Hong Kong Adventist Hospital Foundation - SR
Age-related Macular Degeneration Charity Program
Application Form
港安醫院慈善基金 – 司徒拔道
黃斑病變眼內注射資助計劃
申請表格

Foundation Use 基金專用
Date received 收到日期: _____
(AMC-TKP)

Section I: Particulars of Referral Organization 轉介機構資料 (If applicable 如適用)

Name of Referral Organization 轉介機構名稱:		Referral Organization Chop 轉介機構蓋印:
Name of Contact Person 聯絡人姓名:	Title 職位:	
Contact Number 電話號碼:		
Email Address 電郵地址:		

Section II: Particulars of Applicant 申請人資料 (Only for Age 60 or above 只限 60 歲或以上參加)

Name in Chinese 中文姓名:	Surname in English 英文姓氏:			First Name in English 英文名字:	
Date of Birth 出生日期: _____ / _____ / _____ DD 日 MM 月 YYYY 年	Age 年齡:	Sex 性別:	Place of Birth 出生地點:	Nationality 國籍:	Marital Status 婚姻狀況:
Hong Kong ID No.: 香港身份證號碼:		Daytime Contact Phone No: 日間聯絡電話:		WhatsApp:	
Home Address 住宅地址: _____ _____ _____		Name of Hospital / Clinic recently visited 最近求診之醫院/診所名稱:		Spoken Languages 語言: ☐ Cantonese 粵語 ☐ Mandarin / Putonghua 國語 / 普通話 ☐ English 英語 ☐ Others 其他: _____	
		Name of Attending Doctor: 主診醫生名稱:		Diagnosis 診斷結果: (Please attach related medical record 請附上相關醫療紀錄)	

Section III: Particulars of Applicant's Financial Situation 申請人的經濟狀況

1. Applicant's Monthly Income 申請人工作收入 (Table 1 / 表 1)

Occupation 職業	
Current Monthly Income 現時每月平均收入	

1.1 Is the applicant a retiree? ☐ 是 Yes ☐ 否 No
申請人是否退休人士？
Retirement pension (If any): $_____
退休公務員長俸（如有）：$_____

1.2 Is the applicant a recipient of CSSA? ☐ 是 Yes ☐ 否 No
申請人是否正領取綜合社會保障援助（綜援）？
Valid Date 有效日期:_____

1.3 Is the applicant a recipient of Old Age Living Allowance? ☐ 是 Yes ☐ 否 No
申請人是否正領取長者生活津貼？

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2. Personal Properties and Assets owned 個人的物業及資產 (Table 2 / 表 2)

Please attach sheet(s) if more space is required 如表格不敷應用，請另紙書寫

2.1 Capital Items 資產

	Description 敘述	Owner 持有者	Current Estimated Value 現時估值	Annual Derived Income (if any) 每年產生的收入（如適用）
House ❒Self-use 自住 物業 or 或 ❒For rental 出租	Location 位置 Purpose 用途 Purchase Date 購買日期			
Business wholly or partly-owned 生意 － 包括全部或部份擁有	Co. Name 公司名稱 Address 地址 Nature 業務性質			
		Total 總計:	HKD	HKD

2.2 Insurance 保險

Policy No. 保單編號	Type of Policy 保險種類 （人壽 / 醫療等） (Life / Medical)	Policy beneficiary 保單受益人	Purchase Date 購買日期	Currency 貨幣	Current Value 現時價值
				Total 總計：	HKD

2.3 Bank Deposit 銀行存款

Account Holder Name 申請人戶口	Bank Name 銀行名稱	Bank A/C No. 銀行戶口編號	Type of Account 戶口種類 (Saving / Current) （儲蓄/支票）	Currency 貨幣	Balance 結餘
				Total 總計：	HKD

2.4 Stocks and Shares / Bond / Fund 股票 / 債券 / 基金

Stock No 編號	Stock List 股票名單	Quantity 持倉量	Current Value 現時價值
		Total 總計:	HKD / USD

Total Value of Personal Properties and Assets 個人物業及資產總價值: **HKD**_____

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Section IV: Declaration 聲明

I, _____ (HK ID Card No: _____), declare that:

本人_____（香港身份證號碼：_____），謹此聲明：

1. The information given by me in this application is true and correct to the best of my knowledge and belief. During the application process, I will communicate any updates or changes to the information provided in a timely manner.
   本人在本次申請中所提供的資料，據本人所知及所信，均屬真確無訛；在申請過程中，如有任何更新或變更，本人會及時通知。
2. I have carefully read and understand the "Terms and Conditions" section of this documents, and agree to be bound by the terms and conditions in relation to the scheme, HKAH-SR, and HKAHF.
   本人已詳閱及同意接受本計劃「申請條款及細則」包括負責條款及其他有關本計劃、本院及慈善基金之條款及受其約束。
3. I understand and agree that HKAH-SR and HKAHF have the right to amend, suspend, revoke, or discontinue the scheme or any individual application at their discretion.
   本人明白及同意，本院有權因應不同的原因，更改、暫停、撤回或中止本計劃及/或任何個別申請。
4. I agree to make any enquiries necessary for the processing of this application.
   本人同意為處理本申請而進行任何所需的查詢。
5. I consent to the release of my information to any organization for the purpose of processing this application.
   本人同意為處理本申請而向任何機構提供本人的資料。
6. I authorize all organizations to release any records or information that may be required for the processing of this application to HKAH-SR and HKAHF.
   本人同意授權所有機構向本院及慈善基金提供為處理本申請所需的任何記錄或資料。
7. I consent to the use or disclosure of any information provided in this application to any organization for verification purposes.
   本人同意可將就本申請所提供的資料提供予任何機構以作核對用途。
8. I hereby give consent to the use of photographs and videos taken of me or the applicant during the delivery and events of the Age-related Macular Degeneration Charity Program for non-commercial purposes, such as for publication in annual reports and newsletters and for the purposes of public education and marketing of HKAHF.
   我在此同意在黃斑病變眼內注射資助計劃的服務提供和活動期間拍攝的本人或申請人的照片和視頻，可用於非商業用途，例如在年度報告及新聞通訊中發佈，以及出於公眾教育和本基金計劃的營銷目的。

☐ **I have read and accept the above Terms and Conditions, and confirm the information provided is correct.**
本人已閱讀並接受以上條款及細則，並確認所提供的資料正確無誤。

☐ **I read and understand the PICS. I give consent to HKAHF's collection and use of the applicant's personal data in accordance with the PICS.**
本人已閱讀並理解聲明。本人同意本基金根據聲明收集及使用本人的個人資料。

（Please tick "✓" the square. 請在方格內加上「✓」號。）

_____ _____

Applicant's Signature
申請人簽署

Date
日期

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Age-related Macular Degeneration Charity Program – Plan Confirmation and Consent Form
參加黃斑病變眼內注射資助計劃（本計劃）– 計劃確認及同意書

I confirm that I have selected this subsidy scheme according to my own personal preference.
本人確認所選之資助計劃乃按照本人之意願而決定。

Please tick "✓" the circle
請在圈內加上「✓」號

◯

Receive the injection at Adventist Medical Center – Taikoo Place at the subsidized price
以資助價錢
在港安醫療中心 – 太古坊注射

Application for Injection 申請注射	◯ Left Eye 左眼 ◯ Right Eye 右眼
Eligible Applicant 合資格人士	◯ CSSA (Fully subsidized) 綜援人士 **費用全免** ◯ Pay $2,000 / dose 每針需付 **$2,000**
Maximum 2 doses per eye 最高資助每隻眼只可 2 針	

Remarks:
備註：

1. Each eligible person may only apply once. Multiple submissions may result in the disqualification of your application.
   每名合資格人士只可申請一次，重複提交可能導致申請被取消。
2. Adventist Medical Center – Taikoo Place
   (Location: 19/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, HK)
   港安醫療中心 – 太古坊（位置：香港鰂魚涌英皇道 979 號太古坊濠豐大廈 19 樓）

I, the undersigned, have read, and fully understand and agree to the above statements.
本人（即簽署人）已詳細閱讀並完全明白及同意上述聲明。

Applicant's Name 申請人姓名 _____

Applicant's Signature 申請人簽署 _____

HK ID card number 香港身份證號碼 _____

Signature Date 簽署日期 _____

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Terms and Conditions 申請條款及細則

Funding Principal 資助原則

1. Under normal circumstances, if the applicant passes the initial financial assessment, HKAHF will arrange the applicant to conduct relevant medical assessment at Hong Kong Adventist Hospital or its designated medical institutions. The relevant medical expenses incurred including Outpatient, surgery and clinical checking etc.
   一般情況下，申請人如通過審批，基金會安排申請人於香港港安醫院或轄下指定之醫療機構進行相關之醫療評估，再按需要安排相關之醫療程序，申請者所付之費用已包括有關門診、手術費用及檢查等費用
2. HKAHF shall not be responsible for any medical expenses incurred in connection with the medical procedures that are not carried out at Hong Kong Adventist Hospital or its designated medical institutions
   如有關醫療程序並非於香港港安醫院或指定之醫療機構進行，相關衍生之醫療費用，本基金概不負責
3. Hong Kong Adventist Hospital Foundation reserves the right to refer the applicant to HA hospital when necessary
   有需要時，港安醫院慈善基金有權將個案轉介至醫管局轄下之醫院繼續治療
4. To be eligible for HKAHF assistance, all cases must submit a formal application and fulfil the criteria including passing the financial assessment.
   所有個案必須正式提交申請，並符合經濟審查，方可獲本基金資助

Application Procedure 申請程序

1. Applicant has to submit the completed the application form together with the supporting documents by email to **foundation@hkah.org.hk** or WhatsApp to **9765 2061**.
   申請人需填妥資助申請表及所需文件一併以電郵遞交至 **foundation@hkah.org.hk** 或可 WhatsApp **9765 2061**.
2. The applicant can only submit one application at a time and ensure the submitted information are accurate and completed. Duplicate application or incomplete submission will not be processed
   申請人每次只可以遞交一份申請書，並確保資料齊全。重覆遞交或資料不齊全的申請將不獲處理
3. Hong Kong Adventist Hospital Foundation will review the financial status of each applicant. All applicants will be notified of their application results within 30 working days
   每個申請必須經由港安醫院慈善基金作經濟審查。申請結果會於 30 個工作天內由專人通知
4. In case of any dispute, the decision of Hong Kong Adventist Hospital Foundation shall be final and conclusive
   有任何爭議，港安醫院慈善基金會將保留最終決定權

Documents required for application 申請所需文件

AMC - TKP 港安醫療中心 – 太古坊
○ Completed application form 已填妥的申請表格
○ HK Permanent ID Card copy (Aged 60 or above) 香港永久性居民身份證副本（60 歲或以上）
○ Copy of all bank account(s) record for the past 3 months 所有銀行最近 3 個月戶口紀錄副本
○ Pay slip (if have job) 糧單（如有工作）
○ Employer's Return of Remuneration and Pensions (I.R.56B) 報稅表（I.R.56B）
○ Copy of address proof for the past 3 months 最近 3 個月內的住址證明副本
Maximum 2 doses per eye 計劃最高資助每隻眼只可 2 針 ： ○ CSSA document – free of charge (need to show the expiry date) 綜援紙 – 費用全免 （需顯示綜援有效日期） **OR 或** ○ Subsidy – other eligible applicants are required to pay $2,000 per dose 注射資助 – 其他合資格人士每針需付$2,000
○ Ophthalmology appointment slip issued by public hospitals 公立醫院眼科注射排期紙
○ Referral letter from a Hong Kong Ophthalmologist certifying the necessity of intravitreal injections (If any) 香港眼科醫生發出的轉介信，證明需接受眼內注射（如有）

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Important Notes 注意事項

1. Subsidies under this scheme may not be used in conjunction with direct billing or patient reimbursement.
   本計劃不適用於保險直接付款或保險索償。
2. Please ensure that the application form is completed in its entirety, duly signed, and that the information supplied is true, complete, and accurate.
   請確保申請表的全部所需部分已填妥並簽署。當提供此個人資料時，請確保其真實性、完整性及準確性。
3. Please ensure that all filled-in information and attached documents are clear and legible. If information is blurry or illegible, HKAH-SR and HKAHF reserve the right to reject the application.
   請確保填寫的資料及附加文件清晰可見，如申請表或其他證明文件模糊不清，本院和慈善基金有權不予受理。
4. The assessment process will begin only after all required information and documents are received.
   申請人必須遞交齊全的文件後，才會開始審批。
5. In some cases, applicants may be asked to supply additional information of forms of identification, or to meet with a HKAH-SR / HKAHF representative in person. HKAH-SR / HKAHF may also contact the applicant's attending physician to obtain further information.
   如有需要，本院和慈善基金有權要求申請人提供進一步資料和證明文件、約見申請人或聯絡申請人的授權應診醫生，索取進一步資料。
6. Due to limited number of subsidy recipient spots, HKAH-SR and HKAHF reserve the right of final decision. Applicants shall not raise any objections.
   資助名額有限，本院和慈善基金保留最終決定權，申請人不得異議。
7. HKAH-SR and HKAHF reserve the right to amend, suspend, revoke, or discontinue the scheme or any individual application at their discretion.
   本院和慈善基金有權因應不同的原因，更改、暫停、撤回或中止本計劃及/任何個別申請。

Enquiries and Application Submission
查詢及遞交申請
熱線：2835 0569 或 WhatsApp 9765 2061