

「仁濟緊急援助基金」轉介表

Referral Form for "Yan Chai Emergency Assistance Relief Fund"

地址:荃灣仁濟街 7-11 號仁濟醫院 C 座 10 樓

Address: 10/F, Block C, Yan Chai Hospital, 7-11 Yan Chai Street, Tsuen Wan

2021 年援助申請 Assistance for the year 2021

保密文件 Confidential

電話 Tel: 8100 7711 傳真 Fax: 2412 0245

請在適當方格內加上√號 Please put a "√" in the appropriate box

1.	申	請	人	資料	Particul	lars	of	App	licant
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### 15	申請人須提供身份證明文件 Applicant is required to p	roduce identity document				
生日期(8/月/年)			香港身份證號碼/身份證	明文件號碼		
### Contact to. Contact to.	Name	□女 Female	HKID Card no. / Identity document	no.		
接換規(受けます)	出生日期(日/月/年)		聯絡電話			
職業	Date of birth (dd/mm/yy) /	/	Contact no.			
P 請項目 Application Items	B住地址 Residential address (申請人須提供地址證	明 Proof of accommodation is rec	quired to produce by applicant)			
# 國際	建康狀況(請註明)		職業			
同等 Single	ealth condition (please specify)		Occupation			
所發生的不幸事故及申請理由 Unfortunate Incident and Reason for Applying	昏姻狀況 Marital status					
R	□單身 Single □已婚 Married	□同居 Cohabited	□離婚 Divorced □	分居 Separated □鰥寡 Widowed		
Fire /Flood/Natural disaster Violence (please produce a copy of written statement made to police) 1受傷 Injury 最新病假的完結日期(日/月/年)(申請人須提供病假證明) □其他(請註明) □其他(請註明) □基格 Acute Discase Sick leave end date (dd/mm/yy)		nfortunate Incident	and Reason for Ap	plying		
受傷 Injury 最新病假的完結日期(日/月/年)(申請人須提供病假證明)	死亡 Death 死者姓名 Deceased name	□火災/水災/自然災福	局 □暴力(申請人須提供向	警方作出書面口供的複本)		
多病 Acute Disease Sick leave end date (dd/mm/yy)		Fire /Flood/Natural disaster	Violence (please produce a	copy of written statement made to police)		
商述在最近 12 個月內,有導致申請人出現經濟困難的不幸事故,其申請提供事故發生的日期;過程及預計受影響時期, 效是如何影響申請人及其家庭 Briefly describe the unfortunate incident that happened within the past 12 months which caused the applicant to have financial difficul lease provide the incident date, course and the duration of impact is expected, as well as how the incident influences the applicant and his/her family]受傷 Injury 最新病假的完結日期](日/月/年)(申請人須提供	病假證明)	□其他(請註明)		
# 請項目 Application Items 基金只提供一次性及基本的緊急援助・申請人類与本基金提供括號内所註明的文件 Applicant is required to produce the documents indicated in parentheses. Please Fund only provides one-time and emergency assistance for purpose of basic needs. 強援助(領提供受災的相片)]急病 Acute Disease Sick leave end date (dd/mm/yy)/ / / (Sick	(leave certificate must be produced)	Others (please specify)		
 基金只提供一次性及基本的緊急援助,申請人須向本基金提供括號內所註明的文件 Applicant is required to produce the documents indicated in parentheses. Please the Fund only provides one-time and emergency assistance for purpose of basic needs. 分葬援助(須提供殓葬報價單及死亡證明)	icase provide the incident date, course and the duration of i	mpact is expected, as well as how t	the incident influences the applicant	and his/her family		
	rease provide the incident date, course and the duration of in	mpact is expected, as well as how t	the incident influences the applicant	and his/her family		
	申請項目 Application Items 本基金只提供一次性及基本的緊急援助,申請人系 he Fund only provides one-time and emergency assistance for 一 險葬援助(須提供險葬報價單及死亡證明) Funeral assistance (funeral quotation and death document) 家居援助(請註明需要)	頁向本基金提供括號內所註明 or purpose of basic needs.	引的文件 Applicant is required to p] 災難援助(須提供受災的 Disaster assistance (photos of the] 租金援助(須提供住屋證明	roduce the documents indicated in parentheses. Please no 目片) damage) 月,例如租單及租約)		
Subsistence assistance Other:	申請項目 Application Items 基金只提供一次性及基本的緊急援助,申請人列er Fund only provides one-time and emergency assistance for makes by the first by the firs	頁向本基金提供括號內所註明 or purpose of basic needs.	引的文件 Applicant is required to p ② 難援助(須提供受災的 Disaster assistance (photos of the 1 租金援助(須提供住屋證明 Rental assistance (proofs of acco	roduce the documents indicated in parentheses. Please no 目片) damage) 月,例如租單及租約)		

4. 家庭成員 Particulars of Family Member(s)

申請人有可能須提供以下人士的身份證明文件 Depending on circumstances, applicant may be required to produce identity document for below member(s)

姓名	與申請人關係	年龄	職業	與申請人同住	持有香港身份證	備註
Name	Relationship with applicant	Age	Occupation	Live with applicant	HKID card holder	Remarks
				□是 Yes □否 No	□是 Yes □否 No	
				□是 Yes □否 No	□是 Yes □否 No	
				□是 Yes □否 No	□是 Yes □否 No	
				□是 Yes □否 No	□是 Yes □否 No	

5. 家庭每月收入 Monthly Income of Family

申請人及家庭成員在過去 6 個月的收入 Income of applicant and family member(s) in the past 6 months

	月 Month 年 Year	/ 月 Month 年 Year	/ 月 Month 年 Year	/	/	/ 月 Month 年 Year
申請人的收入 Applicant's income	\$	\$	\$	\$	\$	\$
家庭成員的總收入 Total income of family member(s)	\$	\$	\$	\$	\$	\$

6. 經濟援助 Financial Assistance

申請人及家庭成員在過去 6 個月從政府及非政府機構獲得的經濟援助 Financial assistance received by applicant and family member(s), which provided by government and non-governmental organization(s) in the past 6 months

	inemair organization(o) in the past o months			
已領取	經濟援助名稱	援助時期	援助總額	備註
Received	Name of financial assistance	Receiving period of assistance	Total amount of assistance	Remarks
	綜合社會保障援助金CSSA			
	檔案編號CSSA no.:			
	其他(請註明)			
	Others (please specify)			

7. 家庭總資產 Total Family Asset

申請人及家庭成員會被要求提供過去 6 個月的銀行存摺、銀行月結單及其他任何形式的資產證明文件 Applicant and his/her family member(s) may be asked to produce bank passbooks, bank statements and any other documentary proof of assets of the past 6 months

bank passoooks, bank statements and any other documentary proof of assets of the past of months				
總銀行儲蓄	總現金			
Total bank savings	Total cash in hand			
保險及年金的總現金值	其他有價值的資產(請註明)			
Total cash value of insurance & annuity	Other assets (please specify)			

8. 轉介機構 Referring Agency

此轉介表只供機構填寫,如有任何疑問,請與本基金聯絡 This referral form should only be completed by Agency. Should you have any enquiries, please contact us

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機構及辦事處名稱	地址
Name of agency & office	Address
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推薦人姓名	職街
Name of recommending officer	Position
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電話	傳真
Contact no.	Fax no.
ra #b	然累几℃ β
日期	簽署及印鑑
Date	Signature & Chop