

Pilot Scheme of Subsidy for Healthcare Needs Application Form

Note: A copy of the most recent prescription or relevant supporting documents issued by a healthcare professional, dietitian or speech therapist stating that the applicant needs the relevant nursing materials or services due to designated rare disease(s) must be attached to the application form. Applications with incomplete documents shall not be entertained.

(A) Particulars of applicant (who must be a full member of Rare Disease Hong Kong)

Name of applicant: _____ Mr / Ms / Miss

HKID card number (all the alphabets + the first 3 digits): _____

Contact phone number: _____ Email: _____

Name of the rare disease(s): _____

(B) Subsidized items requested (Please check only one of the following.)

<input type="checkbox"/>	Silver-containing or non-adherent dressings (applicable to patients with Epidermolysis Bullosa)
<input type="checkbox"/>	Phenyl-Free food powder and supplements (applicable to patients with Phenylketonuria)
<input type="checkbox"/>	Soft meals supplied by social welfare organisations (applicable to patients with neuromuscular disorders who have chewing and swallowing problems)

(C) Applicant declaration

I (name of applicant) _____ declare that:

1. I am not currently receiving any financial assistance from the Comprehensive Social Security Assistance Scheme, other funds or organisations for the subsidised items checked in Item B above.
2. The supporting documents submitted together with this form are copies of the original documents.
3. I have read the Application Notes (Ref no.:2023.05) and understand and agree to all its contents.
4. I confirm that the information provided in this form is correct and complete. I understand that if I knowingly make any false statement, misrepresent, or conceal any information to obtain a subsidy, I will be disqualified, and full refund of the disbursed subsidies shall be required.

*Signature: _____ Signed on: _____

Signed by the applicant Signed by the applicant's parent (name) _____

Signed by the applicant's guardian (name) _____

** If the applicant is under 18, this form must be signed by his/her parent or guardian.*

For Office Use Only :	申請編號 : _____	收表日期 : _____
	批核結果 : <input type="checkbox"/> 批准 <input type="checkbox"/> 不批准 (備註 : _____)	
	批核日期 : _____	經辦人姓名 : _____