



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 x 80% + \$ _____ = \$ _____
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: _____