PSF/EDSS 2 (090112)

Application Form for Patient Support Fund Scheme/

Expensive Drug Support Scheme

香港風濕病基金會
Hong Kong Arthritis &
Rheumatism Foundation Ltd.

Part I. The Applied Scheme and Patient Particulars

1. The Applied Scheme

☐ Patient Support Fund

Applied Item: Drugs / Rehabilitation Aids / Home Modifications (Pls delete the inappropriate)

☐ Expensive Drug Support Scheme

2. Patient Particulars

Chinese Name: _____ English Name: _____ Sex: ____

HK ID No.: _____ Marital Status: _____ Birth: _____ Age: _____

Telephone: _____ Mobile: _____ Fax: _____

Residential Address: _____

Mail address if different from above：_____

If the patient is the applicant?

☐ Yes ☐ No

Applicant Particulars (If the applicant is the patient, please fill in this section. Parents can apply for their children aged below 18.)

Chinese Name: _____ English Name: _____ Sex: ____

HK ID No.: _____ Marital Status: _____ Birth: _____ Age: _____

Telephone: _____ Mobile: _____ Fax: _____

Residential Address: _____

Mail address if different from above：_____

Relationship with the patient:

☐ Father / Mother ☐ Person acting on behalf

Part II. The Personal Information and Monthly Household Income of the Patient and his/her core family living together.

1. The Monthly Household Income from salaries

Name	Age	Relationship with Patient	Occupation	Average Monthly Income ($)		Filled in by MSW
				Subtotal (a)		Subtotal (a)

2. Other Household Income

Item	Average Monthly Income ($)	
Subsidies / Bonus / Commission / Year end double pay / Profit from goods (Average in month)		
Retirement funds		
Rental Income		
Interest (Stock, Investment Funds, etc)		
Regular Subsidy from family member / relative who is not resided with the patient.		
Other		
	Subtotal (b)	
	Total I = (a)+(b)	

Subtotal (b)

Total I =(a)+(b)

3. Allowable Deductions

		Average Monthly Amount($)	
Expense of Residence	(1) Rental / Mortgage Payment		
	(2) Rates (tax)		
	(3) Management Fee		
		Subtotal (c)	
Salaries Taxes (* Remark 1)			
Mandatory Contributions to recognized retirement schemes			
Childcare Service Expense			
Medical Expense of past 12 months in Public Hospitals / Clinics (Exclude the medicine fee to be applied for this support scheme.)			
Personal allowances amount per Samaritan Fund			
		Subtotal (d)	
		Total II = (c) + (d)	

Subtotal (c)

Subtotal (d)

Total II=(c)+(d)

* Remark 1: As salaries tax is calculated per year, kindly divide the tax amount into 12 to present the average monthly figure.

4．The Household Assets

1. Cash

Amount:

Subtotal (e)

2. Deposit & Savings in Bank/Financial Institute (include all joint account)

Bank Account Holder	Bank Name	Account No.	Date	Balance ($)
				Subtotal(f)

3. Property as Non-Own Residence

	Property 1	Property 2
Address		
Owner Name		
Market Value		
Not yet returned Mortgage Loan		
	Subtotal(g)	

4 Other Assets (Not Include Production Tools)

Asset Type	Current Market Value
Subtotal (h)	
Total III =(e)+(f)+(g)+(h)	

5. Other Information (completed by Patient / Applicant)

1. Per the item for subsidy in this application, has the Patient applied for other Fund/ Support Scheme to cover related expense?

    ☐ Yes – Please list out：_____ ; Approved Amount: HK$ _____

    ☐ No

2. Per the item for subsidy in this application, if the Patient has been /will be benefited from Civil Servant Medical Welfare to cover related expense?

    ☐ Yes

    ☐ No

3. Per the item for subsidy in this application, if its expense has been/ will be covered by Medical Insurance Compensation?

    ☐ Yes – Has granted with insurance compensation: All Expense

        / Partial Expense (Pls delete the inappropriate one)

        Compensation amount: HK$ _____

    ☐ No

6. Other Supporting Information for this application (Completed by the Patient / the Applicant)

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7. Declaration by the Applicant (If the applicant is aged below 18, countersignature by his/her parent / guardian is requested)

- I declare that the information given in this form is true, correct and complete per my knowledge.
- I understand the personal information in this form is voluntarily provided. If such information is not enough for consideration, the application may be not proceeded.
- According to Personal Data (Privacy) Ordinance, I understand I can get access to or ask for correction of my personal data by written request to Hong Kong Arthritis & Rheumatism Foundation Ltd.
- I agree Hong Kong Arthritis & Rheumatism Foundation Ltd to handle the personal data and information of this form for purposes of application assessment, statistics, analysis and research.
- I understand Hong Kong Arthritis & Rheumatism Foundation Ltd has the right of final decision for the assessment and approval of this application.

Applicant Name：_____ Parent / Guardian Name：_____

Applicant Signature：_____ Parent/ Guardian Signature：_____ Date：_____

Please submit the completed form to Medical Social Worker (MSW).