

**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**

Sample of Notification Letter of Successful Application for Disability Allowance

- [Chinese](#)
- [English](#)

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

i) **Documentary Proof**

a. **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 陳太文

FLAT/RM 888 X, WING 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: 01/06/2018 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
陳太文 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)繳納醫療費用。

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.

**b. The Annex page of valid “Notification of Successful Application”/ “Notification of Revision of Assistance”**  
(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



社會福利署  
Social Welfare Department

只供內部參考

附頁

Our Ref: XXX-C-XXXXXX

檔案編號: 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: X/X/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.

**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。

**ii) Self-Declaration Form for Standard Rate of 100% Disabled or Requiring Constant Attendance under CSSA Scheme**