

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

**Expensive Drug Support Scheme**

**Patient Support Fund (Effective date: 1 Jan 2026, applicants can only apply for funding every two years in order to benefit more patients in need.)**

- ☐ ADFR  $\leq$  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

Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

**Endorsed by**

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

Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_