

Haven of Hope Sister Annie Skau Holistic Care Centre
Sandwich Class Beds Programme
靈實司務道寧養院 夾心階層安寧療護病床計劃

申請表 Application Form

第一部份：申請人及近親個人資料 Background of Applicant and Next of Kin

1.1 申請人個人資料 Applicant's Personal Data	
中文姓名 Name in Chinese	英文姓名 Name in English
香港身份證號碼 H.K.I.D. Card no.	出生日期(日/月/年) Date of Birth(dd/mm/yy)
性別 Sex	聯絡電話 Contact Phone No.
婚姻狀況 <input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 鰥寡 Widowed <input type="checkbox"/> 離婚 Divorced Marital Status <input type="checkbox"/> 其他 Others _____	
住址 Address _____ _____	
1.2 近親個人資料 Next of Kin's Personal Data	
中文姓名 (先生 / 小姐 / 女士) Name in Chinese	英文姓名 (Mr. / Miss / Mrs.) Name in English
香港身份證號碼 H.K.I.D. Card no.	出生年份 Year of Birth
與申請人之關係 Relationship with the applicant	聯絡電話 Contact Phone No.
住址 Address _____	

第二部份：每月總收入 Total Household Income of Applicant and Family Members

(由轉介機構醫務社工/ 本院社工填寫 To be completed by Social Worker from referring unit or SASHCC)

2.1 申請人及同住家庭成員 過去 6 個月 從就業獲得的總收入					
Gross Income of Applicant and Family Members from Occupation of past 6 months					
姓名 Name	年齡 Age	與申請人關係 Relationship with applicant	職業 Occupation	過去 6 個月總收入 Gross income of past 6 months (\$)	職員專用 Staff use only
		本人 Applicant			
小計 Sub-total (a):					

2.2 申請人及同住家庭成員 過去 6 個月 其他收入總和 Other Monthly Income of Applicant and Family Members of past 6 months		
項目 Item	過去 6 個月總收入 Gross Income of past 6 months (\$)	職員專用 <u>Staff use only</u>
津貼/花紅/雙糧等 Subsidy/Bonus/Double pay, etc.		
租金收入 Rental income		
退休金 Retirement pension		
利息收入 (例如：股票、基金、債券、定期存款、外幣、保險等) Interest income (e.g. equity, fund, bond, fixed deposit, foreign currency, insurance, etc.)		
申請人不同住家人/ 親屬提供的定期資助 Regular support from Applicant's other relatives		
其他 Others		
小計 Sub-total (b):		

2.3 過去六個月家庭總收入 Total Household Income of past 6 months

(a) + (b) = HK\$ _____ (I)

第三部份：申請人與同住家庭成員的資產 Assets of the Applicant and Family Members

(由轉介機構醫務社工/ 本院社工填寫 To be completed by Social Worker from referring unit or SASHCC)

3.1 現金 Cash on Hand :	HK\$	(c)
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3.2 銀行戶口資料 Bank Account Details (聯名戶口結存除以戶口持有人數目計算 Account balance to be divided by no. of account holders for joint account)				
戶口持有人姓名 Name of account holder	銀行名稱 Name of Bank	戶口號碼 Account No.	結存 Balance (\$)	職員專用 <u>Staff use only</u>
小計 Sub-total (d):				

3.3 非自住物業 Non-self-occupied Properties			
	物業 1 Property 1	物業 2 Property 2	職員專用 <u>Staff use only</u>
物業地址 Address			
業主姓名 Owner			
市值 Market Value			
未償還按揭貸款 Mortgage Balance			
小計 Sub-total (e): 物業市值 – 未償還按揭貸款 Market Value – Mortgage Balance			

3.4 家庭資產總值 Total Household Asset Value (c) + (d) + (e) = HK\$ _____ (II)

第四部份：家庭經濟負擔能力 Household Financial Affordability

(由轉介機構醫務社工/ 本院社工填寫 To be completed by Social Worker from referring unit or SASHCC)

(I) 家庭總收入(6個月)	+	(II) 家庭資產總值	=	家庭經濟負擔能力
Household income (6 months)		Total Household Asset Value		Household Financial Affordability
HK\$ _____		HK\$ _____		HK\$ _____

第五部份：申請人及直系家庭成員社經背景（選擇性提供）

Socio-economic Background of the Immediate Family Members (Optional, on a voluntary basis)

(由申請人之直系家庭成員自願提供，以供基金會參考以釐定資助額度 To be provided voluntarily by the applicant's immediate family members for the foundation's reference to assist in determining the funding amount)

(由轉介機構醫務社工/ 本院社工填寫 To be completed by Social Worker from referring unit or SASHCC)

5.1	申請人直系家庭成員人數及關係（主要指申請人之父母、配偶、子女、女婿媳婦）		
	關係	人數 / 存歿	職業（包括退休前職業）
	申請人父親		
	申請人母親		
	申請人配偶		
	申請人兒子		
	申請人媳婦		
	申請人女兒		
	申請人女婿		
5.2	備註		

第八部份：申請人聲明 Declaration by Applicant

本人(申請人/近親)謹此聲明，所呈報之資料均屬真確及並無遺漏。本人明白在本表格所提供的個人資料，純屬自願性質；若所提供的資料不足、不實或過時，有關申請可能不獲接納。如在獲批後被發現所提供的資料不實或有問題，本人明白靈實司務道寧養院有權終止資助及/或追回已資助之款項。

I (the Applicant/ Next of Kin) hereby declare that the information given herein are true, correct and complete. I understand that provision of information in this Form is voluntary. Incomplete, inaccurate or outdated information may result in rejection of application. I understand that SASHCC has the authority to cease and/or claim back the subsidy, if information provided was found inaccurate or problematic after approval.

本人明白「夾心階層安寧療護病床計劃」(本計劃)只為晚期病者(癌症或器官衰竭)提供紓緩治療；任何紓緩治療目的以外之醫療程序或護理服務，需由本人自行安排並支付全部費用。

I understand the Sandwich Class Bed Programme (SCB) aims to provide holistic palliative care for patients with late stage cancer or organ failure. Any other medical or nursing care services beyond this scope shall be arranged and paid by me.

本人知悉及同意本計劃的服務及收費安排；如是次申請獲批，本人承諾負責支付相關費用。

I understand and agree with the service and payment arrangement of the SCB Programme. Upon approval of this application, I promise to be responsible for the co-payment.

本人知悉及同意病者可使用本計劃 6 個月。期間本院會定期檢視病者病情，若病情趨向穩定，本院會與病人/近親共同商議未來照顧計劃，本人承諾願意配合靈實司務道寧養院之安排。

I understand and agree that the service duration of the SCB Programme is 6 months. Patient will be assessed by doctor on regular basis. SASHCC will discuss the future care planning with patient/ next of kin if patient's health condition become stable. I promise to comply with SASHCC's arrangement.

本人授權靈實司務道寧養院處理這份表格內的個人資料及其他資料，以作審核、資料統計及分析之用。

I authorize SASHCC to use the information provided in this Form for assessment, statistics and analysis purpose.

本人明白靈實司務道寧養院就是次申請是否獲批有最終決定權。

I understand that SASHCC will have the final and conclusive decision on this application.

申請人/近親簽署

Signature of Applicant/Next of Kin

申請人/近親姓名

Name of Applicant/Next of Kin

日期

Date

第九部份：初步評審建議 Initial Recommendation (只供靈實司務道寧養院內部填寫 For internal use only)

9.1 經初步資料審核，建議接納申請，申請人之每月需繳付之基本院費上限為：
Initial data verification done. Acceptance of application is suggested and co-payment recommended at

約 About 70% (每月基本院費上限 Basic monthly payment capped at \$70,000)
 約 About 40% (每月基本院費上限 Basic monthly payment capped at \$39,000)
 其他 Others : _____ %

原因 Reason : _____

不建議接納申請
Acceptance of application not recommended

原因 Reason: _____

心靈社關部主管/副主管/專責社工簽署：_____ 日期：_____

Signature of PSSD i/c, deputy i/c or Responsible SW Date

第十部份：評審結果 Assessment Result (只供靈實司務道寧養院內部填寫 For internal use only)

10.1 申請符合資格獲批，申請人需繳付住院費用 Application approved and patient co-payment at

約 70% 約 40% 其他 Others : _____ %

資助生效日期 Effective date : _____

申請不符合資格未能獲批
Application failed

高級行政經理或以上簽署：_____ 日期：_____

Signature of Senior Executive Manager or above Date:

* 請將填妥的表格，連同醫生轉介表格(CM02a)及「醫健通」(香港電子健康紀錄互通系統)號碼，一併交回靈實司務道寧養院。Please send the completed form together with doctor's referral form (CM02a) and eHR No. of HA to Sister Annie Skau Holistic Care Centre (SASHCC).

電話 Telephone: 2703-3000 (行政部 Administrative Department – 一般申請入住查詢 General Enquiry)
2706-8515 (心靈社關部社工 PSSD SW – 家庭財政狀況審查 Financial Assessment)

傳真 Fax: 2785-0721

地址 Address: 新界將軍澳靈實路 19-21 號 19-21, Haven of Hope Road, Tseung Kwan O, N.T.

* 本院社工會通知申請人或家屬申請是否獲批。

Social Worker of the Centre will notify applicant or next of kin if application is approved or not.

* 本院對審批結果有最終的決定權。The Centre's decision is final and conclusive.