

Introduction

The Financial Assistance Programme aims at helping financially-needy families by subsidizing their purchases of diabetes supplies and expenses of doctor's consultation. **Subsidizing items:**

- Doctor's consultation expenses- diabetes related disease
- Blood sugar testing strips
- Lancets
- Blood glucose meter
- Insulin syringes
- Insulin pen/ pen needles
- Insulin/ oral medication
- Any others items to be approved by YDA

Eligibility

Applicants should be YDA members with diabetes; and

- Age under 18, or
- Full-time students of age up to 25 studying for a first degree or equivalent at a recognized school, college or university of higher education

Methods of application

Applicants should send the completed "YDA Financial Assistance Programme Application Form (Form A) together with the supporting documents to YDA by post, Unit E, 8/F, Harvest Moon House, 337-339 Nathan Road, Kowloon, Hong Kong. **Supporting documents include :**

- Resent medical proof of applicant with diabetes (latest appointment slip)
- Study proof of the applicant, e.g. copy of student handbook or student card
- Income proof of family members residing with the applicant
- Study proof of the applicant's sibling (if applicable)
- Proof of monthly housing rental fee/mortgage payment (if applicable)
- Grandparent residing with the applicant or dependent grandparent ID card copy (if applicable)
- Medical proof of applicant/family members residing with the applicant having other disease (if applicable)

Format of subsidy

- Each successful applicant will be granted a 2-year term subsidy / For full-time students aged between 18 to 25, each successful application will be granted a 1-year term subsidy
- A maximum of HK\$1,800 for every 3-month period will be granted. For reimbursement of each period, the successful applicant should submit the completed "Reimbursement Claim Form (Form B)" together with valid original receipts of the purchase of diabetes supplies and/or medical certificate on or before the deadline

Enquiries

For enquiries, please contact Miss Jenny Wong at 2544 3362.

1. **Particulars of applicant** (all information are required)

Name _____ (Chi) _____ (Eng)

Date of birth _____ (dd/mm/yy) Gender : M/ F Membership no. _____

Hospital _____ Doctor in-charge _____

School _____ Year of study _____

Other medical information (if any) _____

Reasons for application _____

Contact person _____ Contact no. _____

Email address _____

Address _____

2. **Medical professional** (to certify the applicant has been diagnosed with diabetes)

Name _____ Hospital _____ Designation * Doctor / Nurse

Contact no. _____ Signature _____ Date _____

3. Family background

A. Accommodation status

- Public housing (monthly rental fee \$ _____)
- Private housing (monthly rental fee/ mortgage payment \$ _____)
- Self-owned Others (please specify) _____

B. Particulars of Family members

- Marital status of parents

- Married Divorced Widow/er Others _____

- Family members residing with the applicant

	Name in English	Name in Chinese	Relationship	Current status
1				
2				
3				
4				

Current status - In employment (**please fill part C**) / Unemployed / Retired / Under education (**please specify year of study**) / Other (please specify)

- Dependent grandparent

	Name in English	Name in Chinese	Relationship	Age
1				
2				

C. Income of family members residing with the applicant

(Please provide the income of the last twelve months)

	Name	Company	Position	Full-time / part-time	Office tel no.	Monthly income (HK\$)
1						
2						
3						

4. Others

I *am/ am not receiving the Comprehensive Social Security Assistance Scheme (CSSA).

I *am/ am not receiving the Disability Allowance. If yes, monthly disability allowance is \$ _____.

(*please delete inappropriate)

5. Supplementary information

Notes

- Approval/ rejection of the application is subject to the discretion of YDA.
- YDA reserves the right to amend the terms and/or cancel this Programme at its discretion without notice.
- If there is overpayment due to error of calculation, applicants are liable to refund the overpaid amount.
- YDA may contact other organizations, including the employers of the applicant and their family members, to authenticate the information provided in the application. Any misrepresentation and concealment of facts may lead to disqualification.

Declaration

I certify that the information provided is true and complete.

Signature _____

Name _____ Date _____

(For applicant aged under 18, please completed by their parent/guardian)

For internal use only

Total rating _____

Result * Approved/ Rejected _____

Duration _____

Staff responsible _____ Date _____