

CONFIDENTIAL



Tung Wah Group of Hospitals
Food For All – Food Assistance Service
Assessment Form
(For Referral Use)

File No. :
Walk-in Application
SWD Referral NGO Referral
New Case Renew Case Extension Case
YMY PakTin HL
(For Operation Point only)

Information of referred case:

Name of Applicant HKID/ Travel Doc. No. * :

Case Classification :
Unemployed New Arrival [less than 7 years] Street Sleeper Ethnic Minority
Low income group Decease or sudden change of the breadwinner of the family
Two-way-permit Holder [from to]
CSSA applicant CSSA recipient encounters difficult condition (choose one from below only)# :
loss of CSSA money accidentally Extra expense on medical treatment
sudden change of family resulting in splitting of CSSA account inappropriate use of CSSA
Others (please specify:)

Case Description :

Types of food needed : Basic Formula milk Special (please specify reason & food type)

Assessment and suggestions # :

- 1. Applicant is of a Non-Urgent Case.
an Urgent Case, thus two days of food assistance has been granted.
2. Applicant has provided documents for assessment (personal identification address proof income proof / bank account(s) records) .
Applicant has NOT yet provided personal identification address proof income proof / bank account(s) records, which s/he is required to return with for assessment.
3. It is suggested to provide the applicant with days of short term food assistance.
4. It is suggested that the applicant should attend *referring agency /TWGHs operation point for short term food assistance.
5. The applicant is suggested / referred to receive social service(s) indicated below :

Table with 6 columns: Social service, Verbal, Written, Social service, Verbal, Written. Rows include CSSA / OALA, WFA / WITS, Family service, Youth service, Elderly service, Emergency Placement, Employment service, Other Service provided by NGO or Government Unit, Others (Please Specify :)

Declaration of conflict of interest

I, hereby, to declare that I do not have any personal or family allegiance with the applicant and her/his family members which may in any way affect my objectivity, independence or impartiality in making this assesment for short term food assistance.

Signature of worker :

Name / Rank :

Date :

(Agency Stamp)

For Operation Point use Only

We have received the referred application dated / / (dd/mm/yyyy). The application has been assessed and is *approved / rejected because .

Tung Wah Group of Hospitals
Food For All- Food Assistance Service
Project Officer

* please delete whichever is inapplicable
please choose appropriate column please / where appropriate
Revised on 08/2018

Date: