



Hong Kong Adventist Hospital Foundation Age-related Macular Degeneration Charity Program

Application Form 港安醫院慈善基金 眼內注射港安資助計劃 申請表格

Foundation Use 基金專用
Date received 收到日期:

Section I: Particulars of Referral Organization 轉介機構資料 (If applicable 如適用)

| | | |
|--|--------------|---------------------------------------|
| Name of Referral Organization 轉介機構名稱: | | Referral Organization Chop 轉介機構蓋印: |
| Name of Contact Person 聯絡人姓名: | Title 職位: | |
| Contact Number 電話號碼: | | |
| Email Address 電郵地址: | | |

Section II: Particulars of Applicant 申請人資料

| | | | | | |
|--|---------|---|----------------------|---|----------------------|
| Name in Chinese 中文姓名: | | Surname in English 英文姓氏: | | First Name in English 英文名字: | |
| Date of Birth 出生日期: ____/____/____ DD 日 MM 月 YYYY 年 | Age 年齡: | Sex 性別: | Place of Birth 出生地點: | Nationality 國籍: | Marital Status 婚姻狀況: |
| Birth Cert. No. / Hong Kong ID No. / Passport No. 出生証編號 / 香港身份證號碼 / 護照號碼: | | Daytime Contact Phone No. 日間聯絡電話: | | Spoken Languages 語言: <input type="checkbox"/> Cantonese 粵語 <input type="checkbox"/> Mandarin / Putonghua 國語 / 普通話 <input type="checkbox"/> English 英語 <input type="checkbox"/> Others 其他: _____ | |
| Home Address 住宅地址: _____ _____ _____ | | Name of Hospital / Clinic recently visited 最近求診之醫院/診所名稱: Name of Attending Doctor: 主診醫生名稱: | | Diagnosis 診斷結果: (Please attach related medical record 請附上相關醫療紀錄) | |

Section III: Particulars of Applicant's Financial Situation 申請人的經濟狀況

1. Applicant's Monthly Income 申請人工作收入 (Table 1 / 表 1)

| | |
|------------------------------------|--|
| Occupation 職業 | |
| Current Monthly Income 現時每月平均收入 | |

1.1 Is the applicant a retiree? 是 Yes 否 No Retirement pension (If any): \$ _____
申請人是否退休人士? 退休公務員長俸(如有): \$ _____

1.2 Is the applicant a recipient of CSSA? 是 Yes · Valid Date 有效日期: _____ 否 No
申請人是否正領取綜合社會保障援助(綜援)

1.3 Is the applicant a recipient of Old Age Living Allowance? 是 Yes 否 No
申請人是否正領取長者生活津貼?



Hong Kong Adventist Hospital Foundation Age-related Macular Degeneration Charity Program

Application Form 港安醫院慈善基金 眼內注射港安資助計劃 申請表格

2. Properties and Assets owned by Family Members 申請人的物業及資產 (Table 2 / 表 2)

Please attach sheet(s) if more space is required 如表格不敷應用，請另紙書寫

2.1 Capital Items 資產

| | Description 敘述 | Owner 持有者 | Current Estimated Value 現時估值 | Annual Derived Income (if any) 每年產生的收入 (如適用) |
|---|--------------------|-----------|------------------------------|--|
| House / Land / Parking 物業/土地/車位 | Location 位置 | | | |
| | Purpose 用途 | | | |
| | Purchase Date 購買日期 | | | |
| Business wholly or partly-owned 生意 - 包括全部或部份擁有 | Co. Name 公司名稱 | | | |
| | Address 地址 | | | |
| | Nature 業務性質 | | | |
| Total 總計: | | | HKD | HKD |

2.2 Insurance 保險

| Policy No. 保單編號 | Type of Policy 保險種類 (人壽 / 醫療等) (Life / Medical) | Policy beneficiary 保單受益人 | Purchase Date 購買日期 | Currency 貨幣 | Current Value 現時價值 |
|-----------------|---|--------------------------|--------------------|-------------|--------------------|
| | | | | | |
| | | | | | |
| Total 總計: | | | | | HKD |

2.3 Bank Deposit 銀行存款

| Account Holder Name 戶口持有人 | Bank Name 銀行名稱 | Bank A/C No. 銀行戶口編號 | Type of Account 戶口種類 (Saving / Current) (儲蓄, 支票) | Currency 貨幣 | Balance 結餘 |
|---------------------------|----------------|---------------------|--|-------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total 總計: | | | | | HKD |

2.4 Stocks and Shares / Bond / Fund 股票 / 債券 / 基金

| Stock No 編號 | Name 名稱 | Quantity 數量 | Owner 持有者 | Current Value 現時價值 |
|-------------|---------|-------------|-----------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| Total 總計: | | | | HKD |

Total Value of Properties and Assets 物業及資產總價值: **HKD**



Hong Kong Adventist Hospital Foundation
Age-related Macular Degeneration Charity Program
Application Form
港安醫院慈善基金
眼內注射港安資助計劃
申請表格

Section IV: Declaration 聲明

I, _____, declare that the above information is true and am willing to be held responsible legally for its inaccuracy.

本人 _____ 申明上述的資料正確無誤，並願意承擔因虛報而引致的法律責任。

Applicant's Signature
申請人簽署

Date
日期



Hong Kong Adventist Hospital Foundation
Age-related Macular Degeneration Charity Program
Application Form
港安醫院慈善基金
眼內注射港安資助計劃
申請表格
Application Guidelines 申請條款

Funding Principal 資助原則

- Under normal circumstances, if the applicant passes the initial financial assessment, HKAHF will arrange the applicant to conduct relevant medical assessment at Hong Kong Adventist Hospital or its designated medical institutions. The relevant medical expenses incurred including Outpatient, surgery and clinical checking etc.
一般情況下，申請人如通過審批，基金會安排申請人於香港港安醫院或轄下指定之醫療機構進行相關之醫療評估，再按需要安排相關之醫療程序，申請者所付之費用已包括有關門診、手術費用及檢查等費用
- HKAHF will not support the applicant in cash form
本基金不會以現金形式資助合資格之申請人
- HKAHF shall not be responsible for any medical expenses incurred in connection with the medical procedures that are not carried out at Hong Kong Adventist Hospital or its designated medical institutions
如有關醫療程序並非於香港港安醫院或轄下指定之醫療機構進行，相關衍生之醫療費用，本基金概不負責
- Hong Kong Adventist Hospital Foundation reserves the right to refer the applicant to HA hospital when necessary
有需要時，港安醫院慈善基金有權將個案轉介至醫管局轄下之醫院繼續治療

Application Procedure 申請程序

- Applicant has to submit the completed the application form together with the supporting documents by email to foundation@hkah.org.hk or WhatsApp to **9765 2061**.
申請人需填妥資助申請表及所需文件一併以電郵遞交至 foundation@hkah.org.hk 或可 WhatsApp **9765 2061**.
- The applicant can only submit one application at a time and ensure the submitted information are accurate and completed. Duplicate application or incomplete submission will not be processed
申請人每次只可以遞交一份申請書，並確保資料齊全。重覆遞交或資料不齊全的申請將不獲處理；
- In case of any dispute, the decision of Hong Kong Adventist Hospital Foundation shall be final and conclusive
有任何爭議，港安醫院慈善基金會將保留最終決定權

Documents required for application 申請所需文件

All applicants and their family members who live together must submit both completed HKAHF application form together with the following supporting documents. 所有申請人及其同住家屬，必須填妥基金申請表並連同以下文件交回基金處理；

1. Identification Documents 身份證明文件

- HKID Card copy / Copy of Birth Certificate (for HK applicants) or
香港身份證或出世證明副本（香港居民適用）或
- Copy of Identity Card and Registration of Citizenship (for mainland China applicants); or
申請人家屬身份證及常住人口登記卡副本（國內申請者適用）或
- Valid immigration documents issued by Immigration Department
由入境事務處發出之有效入境證明文件

2. Documents for Financial Assessment 經濟審查所需文件

- For those applicants and family members who are under CSSA, the applicant should submit the certificate of Comprehensive Social Security Assistance
申請人及其同住家庭成員如正領取綜援，必須遞交有效之綜援文件
- For those applicants and family members who are not recipients of CSSA, they should submit the following documents for financial assessment: 申請人及其同住家庭成員如沒有領取綜援，請必須遞交以下文件
 - Copy of all bank account(s) record for the past 12 months; 最近 12 個月所有銀行戶口記錄影印本
 - Copy of Proof of all property and assets owned; 物業及資產的證明影印本
 - Salary statement of current employer / Copy of Employer's Return of Remuneration and Pensions I.R. 56B or Salaries Tax Demand Note; 僱主填報的報稅表 I. R. 56B 或薪俸稅通知書影印本
 - Any official documents issued by Social Welfare Department or other government departments that the applicant is receiving subsidies other than CSSA; 由社會福利署或其他政府部門發出之文件，證明申請人正領取其他津貼或補助
 - Any official documents issued by registered organizations indicated that the applicant is receiving subsidies or other financial support; 由註冊機構發出之文件，證明申請人正領取其他津貼或補助

3. Others Documents 其他文件

- Medical Record and/or documents issued by public hospitals or clinics;
由公立醫院或診所發出之醫療紀錄資料
- Referral Letter from public hospitals/doctors (applicable for specific program)
由公立醫院或醫生發出之轉介信（適用於指定計劃）