



To: Chairman  
HKARF  
Flat 103-106, Nam Wai House,  
Nam Shan Estate, Sham Shui Po,  
Kowloon  
Tel. No. : (852) 2346 6336  
Fax : (852) 2346 6136

Name of Hospital  
Address

**MSW's Recommendation Form for Patient Support Fund / Expensive Drug Support Scheme**

**Part I. Patient Particulars**

Name of the Patient: \_\_\_\_\_  
HKID No.: \_\_\_\_\_  
Age: \_\_\_\_\_

or place a sticker with particulars of  
patient here

**Part II. Patient's Financial Assessment Result**

Monthly Household Gross Income #(Total I) = \$ \_\_\_\_\_

Monthly Allowable Deductions #(Total II) = \$ \_\_\_\_\_

Disposable Capital #(Total of Part III) = \$ \_\_\_\_\_

Annual Disposable Financial Resources (ADFR)

= (\$ \_\_\_\_\_ - \$ \_\_\_\_\_) x 12 + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Monthly Household Gross Income      Monthly Allowable Deductions      Disposable Capital      Annual Disposable Financial Resources

**Annual Disposable Financial Resources (Please tick as appropriate)**

**Patients Support Fund**

**Expensive Drug Support Scheme**

- ADFR ≤ HK\$50,000.00      ADFR = HK\$ \_\_\_\_\_  
 ADFR > HK\$50,000.00

**Part III. Comments/ Recommendation of MSW**

**Part IV. The result of the financial assessment of the above referral is as follow:**

- Recommended  
 Not Recommended

**Assessed by**

\_\_\_\_\_  
Name of MSW                      Signature                      Tel No.                      Date

**Endorsed by**

\_\_\_\_\_  
Name of MSW                      Signature                      Tel No.                      Date