



Tung Wah Group of Hospitals
Food For All –
Short-term Food Assistance Service Projects
Application Form

CONFIDENTIAL

File No.: : YMY _____
 (For Operation Point Only)

Part 1: Personal Information (Use new blank form if space is not enough)

				Applicant	Family Member 1	Family Member 2	Family Member 3	Family Member 4	Family Member 5
Name									
Gender (Put “✓”)				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
DOB	DD	MM	YY						
Relationship				Applicant					
Marital Status (Put “✓”)				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorce Proceedings	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorce Proceedings	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorce Proceedings	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorce Proceedings	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorce Proceedings	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Divorce Proceedings
HKID no.				()	()	()	()	()	()
Travel Doc no. / Issuing Authority									
Years of staying in HK									
Education Level				<input type="checkbox"/> Below Primary <input type="checkbox"/> Primary <input type="checkbox"/> F.1 to F.3 <input type="checkbox"/> F.4 to F.6 <input type="checkbox"/> Tertiary <input type="checkbox"/> Degree or above	<input type="checkbox"/> Below Primary <input type="checkbox"/> Primary <input type="checkbox"/> F.1 to F.3 <input type="checkbox"/> F.4 to F.6 <input type="checkbox"/> Tertiary <input type="checkbox"/> Degree or above	<input type="checkbox"/> Below Primary <input type="checkbox"/> Primary <input type="checkbox"/> F.1 to F.3 <input type="checkbox"/> F.4 to F.6 <input type="checkbox"/> Tertiary <input type="checkbox"/> Degree or above	<input type="checkbox"/> Below Primary <input type="checkbox"/> Primary <input type="checkbox"/> F.1 to F.3 <input type="checkbox"/> F.4 to F.6 <input type="checkbox"/> Tertiary <input type="checkbox"/> Degree or above	<input type="checkbox"/> Below Primary <input type="checkbox"/> Primary <input type="checkbox"/> F.1 to F.3 <input type="checkbox"/> F.4 to F.6 <input type="checkbox"/> Tertiary <input type="checkbox"/> Degree or above	<input type="checkbox"/> Below Primary <input type="checkbox"/> Primary <input type="checkbox"/> F.1 to F.3 <input type="checkbox"/> F.4 to F.6 <input type="checkbox"/> Tertiary <input type="checkbox"/> Degree or above
Occupation									
Applying Food Assistance				Yes	<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
CSSA Recipient				<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
Mobile No.							Other Contact No.		
Address									
Classification #				<input type="checkbox"/> Unemployed <input type="checkbox"/> New Arrival Less than 7 years (____yrs) <input type="checkbox"/> Street Sleeper <input type="checkbox"/> Low-income <input type="checkbox"/> Living in rented rooms/bedspace/roof-top accommodation <input type="checkbox"/> Experiencing Sudden-change <input type="checkbox"/> Ethnic Minority <input type="checkbox"/> Non- HK residents <input type="checkbox"/> Two-way-permit Holder <input type="checkbox"/> CSSA Recipient <input type="checkbox"/> Others : _____					
Current Social Service Receiving #				<input type="checkbox"/> Family Service <input type="checkbox"/> CSSA <input type="checkbox"/> Disability Allowance <input type="checkbox"/> Old Age Allowance <input type="checkbox"/> Medical Social Worker <input type="checkbox"/> Youth Service <input type="checkbox"/> Probation Order/C&P Order/CSSS/PSD <input type="checkbox"/> School Social Worker <input type="checkbox"/> Psychiatry/Clinical Psychologists <input type="checkbox"/> Residential Service <input type="checkbox"/> Meal Service <input type="checkbox"/> Others : _____					

Part 2: Living Condition

Type of Accommodation #	<input type="checkbox"/> Public Housing <input type="checkbox"/> Private Housing <input type="checkbox"/> Home Ownership Scheme <input type="checkbox"/> Rented rooms/bedspace/roof-top accommodation <input type="checkbox"/> Interim/Temporary Housing
Ownership #:	<input type="checkbox"/> Owner (* Owned / Paying Mortgage) <input type="checkbox"/> Tenant
Rent / Mortgage*	HKD:
Rent / Mortgage Payer*	<input type="checkbox"/> Applicant <input type="checkbox"/> Family Member <input type="checkbox"/> Other Relatives of Friends(Name: _____) <input type="checkbox"/> Others (Name: _____)

Part 3: Financial Status (Including all asset IN And OUT of Hong Kong) (in HKD)

	Applicant	Family Member 1	Family Member 2	Family Member 3	Family Member 4	Family Member 5
Name						
Monthly Income	(1)\$	(2)\$	(3)\$	(4)\$	(5)\$	(6)\$
Total Household Monthly Average Income = (1)+(2)+(3)+(4)+(5)+(6) = \$ _____						
Work Incentive Transport Subsidy (WITS) Recipient(s) Amount:	<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 \$
Low-income Working Family Allowance (LIFA) Amount:	<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 \$
Net Asset Value	(1) Land	\$	\$	\$	\$	\$
	(2) House Property (incl. house, bunk, carpark, etc)	\$	\$	\$	\$	\$
	(3) Vehicles	\$	\$	\$	\$	\$
	(4) License (incl. taxi, minibus, etc.)	\$	\$	\$	\$	\$
	(5) Investment (incl. deposit insurance, investment fund, shares, etc.)	\$	\$	\$	\$	\$
	(6) Business (incl. registered and non-registered)	\$	\$	\$	\$	\$
	(7a) Saving (incl. demand deposit, fixed deposit, HKD, foreign currency, etc.)	\$	\$	\$	\$	\$
	(7b) Cash (incl. HKD, foreign currency)	\$	\$	\$	\$	\$
Personal Net Asset Value	(1)\$	(2)\$	(3)\$	(4)\$	(5)\$	(6)\$
Total Household Net Asset Value = (1)+(2)+(3)+(4)+(5)+(6) = \$ _____						

<Application has provided Personal identification Address proof Income proof Asset proof>

Part 4: Reason of application#

- Family encountering sudden change (Please specify : _____)
- Unemployed from _____ (DD/MM/YY) to _____(DD/MM/YY)
- Difficult to cope with daily food expenditure Others (Please specify : _____)
- Have you or your family member received any food assistance service before ? No
- Yes (Please list out application date, approved period & organization: _____)

Declaration

✓ **I declare to the best of my knowledge and belief, the above information is true.** I understand and consent that the service operating agency will obtain my personal particulars for authentication purpose only. The service operating agency may also disclose, keep and access relevant information from related agencies (e.g. ICAC) if necessary.

✓ I declare all my family members and I are **currently NOT receiving any kind of food assistance service which provides dry rations.**

✓ I understand that **deliberate provision of false information or omission of information is a criminal offence.** I might lose my eligibility of receiving this service and also according to Chapter 210 THEFT ORDINANCE, I or my guardian/appointee am liable on conviction upon indictment to imprisonment for 14 years.

please ✓ where appropriate

* please delete whichever is inapplicable

Signature of Applicant: _____