

For internal use only

**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 and medication expenses- diabetes related disease
- Blood sugar testing strips
- Lancets
- Blood glucose meter
- Insulin syringes
- Insulin pen/ pen needles
- Any others items to be approved by YDA

Total score	:	_____
Result	:	Approved/ Rejected
Duration	:	_____
Staff	:	_____
Date	:	_____

**Eligibility**

Applicants should be YDA members with diabetes; and full-time students of age up to 25 studying at a recognized school, college or university in Hong Kong

**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, B17, 9/F, Block B, Merit Industrial Centre, 94 To Kwa Wan Road, To Kwa Wan, Kowloon, Hong Kong. **Supporting documents include :**

- Copy of letter from doctor or medical certificate to proof the applicant is under doctor's consultation
- Study proof of the applicant, e.g. copy of student handbook or student card
- Income proof of family members residing with the applicant
- Declaration of income proof for those who are not able to provide income proof or self-employed (if applicable, see Appendix 1)
- Study proof of the applicant's sibling (if applicable)
- Proof of monthly housing rental fee/mortgage payment (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 medical certificate on or before the deadline

**Enquiries**

For enquiries, please contact Ms May Hsing at 2544 3362.

**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 \_\_\_\_\_

## 1. 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)

### 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						

## 2. Others assistance or allowance

Type of allowance Family members	Comprehensive Social Security Assistance (CSSA) Scheme	Social Security Allowance (SSA) Scheme		
		Disability Allowance	Old Age Allowance/ Old Age Living Allowance	Transport Supplement
Applicant	<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
Family member 1 Name : _____	<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
Family member 2 Name : _____	<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
Family member 3 Name : _____	<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

Remark : Please put a [✓] in the appropriate box

## 3. 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 staff may conduct home visit to comprehend the condition of the applicant's family.
- 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)

Financial Assistance Programme

Declaration of income proof

I \_\_\_\_\_ (Full name) am unable to provide any evidence of my relevant income and declare my relevant income totally to be:

HK\$ \_\_\_\_\_ from \_\_\_\_\_ (dd/mm/yyyy)

to

\_\_\_\_\_ (dd/mm/yyyy).

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_