approved, to ensure that all data submitted by me are true, complete and accurate. I, the person(s) with disabilities being taken care of and all household members residing with me in Hong Kong also undertake to cooperate with the related agencies and SWD fully, including the provision of detailed information of income and other information for assessment by the related agencies and SWD. The related agencies and SWD shall otherwise have the right to disqualify my application and request repayment of the subsidy from me.
9. I agree to declare forthwith to the related agencies and SWD any change in the data submitted by me during my receipt of subsidy under the Allowance Scheme. I understand and agree that any overpayment or mispayment to me under the Allowance Scheme as verified by the related agencies shall be returned to SWD, including but not limited to their retrieving the overpaid or mispaid amount directly from my bank account for receiving the allowance and the bank deducting the overpaid or mispaid amount from the bank account.
10. I declare that all data on this application form and other data submitted/to be submitted under the Allowance Scheme are true and correct, and I undertake to notify the related agencies forthwith of any change in the data submitted. I understand that I may be liable to prosecution if I knowingly or willfully make any false statement, withhold any data or mislead the related agencies and SWD in any other manner to obtain subsidy under the Allowance Scheme. I understand that deliberate provision of false information or omission of information in order to obtain subsidy under the Allowance Scheme by deception is a criminal offence. In addition to becoming ineligible for the subsidy under the Allowance Scheme, I may be liable to prosecution and, on conviction, imprisonment for a maximum of 14 years under the Theft Ordinance (Cap. 210).

I hereby confirm the above information and undertake that while receiving the allowance, I and the person(s) with disabilities being taken care of are required to meet with the social worker of Approved Service Provider (ASP) on a regular basis (including interviews and/or home visits) and receive support services provided by the ASP.

Applicant: _____

Date: _____

(Signature)

(Name)

* Under section 2 of the Personal Data (Privacy) Ordinance (Cap. 486), “relevant person”, in relation to an individual, means –

- (a) where the individual is a minor, a person who has parental responsibility for the minor;
- (b) where the individual is incapable of managing his own affairs, a person who has been appointed by a court to manage those affairs;
- (c) where the individual is mentally incapacitated within the meaning of section 2 of the Mental Health Ordinance (Cap. 136) –
 - (i) a person appointed under section 44A, 59O or 59Q of that Ordinance to be the guardian of that individual; or
 - (ii) if the guardianship of that individual is vested in, or the functions of the appointed guardian are to be performed by, the Director of Social Welfare or any other person under section 44B(2A) or (2B) or 59T(1) or (2) of that Ordinance, the Director of Social Welfare or that other person.

Personal Information Collection Statement

Purposes of Collection

1. The personal data[#] provided by you will be used by Approved Service Providers/SWD (“related agencies”) in order to provide appropriate assistance/services relevant to the needs of you/the person(s) with disabilities being taken care of, including but not limited to processing your application for the Scheme on Living Allowance for Low-income Carers of Persons with Disabilities (the Allowance Scheme), assessing and investigating the eligibility of you/the person(s) with disabilities being taken care of, disbursing the allowance to you, monitoring and reviewing various services, handling complaints about the services provided to you/the person(s) with disabilities being taken care of, conducting researches and surveys, preparing statistics, discharging statutory duties, etc. Provision of personal data to SWD is entirely voluntary. However, if you fail to provide the personal data requested of you, the related agencies may not be able to process your application or provide assistance/services to you/the person(s) with disabilities being taken care of.

Classes of Transferees

2. The personal data you provided will be made available to persons working in the related agencies 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, HA, NGOs, public utility companies and organisations conducting statistics, reviews and researches for the Allowance Scheme, etc.) if they are involved in:
 - i. vetting and/or assessing any application from you for the provision of assistance/services to you/the person(s) with disabilities being taken care of by the related agencies mentioned in paragraph 1 above;
 - ii. the provision of assistance/services to you/the person(s) with disabilities being taken care of by the related agencies mentioned in paragraph 1 above; or
 - iii. conducting monitoring, reviews, researches or surveys or preparing statistics for the services provided by the related agencies mentioned in paragraph 1 above;
- (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 assistance/services provided to you/the person(s) with disabilities being taken care of by the related agencies;
- (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 the related agencies in accordance with the Personal Data (Privacy) Ordinance (Cap. 486). A fee is charged for supplying copies of personal data. Requests for access to or correction of personal data collected by the related agencies should be addressed to:

Post : Senior Social Work Officer (Carer Allowances and Subsidies Team)
Address : Carer Allowances and Subsidies Team, Social Welfare Department
Room 404, 4/F, Lady Trench Training Centre, 44 Oi Kwan Road,
Wan Chai, Hong Kong

[#] 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.