

Integrated Support Service for Persons with Severe Physical Disabilities**Assistance Programmes of “Special Subsidy for Renting Respiratory Support Medical Equipment” and “Special Subsidy for Purchasing Medical Consumables”**

For official use only	
Application no.	
Date of receipt	

Application Form**Notes:**

- Applicants/guardians/appointees should read carefully the “Brief on the Integrated Support Service for Persons with Severe Physical Disabilities” for these two assistance programmes and the section of “Personal Information Collection Statement” of this application form before filling in the information.
- Please complete the form in block letters using black or blue pen.
- Please submit completed application form and the supporting documents listed in Part 6 of this form, by post or by hand to the following Service Operator in accordance with the residential address of the applicant:

	Regional Clusters	Service Districts	Service Operator	Address	Tel. No.
<input type="checkbox"/>	Hong Kong Island and Kowloon	Central, Western, Southern, Islands, Eastern, Wan Chai, Kowloon City, Yau Tsim Mong, Sham Shui Po, Wong Tai Sin, Kwun Tong and Tseung Kwan O	Yang Memorial Methodist Social Service	- Units 6-10, G/F, Lai Tak House, Lai On Estate, Sham Shui Po - Units 501-502, On Hing House, Hing Wah (II) Estate, Chai Wan, Hong Kong	3959 1700
<input type="checkbox"/>	New Territories	Sha Tin, Tai Po, North, Sai Kung, Tsuen Wan, Kwai Tsing, Tuen Mun, Yuen Long and Tin Shui Wai	Po Leung Kuk	- Shop No. RB2, Commercial Centre, Cheung Shan Estate, New Territories - LG/F, Social Service Building, Fu Tip Estate, 11 Chung Nga Road, Tai Po, New Territories	3708 8690

* I / I, on the applicant’s behalf, am applying for (Please select one or both programme(s) as appropriate):

- Special Subsidy for Renting Respiratory Support Medical Equipment (RSME Programme)**
- Special Subsidy for Purchasing Medical Consumables (Consumables Programme)**

Part 1 Personal Particulars of Applicant

(The applicant refers to an individual with severe physical disabilities who needs to use respiratory support medical equipment)

Name in English:	_____	Name in Chinese (if any):	_____
Identification document no.:	_____	Type of document:	* Hong Kong Identity Card (HKIC) / Others (Please specify below)
Year of birth:	_____ (yyyy)		_____
Telephone no.	_____ (Home)		_____ (Mobile)
Residential address:	_____ _____ _____		
Correspondence address: (If different from residential address)	_____ _____ _____		
File reference of Disability Allowance:	_____		

Please tick the appropriate box(es).

* Please delete as appropriate.

Part 2 Personal Particulars of Guardian/Appointee

(If the applicant aged below 18 or has been medically certified to be unfit to make a statement, the application should be made by the guardian/appointee approved by the Social Welfare Department (SWD) currently receiving Normal Disability Allowance or Higher Disability Allowance under the Social Security Allowance (SSA) Scheme on his/her behalf with this part completed)

Name of * guardian/
appointee: _____

HKIC no.:
(Not required for application
made by SWD social worker) _____

Contact telephone no.: _____

Relationship with the applicant: _____

Correspondence address: _____

Part 3 Respiratory Support Medical Equipment Used by Applicant ^{Note 1}

1. The respiratory support medical equipment (RSME) used by the applicant is/are as follows (can select more than one item):

- | | | |
|--------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> (a) BIPAP Machine | <input type="checkbox"/> (b) CPAP Machine | <input type="checkbox"/> (c) Humidification System |
| <input type="checkbox"/> (d) In-exsufflator Cough Machine | <input type="checkbox"/> (e) Oximeter | <input type="checkbox"/> (f) Oxygen Concentrator |
| <input type="checkbox"/> (g) Suction Machine | <input type="checkbox"/> (h) Suction Pump | <input type="checkbox"/> (i) Ventilator |
| <input type="checkbox"/> (j) Other RSME, namely: _____ ^{Note 2} | | |

2. * Has the applicant been renting / Will the applicant rent / Has the applicant purchased / Will the applicant purchase the RSME(s) selected in item 1 above ^{Note 3}?

- He/she has been renting the equipment and the monthly fee is \$ _____ ^{Note 4} ***[Please answer items (3), (4), (5) and (6) below*** ^{Note 5]}
- He/she will rent the equipment in _____(month) _____ (year) and the monthly fee is \$ _____ ^{Note 4}
[Please answer items (3), (4) and (5) below ^{Note 5]}
- He/she has purchased and used the equipment ***[Please answer items (5) and (6) below]***
- He/she will purchase the equipment in _____(month) _____ (year) ***[Please answer items (5) below]***

3. Has the applicant been receiving any assistance from the Government/charitable funds ^{Note 6} at the same time to cover the **rental** fees of RSME?

- Yes (Please specify: _____) No

4. Has the applicant received any assistance from the Government/charitable funds ^{Note 6} within 3 years prior to submitting the application to cover the costs of **purchasing** the RSME?

- Yes (Please specify: _____) No

5. Has the applicant been receiving any assistance from the Government/charitable funds ^{Note 6} at the same time to cover the costs of purchasing medical consumables?

- Yes (Please specify: _____) No

6. Has the applicant been receiving any relevant assistance from the Community Care Fund?

- Yes (Please specify: Provision of Special Subsidy to Persons with Severe Physical Disabilities for Renting Respiratory Support Medical Equipment) No
- Provision of Special Subsidy to Persons with Severe Physical Disabilities for Purchasing Medical Consumables Related to Respiratory Support Medical Equipment

Please tick the appropriate box(es).

* Please delete as appropriate.

- Note 1: The information of all the items of RSME rented should be provided in this Part.
- Note 2: An applicant, who has the need of using other RSME which is/are **not mentioned in item (1)(a-i)** above as assessed by medical doctors or allied health professionals of public hospitals/clinics, should submit the original supporting documents for consideration.
- Note 3: Under special circumstances where an applicant is being hospitalised (but with a definitive discharge plan) and has not rented/purchased any RSME when submitting his/her application, the Service Operator will consider accepting his/her application. For details, please refer to the "Brief on the Integrated Support Service for Persons with Severe Physical Disabilities" for these two assistance programmes.
- Note 4: It refers to the monthly rent of **all** the items of RSME.
- Note 5: If an applicant, who is renting RSME, is applying for subsidy under these two assistance programmes at the same time, the information of item (5) above should be provided; if he/she is only applying for subsidy under the RSME Programme, such information is not required.
- Note 6: Assistance from the Government/charitable funds include Comprehensive Social Security Assistance (CSSA), Pneumoconiosis Compensation Fund, Samaritan Fund, Yan Chai Tetraplegic Fund, Yan Chai Caring Fund for Severely Disabled, etc.

Part 4 Monthly Household Income of Applicant (in Hong Kong dollars)

(1) The applicant and **his/her family members** ^{Note 7} living under the same roof in Hong Kong add up to _____ persons.

(2) The **monthly household income** ^{Note 8} of the applicant and **his/her family members** ^{Note 7} living under the same roof in Hong Kong

*(Please provide the following details of income of **all the persons** referred to in item (1) above (irrespective of having income or not). Please continue on a photocopy of this page with signature appended if the no. of persons is more than the listed below.)*

Name	Relationship with the applicant	Current condition of the family members ^{Note 7} living under the same roof (if applicable)			Monthly income (\$) (please write "0" if without any income)	For official use only
		Age	Receiving full time education? (only applicable to applicant's siblings) ^{Note 7}	With disabilities? (only applicable to applicant's siblings) ^{Note 7}		
Applicant						
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Monthly household income (\$) <i>(i.e. the sum of monthly income of all the persons above)</i>						

Note 7: Family members include the applicant's father, mother, son, daughter, husband/wife and siblings aged below 18 or aged 18-25 receiving full-time education, or disabled adult siblings (i.e. receiving disability allowance under the SSA Scheme or standard rates for 100% disabled or requiring constant attendance under the CSSA Scheme). Legally recognised adoptive parents/children or illegitimate children with proof of parentage are also included.

Note 8: Monthly household income refers to the average monthly income for the three months prior to submission of application (for income not paid on monthly basis, e.g. double pay, it should be spread over the period concerned for calculation) and includes the following:

- (i) Earnings from employment: salary, double pay/leave pay, job allowance, bonus/commission/tips, income from rendering services, profits from business, etc.
- (ii) Other income: maintenance from children, contribution from relatives/friends, alimony, monthly pension/widow's and children's compensation, profits from investment, interests from fixed deposits as well as stock and shares, rental income, etc.

but **excludes** employee's mandatory contribution to the Mandatory Provident Fund Scheme, financial assistance provided by the Government, charitable donations, financial assistance from the assistance programmes of the Community Care Fund, etc.

Please tick the appropriate box(es).

Part 5 Household Net Asset Value of Applicant (including assets in and outside Hong Kong) (in Hong Kong dollars)

(1) The applicant and his/her family members ^{Note 7} living under the same roof in Hong Kong add up to _____ persons.

(2) **Net Asset value** of the applicant and all of **his/her family members** ^{Note 7} living under the same roof in Hong Kong:

*(Please provide all the details of net asset value of **all the persons** referred to in item (1) above (irrespective of having assets or not). Please continue on a photocopy of this page with signature appended if the no. of persons is more than the listed below.)*

	Applicant	Family Member	Family Member	Family Member	Family Member	For official use only
Name						
Net Asset Value	(a) Land					
	(b) Landed Properties (including domestic properties, shops, parking spaces, etc. but excluding the self-occupied property in which the applicant is living with his/her household members in Hong Kong and their tools of trade)					
	(c) Vehicles					
	(d) Taxi/Public Light Bus Licences					
	(e) Investments (including saving insurance policies, funds, shares, etc.)					
	(f) Business undertakings (whether with business registration or not)					
	(g) Deposits (including savings, current and fixed deposits, Hong Kong and foreign currencies, etc.) – must declare the actual amount of all deposits as at the date immediately before the date of declaration					
	(h) Cash in hand (including Hong Kong and foreign currencies, etc.)					
Personal Total Net Asset Value [The sum of (a) – (h)] ^{Note 9}						

Total Net Asset Value of the Household = \$ _____
(i.e. the sum of total net asset value of all the persons above)

Note 9:

Asset	Description
Land	For land in and outside Hong Kong, e.g. government grants and Letters A and Letters B for exchange of land, the net value is calculated by deducting the outstanding mortgage amount from the asset value as at the date immediately before the date of declaration according to the percentage of ownership.

Asset	Description
Landed Properties	For landed properties of any uses (including ancestral houses) which are completed or for pre-sale, or which are the subject matter of a sale and purchase agreement in and outside Hong Kong, the net value is calculated by deducting the outstanding mortgage amount from the asset value as at the date immediately before the date of declaration according to the percentage of ownership.
Vehicles	<p>For private cars, vans, light goods vehicles, lorries, coaches, motor-cycles, taxis, public light buses, container tractors and trailers, etc., the net value is calculated by deducting the outstanding hire purchase repayment from the asset value as at the date immediately before the date of declaration.</p> <ul style="list-style-type: none"> • If a vehicle is for the private use or exclusive use of a transportation business, the net asset value should be declared in this part. • If a vehicle is owned by a business other than that of transportation, say a lorry of a metal work business, its value should be incorporated in the net asset value of the entire business under “Business Undertakings”.
Taxi/ Public Light Bus Licences	The net value of the taxi/public light bus licences is derived by deducting the outstanding hire purchase amount from the market value as at the date immediately before the date of declaration.
Investments	<p>These include savings or investment-linked insurance scheme (the present cash value and its accumulated bonus and interest of such insurance scheme should be declared in the items of Investment of Net Asset Value in Part 5 of the application form), listed shares, bonds, futures, paper gold, certificates of deposits, deposits with brokers, mutual fund and unit trust fund, etc.</p> <p>The value of these investment instruments is calculated at their latest Net Asset Value or latest closing price per unit as at the date of declaration.</p>
Business Undertakings	<p>The interest in any business of sole proprietorship, partnership or firms/limited companies should be declared.</p> <p>The net asset value is based on the latest audited account/provisional account as at the date of declaration, including the net book value of plant and machinery, stocks in hand, account receivable, balance of bank accounts, cash in hand, residual value of vehicles, and market value of landed properties, less all liabilities.</p>
Deposits and Cash in Hand	<p>Deposits include the actual amount (irrespective of the amount) of all fixed and savings/current accounts deposits (in both local and foreign currencies, the value should be converted by the closing exchange rate as at the date of declaration, joint account holder(s) are required to declare the amount of deposits by averaging the total amount of deposits according to the number of account holders) and the amount that has been withdrawn or can be withdrawn from Mandatory Provident Fund/ Provident Fund as at the date immediately before the date of declaration.</p> <p>Cash in hand in both local and foreign currencies (the value should be converted by the closing exchange rate as at the date of declaration) at a value of HK\$5,000 or above as at the date of declaration.</p>

Part 6 Submission of Supporting Documents Required

I hereby submit the following documents in support of this application (*For application of subsidy under these two assistance programmes at the same time, only one application form and one set of the supporting documents are required to be submitted*):

- A copy of the applicant’s identification document
- A copy of the guardian/appointee’s HKIC (if applicable), which is not required for application made by a social worker of SWD.
- The following documents with name(s) of the applicant (or his/her relatives and friends) specified:

For application under RSME Programme only:

- a copy of supporting documents of renting all RSMEs (refers to RSME listed in Annex 1 of the “Brief on the Integrated Support Service for Persons with Severe Physical Disabilities”) by the applicant (e.g. receipt/record of rental payment).

For application under Consumables Programme only:

- a copy of supporting documents of using RSME and purchasing medical consumables (refers to medical consumables listed in Annex 2 of the “Brief on the Integrated Support Service for Persons with Severe Physical Disabilities”) by the applicant (e.g. receipt of purchase, approval document(s) of relevant assistance, maintenance record, or receipt of rental payment, etc.).

For application under these two assistance programmes at the same time:

- a copy of supporting documents of renting all RSMEs (refers to RSME listed in Annex 1 of the “Brief on the Integrated Support Service for Persons with Severe Physical Disabilities”) and purchasing medical consumables (refers to medical consumables listed in Annex 2 of the “Brief on the Integrated Support Service for Persons with Severe Physical Disabilities”).

For applicants being hospitalised:

- Under special circumstances where an applicant is being hospitalised (but with a definitive discharge plan), the applicant may submit the original document(s) supporting his/her need of using RSME as assessed by medical doctors or allied health professionals of public hospitals/clinics. A copy of the required supporting documents for the aforesaid two assistance programmes under application should be submitted when the rental/use of the relevant RSME commences.
- The original document(s) supporting the applicant's need of using other RSME and medical consumables (i.e. RSME **not** listed in Annex 1 and medical consumables **not** listed in Annex 2 of the "Brief on the Integrated Support Service for Persons with Severe Physical Disabilities") as assessed by medical doctors or allied health professionals of public hospitals/clinics (if applicable).
- Others (Please specify: _____)

[In making an application, it is not required to attach the relevant financial proof mentioned in Part 4 and 5. The Service Operator will invite applicants/guardians/appointees to submit the proof during the assessment stage.]

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Part 7 Declaration and Undertaking by Applicant/Guardian/Appointee ^{Note 10}

1. I, the undersigned, declare that I am the applicant in Part 1 or the guardian/appointee in Part 2 of this application form.
2. I have read/have been read and explained the "Brief on the Integrated Support Service for Persons with Severe Physical Disabilities" for relevant assistance programme(s) and the section of "Personal Information Collection Statement" of this application form and fully understand the contents.
3. I hereby give consent to the Service Operator for using the data provided by me, including my personal data/the personal data of me and the applicant and the personal data of all of my/the applicant's household members living under the same roof in Hong Kong, for purposes in connection with the provision of appropriate assistance or service under assistance programmes of the "Integrated Support Service for Persons with Severe Physical Disabilities" which is relevant to my/the applicant's needs, including but not limited to the processing of my application/my application made on the applicant's behalf under the assistance programme(s) of the Integrated Support Service for Persons with Severe Physical Disabilities (including checking and/or investigation of my/the applicant's eligibility for assistance programme(s)); disbursement of the subsidy to me/the applicant; monitoring and reviewing of services, conducting of researches and surveys, and for discharging statutory duties. I consent that for the above purposes, the Service Operator could transfer the data internally and disclose them to the following parties: the Social Welfare Department and other parties which are involved in the assessment of my application/my application made on the applicant's behalf or in the provision of appropriate service/assistance to me/the applicant, such as government bureaux/departments, non-governmental organisations (NGOs) and public utility companies.

Note 10: 'Service Operator' under this Part refers to the service operator which serves the applicant's residential address. Under the Integrated Support Service for Persons with Severe Physical Disabilities, Yang Memorial Methodist Social Service is the service operator serving Central, Western, Southern, Islands, Eastern, Wan Chai, Kowloon City, Yau Tsim Mong, Sham Shui Po, Wong Tai Sin, Kwun Tong and Tseung Kwan O districts in the Hong Kong Island and Kowloon regional cluster. Po Leung Kuk is the service operator serving Sha Tin, Tai Po, North, Sai Kung, Tsuen Wan, Kwai Tsing, Tuen Mun, Yuen Long and Tin Shui Wai districts in the New Territories regional cluster.

4. I hereby give consent to the Service Operator for using my personal data in its possession and obtaining my data from other government bureaux/departments, service providers, NGOs and public organisations for the provision of appropriate assistance or service under assistance programmes of the “Integrated Support Service for Persons with Severe Physical Disabilities” which is relevant to my/the applicant’s needs, including verifying the data collected by the Service Operator and investigating my/the applicant’s eligibility for assistance programme(s).
5. I confirm that I have consulted my/the applicant’s household members living under the same roof in Hong Kong which are mentioned in this application form, and have obtained their prescribed consent that the Service Operator could use their personal data in its possession and obtain their data from other government bureaux/departments, service providers, NGOs and public organisations for purposes in connection with the provision of appropriate assistance or service under assistance programmes of the “Integrated Support Service for Persons with Severe Physical Disabilities” which is relevant to my/the applicant’s needs, including verifying the data collected by the Service Operator and investigating my/the applicant’s eligibility for assistance programme(s). If I am the “relevant person” in relation to the applicant under the Personal Data (Privacy) Ordinance, and the applicant is incapable of understanding this new purpose of using his/her personal data and deciding whether to give the prescribed consent, I hereby, on the applicant’s behalf, give the prescribed consent to the Service Operator for using his/her data in its possession and obtaining his/her personal data from the above public and private organisations for the provision of appropriate assistance or service under assistance programmes of the “Integrated Support Service for Persons with Severe Physical Disabilities” which is relevant to my/the applicant’s needs, including verifying the data collected by the Service Operator and investigating the eligibility of the applicant for assistance programme(s).
6. I understand and agree that the Service Operator have the right to conduct comprehensive checking in the course of processing this application made by me/made by me on the applicant’s behalf or after the disbursement of the subsidy to me/to me for receipt on the applicant’s behalf to ensure the authenticity, integrity and accuracy of all data submitted by me. I and all of my household members living under the same roof in Hong Kong/I and the applicant and all of his/her household members living under the same roof in Hong Kong have to cooperate fully with the Service Operator, which includes providing detailed information of financial means and any other information to the Service Operator for checking. The Service Operator otherwise have the right to disqualify my/the applicant’s application and/ or request my full or partial repayment of the subsidy.
7. I agree that the subsidy under relevant assistance programme(s) be deposited by the Service Operator directly into the bank account in which I/I, on the applicant’s behalf, receive Higher Disability Allowance or Normal Disability Allowance under the Social Security Allowance Scheme. I undertake that the payment so received will be administered and spent for the benefit of the applicant (*applicable to an application made by guardian/appointee on the applicant’s behalf*). I also agree and undertake to notify the Service Operator forthwith of any overpayment or mis-payment to me by the Service Operator under relevant assistance programme(s) and refund the amount as certified by the Service Operator as overpayment or mis-payment to the Service Operator.
8. I declare that all data in this application form and other data submitted/to be submitted under relevant assistance programme(s) are true and correct, and I undertake to notify the Service Operator forthwith of any changes in the data submitted. I understand that if I knowingly or willfully make any false statement, withhold any data or mislead the Service Operator in any other manner to obtain subsidy under relevant assistance programme(s), it will render me liable to prosecution. I understand that the deliberate provision of false data or omission of data in order to obtain subsidy under relevant assistance programme(s) by deception is a criminal offence. In addition to the consequence of being ineligible for the subsidy under relevant assistance programme(s), it will render me/the applicant liable to prosecution and on conviction to imprisonment for a maximum of 14 years under the Theft Ordinance (Cap. 210).

Applicant/Guardian/Appointee:
(Please delete as appropriate)

(Signature)

Date: _____

(Name)

Personal Information Collection Statement ^{Note 11}

Purpose of Collection

1. The personal data provided by you will be used by the Service Operator to provide appropriate assistance or service under assistance programmes of the “Integrated Support Service for Persons with Severe Physical Disabilities” which is relevant to your/the applicant’s needs, including but not limited to the processing of your application, checking and investigation of your/the applicant’s eligibility, disbursement of the subsidy to you/the applicant, monitoring and reviewing of services, conducting of researches and surveys, and for discharging statutory duties. The provision of personal data to the Service Operator is voluntary. If you do not provide sufficient and accurate personal data, the Service Operator may not be able to process your application or provide assistance/service to you/the applicant.

Classes of Transferees

2. The personal data you provide will be made available to officers of the Service Operator on a need-to-know basis. Apart from this, they may only be disclosed to the relevant parties or in the circumstances listed below:-

- (a) Other parties such as government bureaux/departments, non-governmental organisations and public utility companies if they are involved in the assessment of your application, including your/the applicant’s eligibility, or the provision of service/assistance to you/the applicant;
- (b) Social Welfare Department;
- (c) Where you have given consent to such disclosure; and
- (d) Where such disclosure is authorised or required by law.

Personal Data Access and Correction Requests

3. You have a right of access to and correction of your personal data held by the Service Operator. Your requests for access to or correction of your personal data should be addressed to:

	Yang Memorial Methodist Social Service	Po Leung Kuk
Post	Director	Assistant Principal Social Services Secretary (Rehabilitation Services)
Address	54 Waterloo Road, Kowloon, Hong Kong	66 Leighton Road, Hong Kong
Telephone No.	2251 0888	2277 8888

Note 11: For definition of ‘Service Operator’, please refer to Note 10. Regarding requests for access to or correction of personal data under point 3 of this Part, please contact the relevant service operator according to the following information:

	Yang Memorial Methodist Social Service	Po Leung Kuk
Agency Head of the Service Operator	Mr Lam Chun-ming, Patrick	Ms Lau Wan-wai
Agency Head’s Address	54 Waterloo Road, Kowloon, Hong Kong	66 Leighton Road, Hong Kong
Agency Head’s Telephone No.	2251 0888	2277 8888