

Social Welfare Department
Special Subsidy Scheme for Persons with Permanent Stoma (Special Subsidy Scheme)
Application Form

<p>Notes:</p> <p>1. Applicants should read the “Brief on the Special Subsidy Scheme”, the attached “Personal Information Collection Statement” (Annex 1) and “Guidance Notes on Completion of Application Form” (Annex 2) carefully before filling in any information this application form.</p> <p>2. Please complete this form in block letters using black or blue ink.</p> <p>Applicants must initial at any alteration on this application form, and read the “Declaration and Undertaking by the Applicant/Parent/Guardian/ Appointee” in Part 8 of this application form carefully before signing that part for confirmation.</p> <p>3. Please submit a completed application form and copies of the documents set out in Part 7 of this application form by post or by hand to:</p> <p>(Please affix sufficient postage)</p> <p style="text-align: center;">Rehabilitation & Medical Social Services Branch Social Welfare Department (Oi Kwan Road Office) Room 118, 1/F, Lady Trench Training Centre, 44 Oi Kwan Road, Wan Chai, Hong Kong</p>	For use by the Social Welfare Department (SWD)			
	Application No.	SSS /2021/RMB/SWD		
	Date of Receipt			
	CSSA	Y / N	Other subsidy	Y / N
	MMDHI	<input type="checkbox"/> ≤100% <input type="checkbox"/> >100% - 125%	<input type="checkbox"/> >125% -150% <input type="checkbox"/> >150%	
	Household Net Asset	<input type="checkbox"/> Within limit	<input type="checkbox"/> Exceed limit	
	Permanent Excretory Stoma	Y / N		
	Vetting Result	<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible	
	Subsidy Level	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1000
	Other Remarks			
	Vetting Officer / Date			
	Approving Officer / Date			

Is the applicant a person with stoma (See Note 1)? Yes No (See Note 2)

Part 1 Personal Particulars of the Applicant (The applicant refers to a **person with permanent stoma**)

Name in Chinese (if any): _____	Name in English: _____
Identification Document number: _____	# HKIC/Hong Kong Birth Certificate/ Others (please _____)
Age: <input type="checkbox"/> Below 18 <input type="checkbox"/> 18 - 59 <input type="checkbox"/> 60 or above	Document type: _____
Telephone number: _____ (Home)	_____ (Mobile)
Residential address: _____ _____	
Correspondence address: _____ (If different from residential address)	

Part 2 Personal Particulars of the Parent/Guardian/Appointee (if applicable)

(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 parent/guardian or the appointee on the applicant's behalf, and this part should be completed.)

# Name of the parent/guardian/appointee: _____	HKIC number: _____
Contact number: _____	Relationship with the applicant: _____
Correspondence address: _____	

Please delete as appropriate

Part 3 Details of the Applicant's/Parent's/Guardian's/Appointee's Bank Account Intended for Receiving the Subsidy

- The applicant/parent/guardian/appointee of the applicant must complete the “Authority For Payment To a Bank” (GF 179A) as attached, and return the original copy of GF 179A signed by the applicant/parent/guardian/appointee of the applicant for authorising SWD to deposit the subsidy directly into the provided bank account.
- The bank account provided by the applicant/parent/guardian/appointee of the applicant should be a local Hong Kong Dollar savings/current account in the sole name of the applicant/parent/guardian/appointee of the applicant. **If the applicant is aged below 18 or has been medically certified to be unfit to make a statement, please provide details of the bank account of the parent/guardian/appointee on the applicant's behalf.**

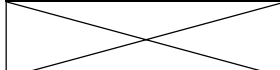

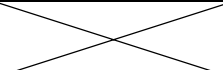
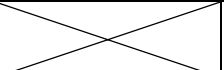
Part 4 Other Particulars of the Applicant

1. Is the applicant receiving/applying for the Comprehensive Social Security Assistance (CSSA)? Yes (See Note 2) No
2. Has the applicant received any relevant subsidy for purchasing medical consumables for the excretory stoma from other funding resources (See Note 3) Yes (See Note 2) No in the past one year?
3. Name of the public hospital/public clinic/ private hospital/ private clinic where the applicant receives medical follow-up on the stoma (See Note 4):

Part 5 Monthly Household Income of the Applicant (in Hong Kong Dollars)

- (1) Total number of **household members**, including the applicant and those residing with him/her in Hong Kong (See Note 5): _____ persons
- (2) **Monthly household income** (See Note 6) of the **applicant and the household members** residing with him/her in Hong Kong (See Note 5).

*(Please fill in the details of income of **all persons** referred to in item (1) above (with or without income). If the space provided is insufficient, please photocopy this page for completion and sign on the copy.)*

Name	Relationship with the applicant	Current situation of the household members residing with the applicant (See Note 5) <i>(if applicable)</i>			Monthly income (\$) (Please write '0' if there is no income)	For use by SWD
		Age	Receiving full-time education? (Applicable to the applicant's siblings only) (See Note 5)	With disabilities? (Applicable to the applicant's siblings only) (See Note 5)		
	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		
Monthly household income (\$) <i>(Total monthly income of all persons listed above)</i>						

Please tick the appropriate box(es)

**Part 6 Household Net Asset Value of the Applicant (including assets in and outside Hong Kong)
(in Hong Kong Dollars)**

(1) The number of **all household members**, including the applicant and those residing with him/her in Hong Kong (See Note 5): _____ persons

(2) Household net asset value (See Note 7) of the **applicant and all household members** residing with him/her in Hong Kong (See Note 5).

*(Please fill in the net asset value of **all persons** referred to in item (1) above (with or without asset). If the space provided is insufficient, please photocopy this page for completion and sign on the copy.)*

		Applicant	Household member	Household member	Household member	Household member	For use by SWD
Name		X					
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 residing with his/her household members in Hong Kong and their tools of trade)						
	(c) Vehicles						
	(d) Taxi/Public Light Bus Licenses						
	(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 (including Hong Kong and foreign currencies, etc.)						
Personal Total Net Asset Value (\$) [The sum of (a) to (h)] (See Note 7)							

Total Net Asset Value of the Household = \$ _____
(Total net asset value of all persons listed above)

Part 7 Documents required to be submitted

I hereby submit the following documents for the purpose of this application:

- a copy of the applicant’s identification document, e.g. Hong Kong Identity Card;
- a copy of the Hong Kong Identity Card of the applicant’s parent/guardian/appointee (applicable only to applicants who are under the age of 18 or have been medically certified to be unfit to make a statement). There is no need for the application made by a social worker of SWD who is the public guardian/appointee of the person with permanent stoma;
- a copy of proof of monthly household income as at three months preceding the month of submission of application: salary statements, bank passbooks and/or statements, Mandatory Provident Fund (MPF) Scheme pay records, tax statements, business undertakings, other proof of income, etc.;
- a copy of proof of household net asset value as at the day prior to the submission of application: bank passbooks and/or statements, business registration certificate, company account statements, monthly statement or annual report of annuity scheme/insurance policies with investment or saving elements, etc.;
- an original copy of “Authority For Payment To A Bank” (GF179A) signed by the applicant/parent/guardian/appointee of the applicant;
- an original copy of supporting documents in relation to the medical assessment of the applicant to be a person with permanent stoma by a Surgical Specialist on the Specialist Register of the MCHK (applicable only to applicants who are receiving stoma treatment and care in a private hospital or clinic); and
- others (please specify: _____

_____).

I understand that the application will not be processed if I cannot provide required documents (include supporting document in relation to the medical assessment) within 6 months upon receipt of the completed application form by SWD.

For use by SWD

Part 8 Declaration and Undertaking by the Applicant/Parent/Guardian/Appointee

1. I, the undersigned, declare that I am the applicant indicated in Part 1 or the parent/guardian/appointee of the applicant indicated in Part 2 of this application form.
2. I have read/have been read and explained the Brief on the Special Subsidy Scheme and the “Personal Information Collection Statement” section of this application form and fully understand the content.
3. I agree that the Social Welfare Department (SWD) may use the data provided by me, including my/the applicant’s personal data and those of all household members residing with me/the applicant in Hong Kong, in order to provide me/the applicant with the appropriate assistance or services relevant to my/the applicant’s needs, including but not limited to processing my application/my application on behalf of the applicant for the Special Subsidy Scheme (including assessing and/or investigating my/the applicant’s eligibility for the Special Subsidy Scheme), releasing subsidy payment to me/the applicant, monitoring and reviewing various services, handling complaints about the services provided to me/the applicant, conducting researches and surveys, preparing statistics and discharging statutory duties. I agree that for the purposes above, SWD may transfer the data internally and disclose them to the parties involved in the assessment of my application/my application on behalf of the applicant or the provision of services/assistance to me/the applicant: Immigration Department, other government bureaux/departments, the Hospital Authority (HA), the Community Care Fund, other related funding, non-governmental organisations (NGOs), banks, public utility companies and 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 services or assistance provided to me and/or the applicant by SWD.
4. I agree that SWD may use my personal data in its possession and obtain my personal data from Immigration Department, other government bureaux/departments, the Hospital Authority (HA), the Community Care Fund, other related funding, non-governmental organisations (NGOs), banks, public utility companies, etc. for such purposes as verifying the data collected by SWD under the Special Subsidy Scheme and investigating the eligibility of this application for the Special Subsidy Scheme, in order to provide me/the applicant with the appropriate assistance or services 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 confirm that I have consulted all household members residing with me/the applicant in Hong Kong as mentioned in this application form, and have secured their prescribed consent that SWD may use their personal data in its possession and obtain their personal data from Immigration Department, other government bureaux/departments, the Hospital Authority (HA), the Community Care Fund, other related funding, non-governmental organisations (NGOs), banks, public utility companies, etc. for such purposes as verifying the data collected by SWD under the Special Subsidy Scheme and investigating my/the applicant’s eligibility for the Special Subsidy Scheme, in order to provide me/the applicant with the appropriate assistance or services under the Special Subsidy Scheme as needed. I also confirm that I have secured the prescribed consent of all household members for the above government bureaux/departments and organisations to provide the required data and records to SWD.
6. If the applicant is a minor, or incapable of managing his/her own affairs, or mentally incapacitated as described in section 2 of the Mental Health Ordinance (Cap. 136), I confirm that #I am/am not the “relevant person”* in relation to the applicant under the Personal Data (Privacy) Ordinance (Cap. 486).
7. If I am the “relevant person”* in relation to the applicant under the Personal Data (Privacy) Ordinance (Cap. 486) , I confirm that the applicant is incapable of understanding the new purpose of using his/her personal data as described in paragraph 4 above and deciding whether to give the prescribed consent in relation to the new purpose. I hereby, on behalf of the applicant, give the prescribed consent to SWD for using his/her data in its possession and obtaining his/her personal data from Immigration Department, other government bureaux/departments, the Hospital Authority (HA), the Community Care Fund, other related funding, non-governmental organisations (NGOs), banks, public utility companies, etc. for such purposes as verifying the data collected by SWD under the Special Subsidy Scheme and investigating the applicant’s eligibility for the Special Subsidy Scheme, in order to provide the applicant with the appropriate assistance or services as needed. I hereby, on behalf of the applicant, also give the prescribed consent to the above government bureaux/departments and organisations for providing the required data and records to SWD.
8. If I am neither the applicant nor the “relevant person”* in relation to the applicant under the Personal Data (Privacy) Ordinance (Cap. 486), I confirm that I have consulted the applicant and have secured his/her prescribed consent that SWD may use his/her data in its possession and obtain his/her personal data from Immigration Department, other government bureaux/departments, the Hospital Authority (HA), the Community

Care Fund, other related funding, non-governmental organisations (NGOs), banks, public utility companies, etc. for such purposes as verifying the data collected by SWD under the Special Subsidy Scheme and investigating the eligibility of this application for the Special Subsidy Scheme, in order to provide the applicant with the appropriate assistance or services as needed. I also confirm that the applicant has given the prescribed consent to the above government bureaux/departments and organisations for providing the required data and records to SWD.

9. I understand and agree that SWD have the right to conduct comprehensive checks in the course of processing this application made by me/me on the applicant's behalf or after the payment of the subsidy to me/me for receipt on the applicant's behalf, to ensure that all data submitted by me are true, complete and accurate. The applicant and all household members residing with the applicant in Hong Kong also undertake to co-operate with SWD fully, including in the provision of detailed information on financial position and other information for assessment by SWD. SWD shall otherwise have the right to disqualify my/the applicant's application and request full or partial repayment of the subsidy from me/me on the applicant's behalf.
10. I agree that the subsidy under the Special Subsidy Scheme be deposited by SWD directly into the bank account which I have specified in Part 3 of this application form. I undertake that the payment so received will be administered and spent for the benefit of the applicant (*applicable to applications made by the parent/guardian/appointee on the applicant's behalf*). I also agree and undertake to notify SWD forthwith of any overpayment or mispayment to me/the applicant by SWD under the Special Subsidy Scheme and refund the amount verified to SWD to have been overpaid or mispaid, including but not limited to their retrieving the overpaid or mispaid amount directly from my bank account for receiving the subsidy and the bank deducting the overpaid or mispaid amount from the bank account.
11. I declare that all data in this application form and other data submitted under the Special Subsidy Scheme are true and correct, and I undertake to notify SWD forthwith of any change in the data submitted. 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 to obtain the subsidy under the Special Subsidy Scheme. I understand that deliberate provision of false information or omission of information in order to obtain the subsidy under the Special Subsidy Scheme by deception is a criminal offence. In addition to becoming ineligible for the subsidy under the Special Subsidy Scheme, I may be liable to prosecution and, on conviction, imprisonment for a maximum of 14 years under the Theft Ordinance (Cap. 210).

Applicant/Parent/Guardian/Appointee of the Applicant :

_____ (Signature)

Date: _____

_____ (Name)

Please delete as appropriate

- * Under 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.

Personal Information Collection Statement

Purposes of Collection

1. The personal data[^] supplied by you will be used by the Social Welfare Department (SWD) to provide you/the applicant with assistance or service from SWD which is relevant to the needs of you/the applicant, including but not limited to processing your/the applicant's application for the programme of "Special Subsidy Scheme for Persons with Permanent Stoma" (Special Subsidy Scheme), assessing and investigating the eligibility of you/the applicant, disbursing the subsidy to you/the applicant, monitoring and reviewing of services, handling complaints related to the assistance or service provided to you/the applicant, conducting researches and surveys, preparing statistics and discharging statutory duties. The provision of personal data to SWD is voluntary. However, if you fail to provide the personal data requested of you/the applicant, we may not be able to process your application or provide assistance or service to you/the applicant.

Classes of Transferees

2. The personal data you provide will be made available to persons working in SWD on a need-to-know basis. Apart from this, they may 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, non-governmental organisations and public utility companies if they are involved in:
 - (i) processing and/or assessing any application from you/the applicant for the provision of assistance or service to you/the applicant by SWD mentioned in paragraph 1 above;
 - (ii) the provision of assistance or service to you/the applicant by SWD mentioned in paragraph 1 above; or
 - (iii) monitoring and reviewing of the assistance or service provided by SWD mentioned in paragraph 1 above or preparing statistics;
- (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 or service provided to you/the applicant by SWD;
- (c) Where such disclosure is authorised or required by law; or
- (d) Where you have given 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 and Medical Social Services Branch) 3
 Address : Rehabilitation & Medical Social Services Branch (Oi Kwan Road Office)
 Social Welfare Department
 Room 118, 1/F, Lady Trench Training Centre,
 44 Oi Kwan Road, Wan Chai, Hong Kong

4. For more information of the SWD's Data Protection Policy, please refer to the below website:
https://www.swd.gov.hk/tc/index/site_accinfo/page_dataprotec/

[^] 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.

Guidance Notes on Completion of Application Form

1. Under the Special Subsidy Scheme, “stoma” refers to colostomy, urostomy and ileostomy, where the patients are required to wear stoma bags to collect wastes from the body. A stoma is regarded as permanent if there is no plan for closure as confirmed by Medical Officer/Nurse of public hospital/clinic/Surgical Specialist on the Specialist Register of the Medical Council of Hong Kong (MCHK). SWD will obtain assessment details directly from the public hospital/clinic for verification. A Medical Officer of a public hospital/clinic refers to one in a Specialist Out-patient Clinic (Surgery) under the Hospital Authority (HA), while a nurse of a public hospital/clinic refers to one in a Stoma and Wound Care Clinic under the HA.
2. The application will not be accepted as the applicant cannot meet the eligibility criteria.
3. Other funding sources include subsidies from the Integrated Support Service for Persons with Severe Physical Disabilities, or any charitable fund (e.g. the Samaritan Fund, the Ho Kam Yung Foundation, the Yan Chai Tetraplegic Fund, the Yan Chai Caring Fund for Severely Disabled, etc.) which cover the cost of purchasing medical consumables for the excretory stoma.
4. An applicant receiving stoma treatment and care in a private hospital or clinic only is required to submit supporting documents in relation to the medical assessment of the applicant to be a person with permanent stoma by a Surgical Specialist on the Specialist Register of the MCHK. For the list of Surgical Specialist on the Specialist Register of the MCHK, please refer to the MCHK’s website (<http://www.mchk.org.hk>).
5. Household members include the applicant’s father, mother, son(s), daughter(s), husband/wife and siblings aged below 18 or aged 18 to 25 receiving full-time education, or disabled adult siblings (i.e. receiving Disability Allowance under the SSA Scheme, or standard rates under CSSA for those who are 100% disabled or requiring constant attendance) residing with the applicant in Hong Kong. Legally recognised adoptive parents/children or illegitimate children with proof of parentage are also included. Such household member(s) must be Hong Kong resident(s).
6. Monthly household income refers to the average monthly income for the three months (income not paid on a monthly basis, e.g. double pay, bonus, contract gratuity, etc. should be apportioned over the period concerned) prior to the submission of application. Income includes the following items:
 - (i) Employment earnings: Salary, double pay/leave pay, work allowance, onuses/prize/commission/ tip/contract gratuity, income from rendering services, business profits, etc.
 - (ii) Other income: Contributions from children, financial assistance from relatives/friends, alimony, monthly pension/widow’s and orphans’ payments or pensions, investment profits, interest income from fixed deposits, dividends, rental income, etc.

but excludes employee’s mandatory contributions to the Mandatory Provident Fund scheme, financial assistance provided by the Government, charitable donations, subsidies from other assistance programmes under the Community Care Fund (CCF), etc.

Asset	Description
Land	For land in and outside Hong Kong, e.g. in the form of 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, e.g. 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 Licenses	The net value of the taxi/public light bus licenses is derived by deducting the outstanding hire purchase amount from the market value as at the date immediately before the date of declaration.
Investments	<ul style="list-style-type: none"> • These include endowment or investment-linked insurance scheme (the present cash value and its accumulated bonus and interest of such insurance scheme should be declared as an item of Investments under Net Asset Value in this part of the application form), listed shares, bonds, futures, paper gold, certificates of deposits, deposits with brokers, mutual fund and unit trust fund, etc. • 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.
Business Undertakings	<ul style="list-style-type: none"> • The interest in any business of sole proprietorship, partnership or firms/limited companies should be declared. • 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.
Cash and Deposits	<ul style="list-style-type: none"> • Deposits include the actual balance (irrespective of the amount) of all fixed and savings/current accounts deposits (in both local and foreign currencies; foreign currencies should be converted by the closing exchange rate as at the date immediately before the date of declaration; and joint account holder(s) are required to declare the amount of deposits by averaging the balance 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 that of declaration. • Cash in hand in both local and foreign currencies (the value should be converted by the closing exchange rate as at the date immediately before the date of declaration) at a value of HK\$5,000 or above as at the date immediately before the date of declaration. (If the value is less than HK\$5,000, declaration is not required.)