

## 賽馬會健腔護齒計劃申請表格 Jockey Club Dental Care Programme (JCDCP) Application Form

### 第一部分 (甲) : 申請人資料

#### Part I (A): Personal Particulars of the Applicant

中文姓名 Chinese Name				英文姓名 English Name			
出生日期 (日/月/年) Date of Birth (DD/MM/YYYY)				性別 Gender		<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	
身分證明文件類型 Identity Document Type <input type="checkbox"/> 香港身分證 Hong Kong Identity Card							
身份證明文件號碼 Identity Document Number				聯絡電話號碼 Contact Number			
住址 Residential Address							
電郵地址 E-mail Address (如適用 if applicable)							

### 第一部分 (乙) : 申請人之父母 / 法定監護人 / 代理人個人資料 (只適用於未滿十八歲 或 精神上無行為能力的申請人)

#### Part I (B): Personal Particulars of the Applicant's Parent / Legal Guardian / Agent (Only for applicants under the age of 18 or mentally incapacitated)

中文姓名 Chinese Name				英文姓名 English Name			
與申請者的關係 Relationship <input type="checkbox"/> 父親 Father <input type="checkbox"/> 母親 Mother <input type="checkbox"/> 法定監護人 Legal Guardian <input type="checkbox"/> 其他 Others: _____				身份證明文件類型 Identity Document Type <input type="checkbox"/> 香港身分證 Hong Kong Identity Card <input type="checkbox"/> 其他身份證明文件 Other Identity Document 請註明 Please specify: _____			
身份證明文件號碼 Identity Document Number				聯絡電話號碼 Contact Number			
電郵地址 E-mail Address (如適用 if applicable)							

## 第二部分：資格類別

### Part II: Eligibility Category

**2.1** 請於適當的方格「□」內加「✓」。Please put a “✓” in the appropriate box “□”.

綜合社會保障援助計劃的受助人

Beneficiary of the Comprehensive Social Security Assistance Scheme

☐ 是 Yes      ☐ 否 No

關愛基金「長者牙科服務資助」項目的受助人

Beneficiary of the Community Care Fund Elderly Dental Assistance Programme

☐ 是 Yes      ☐ 否 No

申請人目前是否有參與其他診所的賽馬會健腔護齒計劃?

Is the applicant currently enrolled in the JCDCP at any other clinics?

☐ 是 Yes      ☐ 否 No

**2.2** 請選擇 一項 申請人符合賽馬會健腔護齒計劃的資格類別，並在相應的方格「□」內打「✓」。

Please select ONE eligible category under the JCDCP of the applicant and put a “✓” in the corresponding box “□”.

☐ 1. 學生資助計劃的受助人 (包括「學校書簿津貼計劃」、「學生車船津貼計劃」及「上網費津貼計劃」)

Beneficiary of the Student Financial Assistance Schemes (including the School Textbook Assistance Scheme, the Student Travel Subsidy Scheme and the Subsidy Scheme for Internet Access Charges)

☐ 2. 在職家庭津貼計劃的受助人

Beneficiary of the Working Family Allowance Scheme

☐ 3. 社會福利署「長者生活津貼」的受助人

Beneficiary of the Old Age Living Allowance administered by Social Welfare Department

☐ 4. 已獲得醫院管理局「醫療費用減免」資格人士

Person provided with the Hospital Authority “Medical Fee Waiver”

☐ 5. 社會福利署津助的「綜合家居照顧服務 (體弱個案)」/「改善家居及社區照顧服務」/「家居支援服務」(第一或第二級別收費/共同付款級別) 的使用者

Service user of “Integrated Home Care Services (Frail Case)”, “Enhanced Home and Community Care Services” and “Home Support Services” subvented by Social Welfare Department paying Level 1 or 2 / Co-payment Category I or II

☐ 6. 社會福利署「長者社區照顧服務券計劃」的受助人 (第二級共同付款級別)

Beneficiary of Community Care Service Voucher Scheme for the Elderly with Co-payment Category II under the Social Welfare Department

☐ 7. 家庭每月入息不高於政府統計處公佈的上年度第四季按住戶人數劃分的家庭住戶每月入息中位數 (需填寫 2.3 部分)

(註：以遞交申請表月份前三個月的平均入息計算)。

Monthly household income not exceeding the median monthly household income by household size in the fourth quarter of the previous year published by the Census and Statistics Department (Completion of 2.3 is required).

(Note: Calculated as the average income from the three months preceding the application submission.)

**2.3 申請人及家庭成員資料 (只適用於資格類別 7) Particulars of Applicant and Family Members (For Eligible Category 7)** 申請家庭人數如多於 6 人，請另行加白紙 For family exceeding six members, please use additional paper.

	申請人 Applicant	家庭成員 1 Family Member 1	家庭成員 2 Family Member 2	家庭成員 3 Family Member 3	家庭成員 4 Family Member 4	家庭成員 5 Family Member 5
中文姓名 Chinese Name						
英文姓名 English Name						
年齡 Age						
職業 Occupation						
與申請人關係 Relationship with the Applicant	不適用 Not Applicable					
每月入息 Monthly Income* (港幣 HKD\$)	(A)	(B)	(C)	(D)	(E)	(F)
每月家庭總入息 Total Monthly Household Income (港幣 HKD\$)	(A) + (B) + (C) + (D) + (E) + (F) = \$ _____					

\*以遞交申請表月份前三個月的平均入息計算。入息包括：(1) 固定／非固定底薪；及 (2) 生活津貼／逾時工作收入／花紅或佣金／其他津貼或獎金，不包括年終花紅或年終佣金，扣除法定強積金／認可職業退休計劃(俗稱「公積金」) 供款後的扣稅前淨收入。如沒有入息，請填寫「0」。To be calculated as the average income from the three months preceding the application submission. Income refers to pre-tax net income after deducting contribution to Mandatory Provident Fund/ Recognised Occupational Retirement Scheme from (1) regular/irregular basic salary; and (2) living allowance/overtime pay/bonus or commission/other allowances or incentives, excluding year-end bonus or year-end commission. If there is no income, please enter "0".

**第三部分：聲明及承諾**

**Part III: Declaration and Undertaking**

本人作出以下聲明及承諾：

**I declare and undertake the following:**

1. 本人同意參加 / 同意申請人參加「賽馬會健腔護齒計劃」。本人同意並授權九龍樂善堂收集、處理及使用申請人的個人資料，以作核實受惠資格、辦理申請及提供牙科服務用途。本人知悉九龍樂善堂有權查閱本人所提供的所有資料，並要求提供所需證明文件。如提交申請後申請人的情況有變，本人會主動更新有關資料。I agree to enrol myself or the applicant in the JCDCP. I agree to and authorize The Lok Sin Tong Benevolent Society, Kowloon to collect, process, and use the applicant's personal data for the purposes of verifying eligibility, processing applications and providing dental services. I understand that The Lok Sin Tong Benevolent Society, Kowloon has the right to verify all information provided by me and to request any necessary supporting documents. Should there be any changes to the applicant's circumstances after submission, I will proactively update the relevant information.

2. 本人聲明在此表格上填報的資料及就「賽馬會健腔護齒計劃」已遞交 / 可能遞交的其他資料，均屬正確無誤。本人明白如明知或故意作出虛假陳述或隱瞞資料，或以其他方式誤導九龍樂善堂，意圖取得「賽馬會健腔護齒計劃」的資助牙科服務，可被檢控。本人明白蓄意提供虛假資料或漏報資料，企圖以欺騙手段取得「賽馬會健腔護齒計劃」的資助，屬刑事罪行。根據《盜竊罪條例》(香港法例第 210 章)，可被檢控。I declare that all information provided in this form and any other information submitted/to be submitted under the JCDCP is true and correct. I understand that if I knowingly or wilfully make any false statement or withhold any information or otherwise mislead The Lok Sin Tong Benevolent Society, Kowloon for the purpose of obtaining subsidised dental services under the JCDCP, it will render me liable to prosecution. I understand that the deliberate provision of false information or omission of information in order to obtain financial assistance under JCDCP by deception is a criminal offence. I may be liable to prosecution under the Theft Ordinance (Cap. 210).
3. 本人已閱讀並瞭解計劃最新版本的《申請人須知》及《個人資訊收集聲明》，明白並同意其內容。I have read and understood the most updated version of the Participant Information Notice and the Personal Information Collection Statement of the JCDCP, and agree to their contents.
4. 本人明白只會被資助「賽馬會健腔護齒計劃」下的指定服務項目。如本人使用之服務項目不包括在「賽馬會健腔護齒計劃」範圍內時，本人需自行承擔該服務的費用。I understand that only specific service items under the JCDCP are subsidised. When a service item falls outside the scope of the JCDCP, I will bear the cost of such service at my own expense.
5. 本人知悉九龍樂善堂有權要求申請人於下一個年度重新遞交申請及有效證明文件，以讓申請人繼續使用服務。I understand that The Lok Sin Tong Benevolent Society, Kowloon has the discretion to request the applicant to resubmit a new application with valid supporting documents in the following year for the applicant's continued receipt of services.
6. 本人明白資料不全或未能提供有效證明文件的申請恕不受理。本人同意香港九龍樂善堂擁有審批本申請的最終決定權，並可以拒絕本申請而無須給予任何理由。I understand applications with incomplete information or failure to provide valid supporting documents will not be processed. I acknowledge that The Lok Sin Tong Benevolent Society, Kowloon reserves the final right of approval for this application and may reject the application without providing any reason.

**以下只適用於未滿十八歲 或 精神上無行為能力的申請人**

The following is only applicable to applicants under the age of 18 or those who are mentally incapacitated

7. 未滿十八歲或精神上無行為能力的申請人父母、法定監護人或代理人替申請人向九龍樂善堂作出申請時，須一併出示本申請表格第四部分所列的所有證明文件。如申請人父母、法定監護人或代理人未能陪同申請人首次應診，請將填妥的申請表格及第四部分所列的所有證明文件正本(如父母、法定監護人或代理人於首次應診未能親自陪同申請人，可提供香港身份證副本作核對)，交予陪同申請人首次應診者，向九龍樂善堂遞交。九龍樂善堂可拒絕資料不齊全的申請。The parent, legal guardian or agent of applicants under the age of 18 or those who are mentally incapacitated must present all the documentary proof listed in Part IV of this application form when making an application to The Lok Sin Tong Benevolent Society, Kowloon on behalf of the applicant. If the parent, legal guardian or agent cannot accompany the applicant for the first appointment, please pass the completed application form and all the original documentary proof listed in Part IV (A copy of the Hong Kong Identity Card can be provided for

verification if the parent, legal guardian or agent cannot accompany the applicant in person) to the person accompanying the applicant for the first appointment, and submit them to The Lok Sin Tong Benevolent Society, Kowloon. The Lok Sin Tong Benevolent Society, Kowloon may refuse applications with incomplete information.

### 同意及簽署

#### Consent and Signature

申請人簽署 Signature of Applicant	申請人之父母 / 法定監護人 / 代理人簽署 (如適用) Signature of Applicant's Parent / Legal Guardian / Agent (if applicable)
簽署日期 Date	簽署日期 Date

### 第四部分：申請文件 (由職員填寫) (參考編號: \_\_\_\_\_)

#### Part IV: Application Documents (To be filled by staff) (Reference No.: \_\_\_\_\_)

職員已核對申請人下列申請文件，並在適當之方格「□」內打「✓」。

Staff have checked the applicant's application documents and put a "✓" in the appropriate box "□".

#### a) 適用於所有申請人 Applicable to all Applicants

☐ 申請人的身份證明文件正本  
Original copy of Identity Document of the Applicant

☐ 第二部分符合申請「賽馬會健腔護齒計劃」資格類別的證明文件正本  
Original copy of supporting documents for Part II Eligibility Category to enroll in the JCDCP

#### b) 適用於未滿十八歲 或 精神上無行為能力的申請人 Applicable to Applicants under the age of 18 or mentally incapacitated

☐ 父母 / 法定監護人 / 代理人的身份證明文件 (如父母 / 法定監護人 / 代理人未能親自陪同申請人應診，可提供身份證明文件副本作核對)  
Identity Document of the parent / legal guardian / agent (A copy of the Identity Document can be provided for verification if the parent / legal guardian / agent cannot accompany the applicant in person)

☐ 關係證明文件，例如申請人的出生證明文件、證明監護人與申請人關係的宣誓證明書或自述書。  
Proof of relationship, such as Applicant's birth certificate, statutory declaration, or self-declaration stating the relationship between the agent and the Applicant.

負責職員簽署

Signature of Responsible Staff

職員姓名及職位

Name / Position of Responsible Staff

日期

Date