

## Residential Care Service Voucher Scheme for the Elderly Application Form

### Note:

- Please read carefully the “Brief of the Residential Care Service Voucher Scheme for the Elderly” and the “Personal Information Collection Statement” in page 9 of this application form. Please complete this form in block letters with a blue or black pen. Please cross out any incorrect entries and sign against the amendment(s) for confirmation. Do not use correction materials such as correction fluid or tapes for obliteration. Please put a tick “✓” in the appropriate box “” and delete whichever is inappropriate in fields marked with an asterisk “\*”.
- If this application form is neither signed by the Elderly Person, the appointee<sup>#</sup> nor the “relevant person” stated in item 6 of Part 6, the Elderly Person should complete and sign the “Consent to Transfer Personal Data”.  
<sup>#</sup>The elderly person who has been medically certified by public hospital or clinic to be unfit to make a statement on his/her own, an appointee will be appointed by the Director of Social Welfare to act on his/her behalf to handle relevant matters.
- Please return the completed application form together with all the required documents as mentioned in Part 5 of this form to the Residential Care Service Voucher Office by post or by hand.**  
 Address: Rooms 2701-07, 27/F, Two Chinachem Exchange Square, 338 King's Road, North Point, Hong Kong

**Enquiry  
Telephone  
No.:**  
**3107 3280/  
3107 3290**

### Part 1: Personal Particulars of the Elderly Person (the Applicant)

Name in Chinese _____		Name in English _____	
Hong Kong Identity Card number _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth ____/____/____ (day/month/year)
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Cohabiting		Dialect spoken <input type="checkbox"/> Cantonese <input type="checkbox"/> Others (Please specify): _____	
Residential telephone number _____		Mobile phone number _____	
Residential address _____			
Correspondence address (if different from residential address) _____			
Current living condition <input type="checkbox"/> Living alone at home <input type="checkbox"/> Living with domestic helper(s) only <input type="checkbox"/> Living with *family member(s)/relative(s) and friend(s) <input type="checkbox"/> Living in a Residential Care Home for the Elderly (RCHE) <input type="checkbox"/> Others (Please specify): _____			
Type of housing <input type="checkbox"/> Private tenement <input type="checkbox"/> Home Ownership Scheme <input type="checkbox"/> Tenant Purchase Scheme <input type="checkbox"/> Public rental housing <input type="checkbox"/> Others (Please specify): _____ <input type="checkbox"/> * Private RCHE/RCHE operated by non-governmental organisations (Name: _____)			

\*Signature/Thumbprint of the \*applicant/family member/relative/friend/appointee/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Does the Elderly Person possess any residential property?</b>	<input type="checkbox"/> Yes (Please select the type of ownership of the property and provide a copy of proof of the ownership) Ownership: <input type="checkbox"/> Elderly Person is a sole-owner (i.e. 100% ownership) <input type="checkbox"/> Elderly Person is a joint-owner <input type="checkbox"/> Others (Please specify): _____ <input type="checkbox"/> No (Elderly Person does not possess any residential property)		
<b>Part 2: Personal Particulars of the *Family Member/Relative/Friend/Appointee/Guardian (the Main Contact Person of the Scheme)</b>			
<b>Name of the *family member/relative/friend/appointee/guardian</b>			
in Chinese _____		in English _____	
<b>Hong Kong Identity Card number</b> (not applicable to social workers appointed as guardians by the Social Welfare Department) _____		<b>Living with the Elderly Person</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Relationship with the Elderly Person</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Others (Please specify): _____		
<b>Residential address</b>			
<b>Residential telephone number</b>		<b>Mobile phone number</b>	
<b>Part 3: Comprehensive Social Security Assistance or Social Security Allowance currently received by the Elderly Person</b>			<b>For SWD Use Only</b>
<b>1. Comprehensive Social Security Assistance (CSSA) Scheme</b> <input type="checkbox"/> The Elderly Person is receiving CSSA as a <b>*singleton case/ family case</b> (see Note 1) CSSA case reference no.: _____ CSSA payment expiry date: ____ / ____ / ____ (day/month/year) (CSSA payment expiry date is shown in “Waiver of Medical Charge for CSSA Recipients”, being the Annex of “Notification of Successful Application” or “Notification of Revision of Assistance”)			
<b>2. Social Security Allowance (SSA) Scheme</b> <input type="checkbox"/> Old Age Living Allowance <input type="checkbox"/> Old Age Allowance <input type="checkbox"/> Higher Disability Allowance <input type="checkbox"/> Normal Disability Allowance <input type="checkbox"/> Guangdong Scheme <input type="checkbox"/> Fujian Scheme			
<b>3. <input type="checkbox"/> Non-CSSA/Non-SSA recipient</b>			
<b>Part 4: Income and Assets of the Elderly Person</b> [Only the income and assets of the Elderly Person (in Hong Kong dollars) are required]			
<b>(I) Is the Elderly Person willing to disclose his/her income and assets?</b>			
<input type="checkbox"/> <b><u>Willing to disclose his/her income and assets</u></b> (Please see Note 2 and Note 3 for definition of “income” and “assets” respectively) <i>(Please complete “(II) Income” and “(III) Assets” below and <u>provide relevant supporting documents</u>)</i>			
<input type="checkbox"/> <b><u>Unwilling to disclose his/her income and assets, but willing to pay the maximum co-payment amount</u></b> (Please see Note 4 for the co-payment table) <i>(Please jump to <b>Part 6</b> without having to submit supporting documents)</i>			

\*Signature/Thumbprint of the \*applicant/family member/relative/friend/appointee/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

<b>(II) Income</b> <i>(including income from Hong Kong, Macao, the Mainland or overseas, but <b>excluding</b> contributions from children, relatives or friends and Social Security Allowance)</i>		<b><u>For SWD use only</u></b>	<b>(III) Assets</b> <i>(including assets in Hong Kong, Macao, the Mainland or overseas)</i>		<b><u>For SWD use only</u></b>
1. Wages from employment, income from handiwork, business, etc	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____		7. Cash in hand	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	
2. Retirement benefits/pensions	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____		8. Savings in bank/financial institutions	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	
3. Net income from rent	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____		9. Land/non-owner occupied property	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	
4. Payout from annuity scheme(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____		10. Investment in stocks and shares (including bonds, trust funds and accrued retirement benefits)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	
5. Monthly payment received under reverse mortgage scheme(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____		11. Commercial vehicle(s) (e.g. taxi and public light bus and its business licence)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	
6. Others (Please specify) _____	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____		12. Gold bars and gold coins, etc.	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	
<b>Total value</b> <b>(Item 1 to Item 6)</b>	<b>Total</b> \$ _____		<b>Total value</b> <b>(Item 7 to Item 12)</b>	<b>Total</b> \$ _____	
<b>For SWD use only</b>	<b>Co-payment level:</b>		<b>Date:</b>	<b>Responsible officer:</b>	

**Remark**

Note 1: If the Elderly Person is a Comprehensive Social Security Assistance (CSSA) Scheme recipient but his/her CSSA payment validity period is less than six months prior to the date of application for the Residential Care Service Voucher Scheme for the Elderly (the Scheme), the Elderly Person must provide information on income and assets in Part 4 for assessment and investigations, and for determining the co-payment level by SWD.

If the Elderly Person's CSSA payment validity period is more than six months prior to the date of application for the Scheme and his/her income and assets remain unchanged after his/her application for CSSA, he/she is not required to provide information on income and assets in Part 4 and may jump to Part 5.

\*Signature/Thumbprint of the \*applicant/family member/relative/friend/appointee/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

- Note 2: “Income” includes wages from employment, income from handiwork, business, etc. (including salaries, wages, monthly commissions or bonuses received, and monthly income from self-employment); retirement benefits/pensions; net income from rent; monthly payments received under reverse mortgage scheme(s) and payout from annuity scheme(s) (normally on a monthly basis). The surrender value (if any) after surrendering the annuity scheme(s) will be counted as assets. Contributions from family members, relatives or friends, and Social Security Allowance are **excluded**, but any unspent amount accumulated as savings/cash in hand will be treated as “assets”.
- Note 3: “Assets” include cash in hand; savings in bank/financial institutions (including current/saving accounts of Hong Kong currency/foreign currencies, demand deposit, fixed deposit and other accounts); land and non-owner occupied properties <sup>(1)</sup> (including land and real estates of any use in and outside Hong Kong, such as residential property/business premises/commercial building/plant and factory/parking space/land/other types of properties); investments in stocks and shares (including stocks, shares, warrants, bonds and debentures, trust fund, accrued retirement benefits<sup>(2)</sup>, other investments); commercial vehicle(s) (e.g. taxi and public light bus and its business licence); and gold bars, gold coins, etc. Columbarium niche for self-use in future, the pre-surrender value of annuity scheme(s) and the cash value of insurance schemes are excluded.
- (1) If the Elderly Person is living in his/her sole-owned or joint-owned property at the time of application, **that property will be treated as a “non-owner occupied property” and counted as an asset after the admission of the Elderly Person to Recognised Service Providers** under the Scheme.
- (2) Accrued retirement benefits refer to the retirement benefits currently held in Mandatory Provident Fund (“MPF”) Scheme(s) or other retirement scheme(s). For an estimate of the total amount of such accrued benefits, reference can be made to the latest benefit statement(s) issued by MPF trustee(s) or other retirement schemes trustee(s)/administrator(s) or information obtained through other valid documents. For Elderly Persons aged below 65, the accrued retirement benefits are disregarded in the asset test while the monthly mandatory contributions to MPF Scheme(s) or other retirement scheme(s) are disregarded in the income test.
- Note 4: The Elderly Person may refer to the co-payment table in the attachment and estimate his/her own co-payment level. Please note that the result shall only be finalised upon assessment and confirmation by SWD. The co-payment level will also be clearly stated by SWD on the voucher certificate to be issued.

<b>Part 5: Documents Required for Application</b> (Please put a tick “✓” in the appropriate boxes)	
I hereby return the completed application form together with the supporting documents as below stated:	
<input type="checkbox"/>	Copy of the Elderly Person’s Hong Kong Identity Card
<input type="checkbox"/>	Copy of the *family member/relative/friend/guardian’s Hong Kong Identity Card (not applicable to social workers appointed as guardians by SWD) (if applicable)
<input type="checkbox"/>	Copies of proof of ownership of the residential properties as mentioned in Part 1 (e.g. land record which contains the historical and current information of a property issued by the Land Registry and the latest “Demand for Rates and/or Government Rent” issued by the Rating and Valuation Department)
<input type="checkbox"/>	Copies of proof of the Elderly Person’s “income” and “assets” as mentioned in Part 4
<input type="checkbox"/>	Consent to transfer personal data (only applicable when the application form is neither signed by the Elderly Person, the appointee, nor the “relevant person” stated in Item 6 under Part 6)
<input type="checkbox"/>	Others (Please specify : _____)

\*Signature/Thumbprint of the \*applicant/family member/relative/friend/appointee/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Part 6: Declaration and Undertaking by the Elderly Person/Family Member/Relative/Friend/Appointee/Guardian**

1. I, the undersigned, declare that I am the Elderly Person as shown in Part 1 of this application form or the family member/relative/friend/appointee/guardian as shown in Part 2.
2. I hereby certify that the above statements are true and correct to the best of my knowledge and belief.
3. I have read/have been read and explained the Brief of the Residential 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.
4. I undertake to inform my/the Elderly Person’s family members and other relevant persons that their personal data will be provided to the Social Welfare Department (SWD) for the purpose of this application.
5. I consent to any investigation carried out by SWD as to the eligibility of my application for the Scheme, including but not limited to obtaining my personal data and records from the Social Security Field Units and/or other service units under SWD, other government departments, non-governmental organisations (NGOs), public organisations (e.g. the Hospital Authority), public utility companies, banks and other parties for verification. Consent is also given to the Social Security Field Units and/or other service units under SWD, other government departments, NGOs, public organisations (e.g. the Hospital Authority), public utility companies, banks and other parties for providing the required data and records to SWD.
6. 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).

\* 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.

\*Name of the \*applicant/family member/relative/friend/appointee/guardian: \_\_\_\_\_

\*Signature/Thumbprint of the \*applicant/family member/relative/friend/appointee/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

7. 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 purpose of using his/her personal data as described in paragraph 5 above or deciding whether to give the prescribed consent in relation to the purpose. I hereby, on behalf of the Elderly Person, give the prescribed consent to SWD for obtaining his/her personal data from the Social Security Field Units and/or other service units under SWD, other government departments, NGOs, public organisations (e.g. the Hospital Authority), public utility companies, banks and other parties for investigation as to the eligibility and verification of the Elderly Person’s application for the Scheme. I hereby, on behalf of the Elderly Person, also give the prescribed consent to the Social Security Field Units and/or other service units under SWD, other government departments, NGOs, public organisations (e.g. the Hospital Authority), public utility companies, banks and other parties for providing the required data and records to SWD.
8. I confirm that I have consulted all CSSA family members residing with me/the Elderly Person as mentioned in Item 1 under Part 3 of this application form, and have secured their prescribed consent that SWD may use their personal data in its possession concerning my/the Elderly Person’s “CSSA family case” for such purposes as verifying the data collected by SWD for the Scheme and investigating into my/the Elderly Person’s income and assets for determining the co-payment level, with a view to providing the subsidy or service suitable to me/the Elderly person.
9. I understand and agree that SWD has the right to conduct a comprehensive review of the application submitted by me/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 also understand that I/the Elderly Person am/is required to co-operate with SWD fully, including provision of detailed information of financial situation and other information for review by SWD. SWD shall otherwise have the right to disqualify me/the Elderly Person and/or request refund of the service subsidies paid for me/the Elderly Person by SWD. I also understand and undertake that any overpayment of voucher service subsidies for me/the Elderly Person as verified by SWD shall be refunded.

\*Name of the \*applicant/family member/relative/friend/appointee/guardian: \_\_\_\_\_

\*Signature/Thumbprint of the \*applicant/family member/relative/friend/appointee/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

10. I declare that all data in the application form and other data submitted/to be submitted regarding the Scheme are true and correct, and I undertake to notify SWD as soon as possible of any change in the data submitted, including but not limited to any changes on income and assets. I understand that I may be liable to prosecution if I knowingly or wilfully make any false statement, withhold any data or mislead SWD in any other manner, not reporting the changes of income and assets information with an intent to obtain the subsidised voucher services of the Scheme 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 of the Scheme by deception is a criminal offence. Apart from becoming ineligible for the subsidised voucher services of the Scheme, 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/the Elderly Person accept(s) the Scheme and am/is issued a voucher, I understand and agree that SWD will change the status of application submitted by me/the Elderly Person for Long Term Care (LTC) services on the Central Waiting List (CWL) into “inactive case” during the trial period. If I/the Elderly Person continues to use the voucher service provided by Recognised Service Providers upon the expiry of the trial period, I/the Elderly Person will be deemed to have opted for the Scheme and my/the Elderly Person’s application on the CWL will be closed. If I/the Elderly Person chooses to opt out of the Scheme during the trial period, or have not used the voucher during or upon expiry of the trial period, my/the Elderly Person’s original status on the CWL will be resumed. In this situation, I/the Elderly Person will be deemed as having opted out of the Scheme and my/the Elderly Person’s original position on the CWL will be resumed.
12. If I/the Elderly Person have/has been receiving CSSA, I understand that I/the Elderly Person am/is not entitled for both CSSA and the voucher subsidy concurrently, but eligible for SSA (subject to meeting the prescribed eligibility criteria of the respective allowances). I/the Elderly Person agree(s) that SWD will recover any overpaid amount of social security payment by deduction from future social security entitlement. If I/the Elderly Person stop(s) receiving the voucher subsidy from the Scheme and resume(s) application for CSSA payment, I/the Elderly Person agree(s) that SWD will provide the data and record collected for the Scheme, including but not limited to my/the Elderly Person’s Medical Assessment Forms (if applicable) and information on income and assets, to the social security field units under SWD for my/the Elderly Person’s application for CSSA. I understand that I/the Elderly Person will not be entitled to SSA from the date of receiving CSSA, and agree that SWD will recover any verified overpayment by deduction from my/the Elderly Person’s future CSSA entitlement.

\*Name of the \*applicant/family member/relative/friend/appointee/guardian: \_\_\_\_\_

\*Signature/Thumbprint of the \*applicant/family member/relative/friend/appointee/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Part 7: Communication Means</b>			
*I / the elderly person <u>wish/wishes</u> to receive notification of the application progress and voucher issuance through the following method(s): (Select one method only)			
<input type="checkbox"/>	Post	(The message will be sent to the correspondence address by post)	
<input type="checkbox"/>	Email	(Please provide email address: _____)	
*I / the elderly person <u>wish/wishes</u> to receive voucher-related notification(s) via SMS:			
<input type="checkbox"/>	Yes	(Please provide SMS enable telephone number: _____)	<input type="checkbox"/> No
Selection of Language:			
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	English

\*Name of the \*applicant/family member/relative/friend/appointee/guardian: \_\_\_\_\_

\*Signature/Thumbprint of the \*applicant/family member/relative/friend/appointee/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

\*Delete whichever is inappropriate



## Personal Information Collection Statement

Please read this statement before you provide any personal data<sup>1</sup> to the Social Welfare Department.

### Purposes of Collection

1. The personal data provided by you will be used by the Social Welfare Department (SWD) and/or the recognised service providers (RSPs), or non-governmental organisations (NGOs) commissioned by SWD for purposes including but not limited to handling your/the Elderly Person's application, assessing and investigating your/the Elderly Person's eligibility for the application, providing subsidised services to you/the Elderly Person through the Recognised Service Providers (if applicable), making referral to/arrangement with the Social Security Field Units for you/the Elderly Person to apply for the Comprehensive Social Security Assistance Scheme, Private Partnership Programmes or Social Security Allowance Scheme, or arranging you/the Elderly Person to apply for the Medical Fee Waiver/Samaritan Fund/Community Care Fund Medical Assistance Programme or other medical assistance programmes (if applicable) and related services, monitoring and reviewing of services, handling complaints relating to the services provided to you/the Elderly Person, conducting research and surveys, compiling statistics and discharging statutory duties, with a view to providing you/the Elderly Person with the assistance or service required. The provision of personal data to SWD is strictly voluntary. However, if you fail to provide the personal data requested of you, SWD may not be able to process your application or provide assistance/service to you/the Elderly Person.

### Classes of Transferees

2. The personal data you provide will be made available to persons working in SWD on a need-to-know basis. They may also 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, RSPs, etc) if they are involved in:
    - (i) processing and/or assessing any application from you/the Elderly Person for the provision of service/assistance to you/the Elderly Person by SWD and/or RSPs or NGOs commissioned by SWD mentioned in paragraph 1 above;
    - (ii) the provision of service/assistance to you/the Elderly Person by SWD and/or RSPs or NGOs commissioned by SWD mentioned in paragraph 1 above; or
    - (iii) monitoring and reviewing of the services provided by SWD and/or RSP or NGOs commissioned by SWD mentioned in paragraph 1 above, or compiling statistics, or conducting research and surveys;
  - (b) Complaint handling authorities (such as the Office of The Ombudsman, Office of the Privacy Commissioner for Personal Data, Social Workers Registration Board, Legislative Council, etc.), if they are handling complaints about the service or assistance provided to you/the Elderly Person 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 : Senior Social Work Officer (Residential Care Service Voucher)  
Address : Residential Care Service Voucher Office, Social Welfare Department  
Rooms 2701-07, 27/F, Two Chinachem Exchange Square, 338 King's Road, North  
Point, Hong Kong  
Telephone number : 3107 3280/3107 3290

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<sup>1</sup> 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.

## Consent to Transfer Personal Data

(If the application form of the “Residential Care Service Voucher Scheme for the Elderly” **is neither signed by the Elderly Person nor the “relevant person” in relation to the Elderly Person under the Personal Data (Privacy) Ordinance (Cap. 486)** (Please refer to Item 6 in Part 6 of the application form for “Residential Care Service Voucher Scheme for the Elderly”, **the Elderly Person must sign this “Consent Form”.**

I, \_\_\_\_\_ (Hong Kong Identity Document No.: \_\_\_\_\_) residing at \_\_\_\_\_, hereby give consent to any investigations into the circumstances relating to the eligibility of my application of the Scheme being carried out by the SWD, including but not limited to asking the Social Security Field Units and/or other service units under the SWD, other government departments, non-governmental organisations (NGOs), public organisations (such as the Hospital Authority), public utility companies, banks and other parties to verify my personal data. I also consent to the Social Security Field Units and/or other service units under the SWD, other government departments, NGOs, public organisations (such as the Hospital Authority), public utility companies, banks and other parties providing the requested data and records to the SWD.

\*Signature/Thumbprint of the Elderly Person : \_\_\_\_\_  
Name of the Elderly Person : \_\_\_\_\_  
Date : \_\_\_\_\_

A copy of this consent form is as valid as the original

\* Delete whichever is inappropriate