

One-off Ex-gratia Cash Allowance for Confirmed COVID-19 Patients

Information Brief

Background

The one-off ex-gratia cash allowance for locally confirmed COVID-19 patients is open for eligible Hong Kong residents to apply from 27 November 2020. The one-off ex-gratia allowance aims to remove the concern of potentially infected persons from coming forward to take COVID-19 tests that they would suffer from financial hardship whilst being hospitalised in public hospitals for COVID-19 treatment.

Amount of Cash Allowance

A one-off payment of HK\$5,000 to every eligible applicant.

Eligibility Criteria

Applicants have to meet the following eligibility criteria:

- they are Hong Kong residents who are confirmed by the Department of Health to have contracted COVID-19 locally on or after 22 November 2020; and
- they are currently employed but not entitled to paid sick leave or are self-employed and face financial hardship whilst being hospitalised in public hospitals for COVID-19 treatment.

Application Procedure

- Applicants are not required to undergo any specific means test, but they have to declare that they meet the aforementioned eligibility criteria and provide basic information about their current employment. The Social Welfare Department will assess the applications and may seek to verify relevant information with concerned Government Departments, Hospital Authority and/or the Applicants' employers as appropriate.
- Eligible applicants may apply for the ex-gratia allowance starting from 27 November 2020 through medical social workers of the hospitals where they are receiving/ have received treatment for COVID-19.
- Applicants may submit the applications themselves or, if need be, appoint a family member/ relative or agent to submit applications on their behalf.
- For applicants who cannot complete their applications whilst receiving treatment, they may do so as soon as possible after they have been discharged from hospital.

Enquiries

For enquiries, please contact the medical social services units of respective hospitals during office hours.

[Name of medical social services unit]

- Address: [Filled by respective medical social services unit]
- Tel.: [Filled by respective medical social services unit]
- Email: [Filled by respective medical social services unit]

Rehabilitation and Medical Social Services Branch
Social Welfare Department
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