



Community Care Service Voucher Scheme for the Elderly Application Form

Please submit your application to the Community Care Service Voucher Office of Social Welfare Department by the following means:

1. Fax (Fax no.: 2117 1264)
2. Post (Address: Rooms 2601-05A, 26/F, Two Chinachem Exchange Square, 338 King's Road, North Point, Hong Kong)
3. Online application (Link: <https://vise.swd.gov.hk/vise/en/ep/appForm>)

Enquiry Telephone No.:
3107 3013

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

Part 1 Contact Preference

Please tick the appropriate box

Language : Chinese / English

Contact Method (Please select one) :

- I would like to receive notification by post
- I would like to receive notification through the email address provided below
(email address: _____)

Part 2 Personal Particulars of the Elderly Person

Name in Chinese : _____ Name in English : _____

Hong Kong

Identity Card number : _____ LDS serial number : _____

Gender : _____ Date of birth : _____

Daytime contact
telephone number : _____

Hong Kong mobile phone number with SMS function: _____

Residential address of the elderly person (**Please fill in the full address**):

- Living condition: living alone living with spouse **only**
- living with children/relative/carer
- living with spouse and family (including children/relative/carer)

Correspondence address (**please fill in if different from residential address**):

Part 3 Particulars of the Applicant

(Please ignore this part if the applicant is the Elderly Person himself/herself. If the applicant is not the Elderly Person himself/herself but has secured his/her prescribed consent to submit the application on his/her behalf, please complete this part and sign the form.)

Name in Chinese : _____ Name in English : _____

Hong Kong Identity Card number : _____ Daytime contact telephone number : _____

Relationship with the Elderly Person :

Part 4 Household Income of the Elderly Person

1. Please tick the appropriate box

- The Elderly Person is receiving Comprehensive Social Security Assistance (CSSA) (Please ignore Item 2 of Part 4 and jump to Part 5)
- The Elderly Person and his/her family member(s) **do not wish** to disclose their household income, and are aware of **the requirement to pay the maximum co-payment amount (i.e. 40% of the service package value).** (Please ignore Item 2 of Part 4 and jump to Part 5)
- The Elderly Person and his/her family members **are willing** to disclose their household income, and the **total number** of household members (see Note 1) is _____ (including the Elderly Person himself/herself). (Please move on to Item 2 of Part 4)

2. Monthly household income of the Elderly Person and household members residing with him/her (see Note 2)

[Please fill in the name, relationship and monthly income (if applicable) of all household members residing in the same household in the table below and tick the appropriate box(es). If the space provided is insufficient, please photocopy this page for completion and have it signed.]

Name	Relationship with the Elderly Person	Source of Income	Monthly Income (\$)
X	Self	<input type="checkbox"/> Employment (Occupation : _____) \$ _____ <input type="checkbox"/> Other sources of income * <input type="checkbox"/> Contribution from non-co-living children \$ _____ <input type="checkbox"/> Interest income (From fixed deposits, dividends, etc.) \$ _____ <input type="checkbox"/> Rental income \$ _____ <input type="checkbox"/> Pension \$ _____ <input type="checkbox"/> Others \$ _____ (Please specify: _____) <input type="checkbox"/> Social Security Allowance (such as Old Age Living Allowance, Old Age Allowance, Disability Allowance) [Not count as income] <input type="checkbox"/> No income	

	<input type="checkbox"/> Employment (Occupation : _____) \$ _____ <input type="checkbox"/> Other sources of income * <input type="checkbox"/> Contribution from non-co-living children \$ _____ <input type="checkbox"/> Interest income (From fixed deposits, dividends, etc.) \$ _____ <input type="checkbox"/> Rental income \$ _____ <input type="checkbox"/> Pension \$ _____ <input type="checkbox"/> Others \$ _____ (Please specify: _____) <input type="checkbox"/> Social Security Allowance (such as Old Age Living Allowance, Old Age Allowance, Disability Allowance) [Not count as income] <input type="checkbox"/> No income	
	<input type="checkbox"/> Employment (Occupation : _____) \$ _____ <input type="checkbox"/> Other sources of income * <input type="checkbox"/> Contribution from non-co-living children \$ _____ <input type="checkbox"/> Interest income (From fixed deposits, dividends, etc.) \$ _____ <input type="checkbox"/> Rental income \$ _____ <input type="checkbox"/> Pension \$ _____ <input type="checkbox"/> Others \$ _____ (Please specify: _____) <input type="checkbox"/> Social Security Allowance (such as Old Age Living Allowance, Old Age Allowance, Disability Allowance) [Not count as income] <input type="checkbox"/> No income	
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Total monthly household income (\$):(see Note 3)		

Note 1: Household members refer to the Elderly Person's father, mother, son(s), daughter(s), husband/wife residing with him/her (legally recognised adoptive parents/children or illegitimate children with proof of parentage are also included).

Note 2: Monthly household income refers to the average monthly income for the 3 months prior to the month of application submission. It includes the following items:

Employment earnings: salary, double pay/leave pay, work allowance, bonuses/ commission/tip, income from rendering services, business profits, etc.

*Other income: contributions from children, financial assistance from relatives/friends, alimony, monthly pension/widow's and orphans' payment or pensions, investment profits, interest income from fixed deposits, dividends, annuity, rental income, etc.

*Income from the following sources shall be excluded: employees' mandatory contributions to the Mandatory Provident Fund Scheme, wages in lieu of notice, employees' compensation, reverse mortgage programme, financial programmes provided by the Government, Comprehensive Social Security Assistance, Social Security Allowance (Disability Allowance, Old Age Allowance, Old Age Living Allowance), Criminal and Law Enforcement Injuries Compensation, Traffic Accident Victims Assistance, charitable donations, and assistance from other programmes under the Community Care Fund, etc.

Note 3: The Elderly Person may refer to the co-payment table in the attached sheet and estimate his/her own co-payment category. Please note that the result shall only be final upon assessment and confirmation by the SWD. The co-payment category as assessed will also be clearly indicated by the SWD on the notification of issuance of voucher.

Part 5 Declaration and Undertaking by the Applicant

1. I, the undersigned, declare that the information provided herein is true and correct, and is a full account of the facts.
2. I have read/have been read and explained the Brief on the Community Care Service Voucher Scheme for the Elderly (the Scheme) and the “Personal Information Collection Statement” section of this application form and fully understand the content.
3. I agree that the SWD and/or non-governmental organisations (NGOs) which receive subventions/subsidies from or are commissioned by the SWD, or Recognised Service Providers (RSPs) may use the personal data provided by me, including the personal data of me/me and the Elderly Person and those of all household members residing with me/the Elderly Person, in order to provide me/the Elderly Person and/or family member(s) of me/the Elderly Person with the assistance or service which is relevant to the needs of me/the Elderly Person and/or family member(s) of me/the Elderly Person through the SWD and/or NGOs and/or RSPs mentioned above, including but not limited to processing the Voucher application submitted by me/me on behalf of the Elderly Person (including assessing and/or investigating the eligibility of me/the Elderly Person for the subsidised co-payment category), providing subsidised services to me/the Elderly Person through RSPs, monitoring and reviewing of services, handling complaints related to the services provided to me/the Elderly Person and/or family member(s) of me/the Elderly Person, conducting research and surveys, preparing statistics and discharging statutory duties. I agree that for the purposes above, the SWD may transfer the personal data internally and disclose them to other organisations/parties (such as government bureaux/departments, the Hospital Authority, NGOs, public utility companies and complaint handling authorities).
4. I agree that the SWD may use my personal data in its possession and obtain my personal data from service units under the SWD, other government bureaux/departments, service providers, NGOs and public organisations, for such purposes as verifying the data collected by the SWD in relation to the subsidised co-payment category and investigating the eligibility of me for the subsidised co-payment category, and proceeding data matching procedure regularly with the SWD Computerised Social Security System to check my latest status of receiving CSSA (if applicable) in order to provide me with the assistance or service which is relevant to my needs. I also agree that service units under the SWD, other government bureaux/departments, service providers, NGOs and public organisations may provide the required data and records to the SWD.
5. If the Elderly Person is incapable of managing his/her own affairs, or mentally incapacitated within the meaning of section 2 of the Mental Health Ordinance (Cap. 136), I confirm that I **am/am not #** the “relevant person”* in relation to the Elderly Person under the Personal Data (Privacy) Ordinance (Cap. 486) (**fill in this paragraph as appropriate**).
 - #Please delete as appropriate
 - * According to 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.

6. If I am a “relevant person” in relation to the Elderly Person under the Personal Data (Privacy) Ordinance (Cap. 486), I confirm that the Elderly Person is incapable of understanding the new purpose of using his/her personal data as described in paragraph 4 above or deciding whether to give the prescribed consent in relation to the new purpose. I hereby, on behalf of the Elderly Person, give the prescribed consent to the SWD for using his/her personal data in its possession and obtain his/her personal data from service units under the SWD, other government bureaux/departments, service providers, NGOs and public organisations, for such purposes as verifying the data collected by the SWD in relation to the subsidised co-payment category and investigating the eligibility of the Elderly Person for the subsidised co-payment category, and proceeding data matching procedure regularly with the SWD Computerised Social Security System to check the Elderly Person’s latest status of receiving CSSA (if applicable) in order to provide him/her with the assistance or service which is relevant to his/her needs. I hereby, on behalf of the Elderly Person, also give the prescribed consent to service units under the SWD, other government bureaux/departments, service providers, NGOs and public organisations for providing the required data and records to the SWD.
7. If I am acting as the applicant on behalf of the Elderly Person, I confirm that I have consulted the Elderly Person and have secured his/her prescribed consent that the SWD may use his/her personal data in its possession and obtain his/her personal data from service units under the SWD, other government bureaux/departments, service providers, NGOs and public organisations, for such purposes as verifying the data collected by the SWD in relation to the subsidised co-payment category and investigating the eligibility of the Elderly Person for the subsidised co-payment category, and proceeding data matching procedure regularly with the SWD Computerised Social Security System to check the Elderly Person’s latest status of receiving CSSA (if applicable) in order to provide him/her with the assistance or service which is relevant to his/her needs. I also confirm that I have secured the prescribed consent of the Elderly Person for service units under the SWD, other government bureaux/departments, service providers, NGOs and public organisations to provide the required data and records to the SWD.
8. I confirm that I have consulted all household members residing with me/the Elderly Person as mentioned in this application form, and have secured their prescribed consent that the SWD may use their personal data in its possession and obtain their personal data from service units under the SWD, other government bureaux/departments, service providers, NGOs and public organisations, for such purposes as verifying the data collected by the SWD regarding the Voucher and investigating the eligibility of me/the Elderly Person for the subsidised co-payment category, in order to provide me/the Elderly Person with the assistance or service which is relevant to the needs of me/the Elderly Person. I also confirm that I have secured the prescribed consent of all household members residing with me/the Elderly Person as mentioned in this application form for service units under the SWD, other government bureaux/departments, service providers, NGOs and public organisations to provide the required data and records to the SWD.
9. I understand and agree that the SWD has the right to conduct comprehensive review of the application submitted by me/me on behalf of the Elderly Person in the course of processing the application or after the receipt of Voucher services by me/the Elderly Person, to ensure that all data submitted by me are true, complete and accurate. I/the Elderly Person also understand that I and household members residing with me/the Elderly Person are required to co-operate with the SWD fully, including provision of detailed information of financial situation and other information for review by the SWD. The SWD shall otherwise have the right to disqualify me/the Elderly Person and/or request refund of the service subsidies paid for me by the SWD. I also understand and undertake that any overpayment of Voucher service subsidies for me/the Elderly Person as verified by the SWD shall be refunded.

10. I declare that all data in the application form and other data submitted/to be submitted regarding the Voucher are true and correct, and I undertake to notify the SWD as soon as possible of any change in the data submitted. I understand that I may be liable to prosecution if I knowingly or wilfully make any false statement, withhold any data or mislead the SWD in any other manner with an intent to obtain the subsidised Voucher services or for the Elderly Person to obtain the same. I understand that deliberate provision of false information or omission of information in order to obtain the subsidised Voucher services by deception is a criminal offence. In addition to becoming ineligible for the subsidised Voucher services, I/the Elderly Person may be liable to prosecution and, on conviction, imprisonment for a maximum of 14 years under the Theft Ordinance (Cap. 210).
11. If I accept the Voucher, I understand and agree that the SWD will change the status of application submitted by me/the Elderly Person for LTC services on the central waiting list (CWL) into “inactive cases”. I also understand that I/the Elderly Person may, if needed, request for reactivation of the status on the CWL from “inactive case” to “active case” with the assistance of the responsible worker concerned.

I am willing / not willing to receive service information from voucher service providers by telephone contact or electronic messages. (Please tick the appropriate box.)

Signature of the applicant: _____ Date: _____

Name of the applicant: _____

Social Welfare Department
Personal Information Collection Statement
to Data Subject Before Collection of Personal Data

Please read this notice before you provide any personal data¹ 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 or recognised by SWD to provide you and/or your family members with assistance or service from SWD and/or the aforementioned NGOs which is relevant to the needs of you and/or your family members, including but not limited to monitoring and reviewing of services, handling complaints related to the services provided to you and/or your 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 and/or your 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 and/or your family members for the provision of service/assistance to you and/or your family members by SWD and/or the NGOs mentioned in paragraph 1 above;
 - (ii) the provision of service/assistance to you and/or your 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 and/or your 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 –

¹ 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.

Post title : Senior Social Work Officer (Community Care Service Voucher)

Address : Community Care Service Voucher Office, Social Welfare Department
Rooms 2601-05A, 26/F, Two Chinachem Exchange Square, 338 King's Road, North Point,
Hong Kong

(Effective from 19 June 2017)

Please fill in the name, correspondence address and LDS serial number of the applicant below, and submit this page together with the completed application form. SWD will acknowledge receipt of the application form in writing.

Name : _____

Address : _____

LDS serial number :

**Community Care Service Voucher Scheme for the Elderly
Acknowledgement of Receipt of Application**

Your application for the Community Care Service Voucher Scheme for the Elderly has been received. You will be informed of the application result in due course.

For enquiry, please contact the Community Care Service Voucher Office of Social Welfare Department at telephone no.: 3107 3013 (from Monday to Friday, 9:30 am to 1:00 pm and 2:30 pm to 5:00 pm, except public holidays).

(SWD Chop)

Community Care Service Voucher Office
Social Welfare Department