

Introduction 簡介

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

醫療用品資助計劃旨在協助本會經濟上有困難的糖尿病會員，資助他們有關糖尿消耗品的支出及醫療診金。

Subsidising items 資助項目

- Diabetes consumables, such as Blood glucose meter and testing strips, insulin pens/ needles, lancets etc.
糖尿消耗品，包括血糖機、血糖試紙、胰島素注射筆/ 針筒、針咀、採血針
- Doctor's consultation and medication expenses- diabetes related disease
有關治療糖尿病的診金及藥費
- Any others items to be approved by YDA
其他由本會批核之糖尿消耗品

Eligibility 資格

YDA Young Member/ Adult Member; and full-time students of age up to 25 studying at a recognized school, college or university in Hong Kong

本會青少年或成年會員及年齡在 25 歲以下就讀本港認可全日制課程之學生

Methods of application 申請辦法

Applicants should send the completed form together with the supporting documents to YDA office.

申請人須填妥此表格並連同相關證明文件，郵寄至本會會址。

Supporting documents 證明文件

- Medical certificate for diagnosis of diabetes
糖尿病醫生證明
- Full time study proof
全日制在學證明文件
- Income proof of family members residing with the applicant
與申請人在港同住家庭成員之收入證明 (最近一年的糧單或稅單副本)
- Proof of monthly housing rental fee/mortgage payment
居所的每月租金或按揭供款證明
- Study proof of the applicant's sibling (if applicable)
兄弟姊妹在學證明文件(如適用)
- Medical proof of applicant/ family members residing with the applicant having other disease (if applicable)
申請人/ 同住家庭成員的長期疾病證明 (如適用)

Format of subsidy 資助形式

- Successful application will be granted a 1- year term (aged between 18-25) or 2-year term subsidy (aged under 18)
每份成功的申請為期一年 (18-25 歲) 或兩年 (18 歲以下)
- A maximum of HK\$1,800 for every 3-month period will be granted
資助金額以 3 個月作為一週期，每期最高資助額為港幣\$1,800 元正
- For reimbursement of each period, the successful applicant should submit the valid original receipts of the purchase of diabetes supplies and medical certificate on or before the deadline
此計劃以 實報實銷的形式資助，獲批核會員必須於每期截止日期前提交申請費用補助項目的正本收據

Enquiries 查詢

For any enquiries, please contact our Social Worker 如有任何查詢，請與本會社工聯絡

- 2544 3362 (socialworker@yda.org.hk)
- 2543 0555 (sw2@yda.org.hk)

Office use only 只供內部使用	
總分	
審核結果	*接納/未能批准
批核期數	*共 4 / 8 期
獲批期限	
審批同事	
日期	

Part I- Particulars of applicant 第一部份— 申請人資料

Name 姓名	(English) Surname	Given Name	(中)
Gender 性別	Male 男 / Female 女	Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)	/ /
Membership No. 會員號碼		Type of Diabetes 糖尿病類型	Type I 一型 / Type II 二型
Follow Up Hospital 覆診醫院		Doctor In-charge 主診醫生	
Other disease (if any) 其他疾病 (如有)			
School 就讀學校		Year of study 就讀年級	
Reason for Application 申請原因			
Contact Person and No. 聯絡人及電話		Relation with applicant 與申請人關係	
Email 電郵			
Address 地址			

Part II- Family background 第二部份— 家庭背景

A. Accommodation status 居所類別

- Public housing 公共房屋 (Monthly rental fee 每月租金：\$)
- Private housing 私人樓宇 (Monthly rental/ mortgage 每月租金/ 按揭供款：\$)
- Self-owned 自置
- Other 其他 (Please specify 請註明) _____

B. Particulars of family members 家庭成員資料

- Marital status of parents 父母婚姻狀況
 Married 已婚 Divorced 離婚 Widow/er 喪偶 Other 其他

- Family members residing with applicant 與申請人同住的家庭成員

	Name in English 英文姓名	Name in Chinese 中文姓名	Relation 與申請人關係	Current status 現況#
1				
2				
3				
4				

In employment (please fill Part C) / Unemployed / Retired / Student (year of study)
 就業 (請填 C 部份) / 失業 / 退休 / 在學 (請註明就讀年級)

C. Income of family members residing with the applicant 與申請人同住的家庭成員收入

(Please provide the income of the last 12 months) (請填上過去 12 個月期間的收入)

	Name 姓名	Company 公司名稱	Position 職位	Full-time / part-time 全職/兼職	Office tel no. 辦公室電話	Annual income (HK\$) 全年總收入(港幣\$)
1						
2						
3						

Part III- Others assistance or allowance 第三部份—已申領的援助/津貼

(Please 「✓」 for type(s) of allowance received and state the subsidy amount 請在已申領的援助/津貼內「✓」及填上資助金額)

Type of allowance 已申領援助/津貼	Comprehensive Social Security Assistance (CSSA) 綜合社會保障援助計劃	Social Security Allowance (SSA) Scheme 公共福利金計劃 (每月金額)			Government Assistance 政府資助
		Disability Allowance 傷殘津貼	Old Age (/Living) Allowance 高齡津貼 / 長者生活津貼	Transport Supplement 交通補助金	Other Supplement (Annual) 其他補助金(全年)
Applicant 申請人	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Family member 同住家庭成員					
Name 姓名					
1	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
2	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
3	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
4	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

Part IV Supplementary Information 第四部份—補充資料

Notes 附註

- Approval/ rejection of the application is subject to the discretion of YDA.
本會擁有批核的最終決定權。
- YDA reserves the right to amend the terms and/or cancel this Programme at its discretion without notice.
本會保留更改或取消本計劃而毋須作出任何通知及解釋。
- If there is overpayment due to error of calculation, applicants are liable to refund the overpaid amount.
尚若因計算而導致申請人獲多發放資助，申請人必須退還多付之款項。
- YDA staff may conduct home visit to comprehend the condition of the applicant's family.
本會職員或會到訪申請人家庭進行家訪了解申請人家庭狀況。
- 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.
本會或會聯絡申請人及其家庭成員的僱主，核對填報的資料。申請人若在申請表內誤報或漏報資料，其申請資格將會被取消。

Declaration 聲明

I certify that the information provided is true and complete. 本人證明以上所提供的資料屬實正確無誤。

Signature 簽署* : _____

Name 姓名 : _____ Date 日期 : _____

* Family Member please signs for your Young Member. 青少年會員請由其家庭會員簽署。