

**Social Welfare Department
Special Care Subsidy Scheme for Persons with
Severe Disabilities**

Application Form

For use by the Social Welfare Department (SWD)				
Application no.	HDA			2024/SWD
Date of receipt				
AN	CHK-A	CHK-D	CHK-R	AP

Notes :

1. Applicants/guardians/appointees should read carefully the brief on this Scheme and the section of "Personal Information Collection Statement" of this application form before filling in the information.
2. Please complete the form in **block letters** using **black or blue pen**. Applicants/guardians/appointees should **initial against any alterations**, and read carefully the "Declaration and Undertaking by Applicant/Guardian/Appointee" in Part 6 of this application form before signing that part for confirmation.
3. Please tick the appropriate box(es) in this form.
4. Please submit completed application form and the supporting documents listed in Part 5 of this application form by post (postmark date will be taken as submission date), or by hand to :

**Carer Allowances and Subsidies Team
Social Welfare Department
Room 404, 4/F, Lady Trench Training Centre,
44 Oi Kwan Road, Wan Chai, Hong Kong**

Part 1 Personal Particulars of Applicant

(The applicant refers to a person with severe disabilities who is applying for the subsidy under this Scheme.)

Name in English:	_____			Name in Chinese (if any):	_____
Identification document no.:	_____	() Type of document:	* Hong Kong Identity Card (HKIC) / Hong Kong Birth Certificate (HKBC) /Others (please specify below)		
Date of birth:	_____ (dd / mm / yyyy)		_____		
Telephone no.	_____ (Home)	_____ (Mobile)			
Residential Address:	Flat/ Room: _____	Floor: _____	Block: _____		
	Name of Building/ Estate: _____				
	Number and Name of Street/ Number and Name of village: _____				
	District: _____	Region: <input type="checkbox"/> H.K. <input type="checkbox"/> KLN. <input type="checkbox"/> N.T.			
Correspondence Address: (if different from residential address)	Flat/ Room: _____	Floor: _____	Block: _____		
	Name of Building/ Estate: _____				
	Number and Name of Street/ Number and Name of Village: _____				
	District: _____		Region: <input type="checkbox"/> H.K. <input type="checkbox"/> KLN. <input type="checkbox"/> N.T.		
File reference of Higher Disability Allowance:	_____				

Email address: _____.

* Please delete as appropriate.

Part 2 Personal Particulars of Guardian/Appointee

[If the applicant is aged below 18 or has been medically certified to be unfit to make a statement, the application should be made by the guardian/appointee currently approved by the Social Welfare Department (SWD) to receive 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: Flat/ Room: _____	Floor: _____ Block: _____
Name of Building/ Estate: _____	
Number and Name of Street/ _____	
Number and Name of Village: _____	
District: _____	Region: <input type="checkbox"/> H.K. <input type="checkbox"/> KLN. <input type="checkbox"/> N.T.
Email address: _____.	

Part 3 Monthly Household Income of Applicant

1. The applicant and his/her **family members living in the same premises in Hong Kong** (see Note 1) add up to _____ persons.

2. **The monthly household income** of the applicant and his/her **family members living in the same premises in Hong Kong** (see Note 1 and Note 2)

*[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 living in the same premises in Hong Kong ^{Note 1} (if applicable)			Average monthly income(\$) (Income in exact amount)
		Age	Receiving full time education? [only applicable to applicant's sibling(s)] ^(Note 1)	With disabilities? [only applicable to applicant's sibling(s)] ^(Note 1)	
Applicant	Applicant	Not applicable	Not applicable	Not applicable	<input type="checkbox"/> No income <input type="checkbox"/> Employment and other income : \$ _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No income <input type="checkbox"/> Employment and other income : \$ _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No income <input type="checkbox"/> Employment and other income : \$ _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No income <input type="checkbox"/> Employment and other income : \$ _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No income <input type="checkbox"/> Employment and other income : \$ _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No income <input type="checkbox"/> Employment and other income : \$ _____

Grey area for use by SWD	FS	3/4S	Total Monthly household income (\$) <i>(i.e. the sum of average monthly income of all the persons above)</i>	\$ _____
	≤100%	≤125%		
	1/2S	NS		
	≤150%	>150%		

Note 1: **Family members living in the same premises in Hong Kong** refer to the applicant's father, mother, son, daughter, husband/wife/cohabiting partner 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). Legally recognised adoptive parents/children or illegitimate children with proof of parentage are also included.

Note 2: **Monthly household income** is determined by 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/prize/commission/tips/gratuity, 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, 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, subsidy from the assistance programmes of the Community Care Fund, etc.

Part 4 Submission of Supporting Documents Required

I hereby submit the following documents in support of this application:

- Copy of the applicant's identification document;
- Copy of the guardian/appointee's HKIC (if applicable), which is not required for an application made by a social worker of SWD; and
- Others (Please specify: _____).

Part 5 Declaration and Undertaking by Applicant/Guardian/Appointee

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 of this Scheme and the section of "Personal Information Collection Statement" of this application form and fully understand the content.
3. I hereby give consent to the Social Welfare Department (SWD) for using the data provided by me, including my personal data/the personal data of me and the applicant and the personal data of my/the applicant's household members living in the same premises in Hong Kong, for purposes in connection with the provision of assistance or service 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 this Scheme (including checking and/or investigation of my/the applicant's eligibility for the Scheme); disbursement of the subsidy to me/the applicant; monitoring and reviewing of services, handling complaints related to the assistance or service provided to me/the applicant, conducting of researches and surveys, preparing statistics and discharging statutory duties, etc. I consent that for the above purposes, SWD may transfer the data internally and disclose them to 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 assistance or service to me/the applicant, such as government bureaux/departments, the Hospital Authority (HA), non-governmental organisations (NGOs) and, public utility companies, as well as 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 assistance or service provided to me/the applicant by SWD.
4. I hereby give consent to SWD for using the personal data of me/the applicant in its possession and obtaining the personal data of me/the applicant from other government bureaux/departments, HA, relevant service providers, NGOs and public utility companies, etc. for such purpose as verifying the data collected by SWD under the Scheme and investigating the eligibility of the application for the Scheme, and proceeding data matching procedure regularly with the computerised systems under SWD (including Computerised Social Security System, Central Referral System for Rehabilitation Services, etc.) to check my/the applicant's latest status of receiving Higher Disability Allowance under the Social Security Allowance Scheme and waitlisting of specified rehabilitation services, etc. (if applicable) in order to provide me/the applicant with assistance or service relevant to my/the applicant's needs. I also agree that the above government bureaux/departments and organisations may provide the required data and records to SWD.

5. I understand and agree that SWD has the right to conduct comprehensive checks 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 my household members living in the same premises in Hong Kong/I and the applicant and his/her household members living in the same premises in Hong Kong have to cooperate fully with SWD, which includes providing detailed information of income and any other information to SWD for checking. SWD shall otherwise have the right to disqualify my/the applicant's application and/or request me/me, on the applicant's behalf, to refund full or partial payment of the subsidy disbursed.
6. I agree that the subsidy under this Scheme be deposited by SWD directly into the bank account in which I/I, on the applicant's behalf, receive Higher 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 agree to declare forthwith to SWD any change in the data submitted by me during my receipt of subsidy under the Scheme. I also agree and undertake to notify SWD forthwith of any overpayment or mis-payment to me by SWD under this Scheme and refund the amount as certified by SWD as overpayment or mis-payment, which includes but not limited to consenting SWD to recover the overpayment or mis-payment directly from the bank account for receiving the subsidy and consenting the concerned bank to deduct the overpaid or mis-paid amount from the bank account.
7. I declare that all data in this application form and other data submitted/to be submitted under this Scheme are true, complete and accurate, and I undertake to notify SWD 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 SWD in any other manner to obtain subsidy under this Scheme, 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 this Scheme by deception is a criminal offence. In addition to the consequence of being ineligible for the subsidy under this Scheme, I/the applicant may be liable to prosecution and on conviction to imprisonment for a maximum of 14 years under the Theft Ordinance (Cap. 210).

Applicant/Guardian/Appointee:

Date:

(Signature)

(Name)

*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 sections 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.

For use by SWD

Personal Information Collection Statement

Purpose of Collection

1. The personal data* provided by you will be used by SWD to provide appropriate assistance/service relevant to the needs of you/the applicant, including but not limited to processing your application for the “Special Care Subsidy Scheme for Persons with Severe Disabilities”, assessing and investigating the eligibility of you/the applicant, disbursing the subsidy to you/the applicant, monitoring and reviewing various services, handling complaints about the services provided to you/the applicant, conducting researches and surveys, preparing statistics and discharging statutory duties, etc. Provision of personal data to SWD is entirely voluntary. However, failure to provide the required personal data, may render SWD unable to process your application or provide assistance/services to you/the applicant.

Classes of Transferees

2. The personal data provided by you will be made available to persons working in SWD on a need-to-know basis. Apart from this, they may, for the purposes mentioned in paragraph 1 above, be disclosed to the parties or in the circumstances listed below:

- (a) other parties (such as government bureaux/departments, HA, NGOs and public utility companies, etc.) if they are involved in:
 - (i) vetting and/or assessing any application from you for the provision of assistance/services to you/the applicant by SWD mentioned in paragraph 1 above;
 - (ii) the provision of assistance/services to you/the applicant by SWD mentioned in paragraph 1 above; or
 - (iii) conducting monitoring, reviews, researches, surveys or preparing statistics for the services provided by SWD mentioned in paragraph 1 above;
- (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 assistance/services provided to you/the applicant 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 or correction of personal data collected by SWD should be addressed to:

Post : Senior Social Work Officer (Rehabilitation & Medical Social Services Branch)8
Address : Carer Allowances and Subsidies Team
Social Welfare Department
Room 118, 1/F, Lady Trench Training Centre,
44 Oi Kwan Road, Wan Chai,
Hong Kong.

* 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.