

Appendix D – Documentary Proof for Persons receiving Disability Allowance / standard rate of “100% disabled” or “requiring constant attendance” under the Comprehensive Social Security Assistance (“CSSA”) Scheme of the Social Welfare Department

(1) Persons receiving Disability Allowance – Documentary Proof

i) Sample of Notification Letter of Successful Application for Disability Allowance (Chinese)

https://www.chp.gov.hk/files/pdf/sample_of_payment_notification_for_da_recipient_application_chi.pdf

(English)

https://www.chp.gov.hk/files/pdf/sample_of_payment_notification_for_da_recipient_application_eng.pdf

(2) Persons receiving standard rate of “100% disabled” or “requiring constant attendance” under the Comprehensive Social Security Assistance (“CSSA”) Scheme of the Social Welfare Department—
Documentary Proof and Self-Declaration Form

i) Sample of Valid “Certificate of CSSA Recipients (for Medical Waivers) which was issued before 15 December 2018”

(於2018年12月15日前簽發而仍有效的「綜合社會保障援助受助人醫療費用豁免證明書」)

SWD

社會福利署



SOCIAL WELFARE DEPARTMENT

CHAN TAI MAN 陳大文

FLAT/RM 888 X, WONG TUNG HOUSE
TUNG TAU ESTATE
KOWLOON

綜合社會保障援助受助人醫療費用豁免證明書

Certificate of Comprehensive Social Security Assistance Recipients
(for Medical Waivers)

簽發日期:

檔案編號:

此日期起生效: 2018年6月1日

Date of issue: 01/06/2018

Casefile Ref

Valid from: 01/06/2018

受助人姓名 Name of Recipient	身份證明文件號碼 Identity Document No.	有效日期至 Valid until
陳大文 CHAN TAI MAN	R111111(1)	31/12/2019
陳二文 CHAN YEE MAN	R222222(2)	31/12/2019
陳小文 CHAN SIU MAN	R333333(3)	31/12/2019
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

茲證明以上綜合社會保障援助(綜援)受助人在上述有效日期內可獲豁免於公立診所或醫院(包括急症室)繳付醫療費用。

This is to certify that the above named Comprehensive Social Security Assistance (CSSA) recipients are entitled to the waiver of medical charges at a public clinic or hospital (including the Accident & Emergency Department) during the validity period.

ii) The Annex page of valid “Notification of Successful Application”/ “Notification of Revision of Assistance” (Annex IV) (有效的「申請獲准通知書」／「調整援助金額通知書」內的附頁)



社會福利署
Social Welfare Department

For internal reference only

Annex

Our Ref : XXX-C-XXXXXX

Note:

Waiver of Medical Charges for CSSA Recipients

You/Applicant/Eligible family member(s) is/are entitled to the waiver of medical charges at a public clinic or hospital (including the Accident & Emergency Department) during the eligibility period of CSSA.

Valid From: XX/XX/XXXX

Eligible members	Identity document which used for CSSA application	Valid until
ABC	HK identity card	XX/XX/XXXX
DEF	HK birth certificate	XX/XX/XXXX

Upon registration for medical treatment or admission to hospital, please:

- (1) inform staff of the clinic or hospital that you/applicant/eligible family member(s) is/are the recipient(s) of CSSA; and
- (2) produce valid identity document which you/applicant/eligible family member(s) used for CSSA application (e.g. Hong Kong Identity Card, Certificate of Exemption, etc.)

If you/applicant/eligible family member(s) is/are no longer eligible for CSSA, the waiver of medical charges will be revoked at the same time.

ii) The new Annex page of “Notification of Successful Application”/ “Notification of Revision of Assistance” (Annex IV) (「申請獲准通知書」／「調整援助金額通知書」內的附頁) (Cont'd)

檔案編號：XXX-C-XXXXXX

請注意：

有關綜援受助人豁免醫療費用安排

你／申請人／符合資格家庭成員在領取綜援期間前往公立診所或醫院（包括急症室）求診時可獲豁免醫療費用。

此日期起生效：XXXX 年 X 月 X 日

符合資格的人士	申請綜援時使用的身份證明文件	有效日期至
陳大文	香港身份證	XX/XX/XXXX
陳小文	香港出生證明書	XX/XX/XXXX

當求診或辦理入院手續時請：

- (1) 向診所或醫院職員表示你／申請人／符合資格家庭成員是綜援受助人；及
- (2) 出示你／申請人／符合資格家庭成員申請綜援時使用的身份證明文件（例如香港身份證、豁免登記證明書等）。

如你／申請人／符合資格家庭成員日後已取消申請或不再符合資格領取綜援，有關豁免醫療費用的資格亦同時撤銷。

iii) Self-Declaration Form for Standard Rate of 100% Disabled or Requiring Constant Attendance under Comprehensive Social Security Assistance (CSSA) Scheme

https://www.chp.gov.hk/files/pdf/selfdeclarationform_vss.pdf

Department of Health Vaccination Subsidy Scheme Declaration

*I, _____ (name), Hong Kong Identity Card number: _____ (), / I _____ (name), Hong Kong Identity Card number: _____ () am the parent/guardian/appointee of the person receiving vaccination (name of person receiving vaccination _____, Hong Kong Identity Card number: _____ () (“recipient”)), hereby *declare / on behalf of the recipient declare that as at the date of the seasonal influenza vaccination to be taken by *me / the recipient under the Vaccination Subsidy Scheme, *I am / the recipient is aged between 12 to below 50 and is in receipt of the standard rate of payment applicable to a person as being certified 100% disabled or requiring constant attendance under the Comprehensive Social Security Assistance Scheme as administered by Social Welfare Department.

By signing this form, *I also consent / I also consent on behalf of the recipient that the Department of Health may disclose and/or obtain *my / the recipient’s personal data and records to or from the Social Welfare Department. The Department of Health and/or the Social Welfare Department may conduct including but not limited to a “matching procedure” as defined under the Personnel Data (Privacy) Ordinance between the data as kept by the Department of Health and the data as kept by the Social Welfare Department, for the purpose of verifying *my / the recipient’s eligibility for the Vaccination Subsidy Scheme.

I understand that it is a criminal offence if I knowingly or wilfully give incorrect information in this form for the purpose of obtaining vaccination under the Vaccination Subsidy Scheme and I may be prosecuted.

*Delete as appropriate.

Signature of recipient (or finger print if illiterate)#: _____
Contact Telephone No.: _____
Date: _____

Complete the following by the parent or guardian or appointee only if the recipient is aged below 18 / mentally incapacitated or medically unfit to make a statement

Signature of Parent/Guardian/Appointee: _____
Name of Parent/Guardian/Appointee (in English): _____
Relationship with the recipient: ☐ Father/Mother ☐ Guardian ☐ Appointee
Contact Telephone No.: _____
Date: _____

Complete the following if the recipient has mental capacity but is illiterate

This document has been read and explained to the recipient in my presence.

Signature of Witness: _____
Name of Witness (in English): _____
Hong Kong Identity Card No.:

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			X	X	X	(X)
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(only the alphabet and the first three digits are required)
Contact Telephone No.: _____
Date: _____

iii) Self-Declaration Form for Standard Rate of 100% Disabled or Requiring Constant Attendance under Comprehensive Social Security Assistance (CSSA) Scheme (Cont'd)

衛生署 疫苗資助計劃聲明書

*本人_____ (姓名)，香港身份證號碼：_____ () / 本人為疫苗接種者的父母 / 監護人 / 受委人_____ (姓名)，香港身份證號碼：_____ () (疫苗接種者的姓名_____，香港身份證號碼：_____ () (“疫苗接種者”)) 謹此聲明，*本人 / 本人代表疫苗接種者 確認於衛生署疫苗資助計劃下的季節性流感疫苗接種當日，*本人 / 疫苗接種者 年齡為 12 歲至 50 歲以下人士，及為社會福利署綜合社會保障援助計劃領取標準金額類別為殘疾程度達 100%或需要經常護理的受助人。

就簽署此聲明書，*本人 / 本人代表疫苗接種者 亦同意衛生署向社會福利署透露及/或索取有關*本人 / 疫苗接種者 的個人資料及記錄。衛生署及/或社會福利署可對他們所儲存的有關個人資料及記錄進行包括但不限於使用個人資料(私隱)條例中所定義的「核對程序」，以核實*本人 / 疫苗接種者 為合資格接受衛生署疫苗資助計劃人士。

本人明白如本人蓄意或存心在此表中提供錯誤資料，以圖接受衛生署疫苗資助計劃疫苗的接種，此行為乃屬刑事罪行及將有可能被檢控。

*請刪去不適用者

疫苗接種者簽署 (如不會讀寫[△]，請印上指模)：_____
聯絡電話號碼：_____
日期：_____

如疫苗接種者未滿 18 歲 或 精神上無行為能力 或 精神狀況不適宜作出聲明，有關人士才須填寫以下資料：

有關人士(例如：父母 / 監護人 / 受委人)簽署：_____
有關人士(例如：父母 / 監護人 / 受委人)姓名：_____
與疫苗接種者的關係：☐父 / 母 ☐監護人 ☐受委人
聯絡電話號碼：_____
日期：_____

△ 如疫苗接種者精神上有行為能力但不會讀寫，才須填寫以下資料：

本人見證此聲明書已在疫苗接種者面前朗讀及解釋。

見證人簽署：_____
見證人姓名：_____

香港居民身份證號碼 (只要英文字母及首 3 個數字)：

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			X	X	X (X)
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聯絡電話號碼：_____
日期：_____