

## 短期食物援助服務 申請/個案轉介\*表格

### Application/ Referral\* Form for Short-term Food Assistance Service

服務隊 Team No. : 7 \_\_\_\_\_

營辦機構 Operator : 保良局 Po Leung Kuk \_\_\_\_\_ 檔案編號 Case Ref. No. : BS \_\_\_\_\_

#### 第一部分 Part 1 : 申請人個人資料 Applicant Particulars

申請人姓名 Name of Applicant : ( 中 Chinese/ 英 English\* ) \_\_\_\_\_

香港身份證/其他身份證明文件 (請列明: \_\_\_\_\_) \*號碼

HKID/Identity Document (Please specify: \_\_\_\_\_)\* No. : \_\_\_\_\_

聯絡電話 Tel. No. : \_\_\_\_\_ 出生日期 DOB : \_\_\_\_\_ 性別 Sex:  男 Male  女 Female

住址 Residential Address : \_\_\_\_\_

#### 第二部分 Part 2 : 同住家庭成員資料 Household Member(s) Particulars

中/英*文姓名 Chinese/ English* Name	性別 Sex	與申請人關係 Relationship with Applicant	出生日期 Date of Birth	香港身份證/ 其他身份證明文件號碼 HKID/Identity Document No. :*	備註 (如需特別膳食安排) Remarks (including need for special food)

#### 第三部分 Part 3 : 個案簡述 Brief Case Background (個案轉介適用 For Case Referral Only)

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#### 第四部分 Part 4 : 申請人聲明 Declaration of the Applicant

本人謹此同意、聲明、確定並確認以下事項:

I hereby agree, declare, confirm and acknowledge as follows:

1. 本人聲明, 本人及本人的同住家人(「同住家人」)在緊接本次申請(「申請」)日期之前的六個月內並沒有獲批領取社會福利署津助的短期食物援助服務(「援助服務」)所提供的基本食物援助(「食物援助」)(以上次申請獲批日期起計, 例如 8 月 1 日提出新申請, 即同年 2 月 2 日至 7 月 31 日期間並未獲批領取援助服務所提供的食物援助)。

I declare that my household member(s) and I were not approved for receiving the basic food assistance (“**Food Assistance**”) provided under the Short-term Food Assistance Service subvented by the Social Welfare Department (“**STFAS**”) [in the past six months immediately preceding the date of this STFAS application (“**Application**”) (counting from the approval date of the last application, e.g. if making a new application on 1 August, there was no approval granted for receiving the Food Assistance offered under STFAS from 2 February to 31 July of the same year).]

2. 本人明白就申請所提供的個人資料(定義見《個人資料(私隱)條例》(第 486 章))只供營辦機構作審批申請之用, 以及與前述用途直接有關、引起及其附帶的其他用途。如有需要, 本人同意及授權營辦機構就申請保留、向社會福利署及/或其他營辦援助服務的機構披露及索取本人以及同住家人的個人資料。

I understand that the personal data (as defined in the Personal Data (Privacy) Ordinance (Cap. 486)) provided in connection with the Application may only be used by the Operator for reviewing the Application and any other purposes directly related to, arising from or incidental to the aforesaid purpose. I consent and authorise the Operator to retain, disclose to and request from the Social Welfare Department and/or other STFAS operators the personal data of my household members and mine for the purpose of the Application, if necessary.

申請人簽署 Applicant's Signature : \_\_\_\_\_ 日期 Date : \_\_\_\_\_

**第五部分 Part 5 : 轉介者資料 Referrer's Information**

轉介者姓名 Name of Referrer : \_\_\_\_\_ 聯絡電話 Tel. No. : \_\_\_\_\_

轉介者簽署 Referrer's Signature : \_\_\_\_\_ 傳真號碼 Fax No. : \_\_\_\_\_

轉介機構 Referring Unit : \_\_\_\_\_ 日期 Date : \_\_\_\_\_

轉介機構地址 Address of Referring Unit : \_\_\_\_\_

\*請刪除不適用部分 Please delete as appropriate