

## Introduction 簡介

The Financial Assistance Programme aims at helping financially-needy families by subsidizing their purchases of diabetes supplies.

醫療用品資助計劃旨在協助本會經濟上有困難的糖尿病會員，資助他們有關糖尿消耗品的支出。

## Subsidizing items 資助項目

- Diabetes consumables, such as Blood glucose meter and testing strips, insulin pens/ needles, lancets, alcohol swipes, diabetes medicine and Doctor's consultation expenses on diabetes medical check-up.  
糖尿消耗品，包括血糖機、血糖試紙、胰島素注射筆/針筒、針咀、採血針、酒精棉片、糖尿科藥費及糖尿科覆診診金。

## Eligibility 資格

YDA Young Member/ Adult Member; and full-time students of age up to 25 studying at a recognized school, college or university in Hong Kong

本會青少年或成年會員及年齡在 25 歲以下就讀本港認可全日制課程之學生

## Methods of application 申請辦法

Applicants should complete application form together with the following supporting documents to YDA direct by post or email.

申請人須填妥此表格並連同相關證明文件，郵寄或電郵至本會。

## Supporting documents 證明文件

- Medical certificate for diagnosis of diabetes  
糖尿病醫生證明
- Full time study proof  
全日制在學證明文件
- Income proof of family members within the same household  
與申請人在港同住家庭成員之收入證明 (最近一年的糧單或稅單副本)
- Proof of monthly housing rental fee/mortgage payment  
居所的每月租金或按揭供款證明
- Study proof of the applicant's sibling (if applicable)  
兄弟姊妹在學證明文件(如適用)
- Medical proof of applicant/ family members residing with the applicant having other disease(s) (if applicable)  
申請人/同住家庭成員的長期疾病證明 (如適用)

## Format of subsidy 資助形式

- Successful application will be granted a 1- year term subsidy (aged 25 or below).
- 每份成功的申請為期一年
- Continuing applicant should complete application form together with all necessary supporting documents to YDA as soon as possible and preferably on or before 31 January as application processing takes time.  
續期申請人請於每年 1 月 31 日前填妥此表格並連同相關證明文件，郵寄或電郵至本會，以便順利續期。
- A maximum of HK\$1,800 for every 3-month period will be granted  
資助金額以 3 個月作為一週期，每期最高資助額為港幣\$1,800 元正
- For reimbursement of each period, the successful applicants should submit the valid original receipts of the below diabetes supplies on or before the deadline. Please refer to the below table for subsidized items and amount details:  
此計劃為補助形式，獲批核會員必須於每期截止日期前提交補助項目的正本收據，詳情見以下列表：

資助項目 Items	資助金額 Subsidy amount
胰島素注射筆、針筒及針咀 Insulin Injection Pen, Syringe and Needle	資助金額為 HK\$1,800 Subsidy amount will be HK\$1,800
血糖試紙、採血針及血糖機 Blood glucose testing strips, lancets and blood glucose meter.	
酒精棉片、糖尿科藥費及糖尿科覆診診金 Alcohol swipes, diabetes medicine and Doctor's consultation expenses on diabetes medical check-up	

#### Enquiries 查詢

For any enquiries, please contact our Social Worker 如有任何查詢，請與本會社工聯絡

- 陳姑娘(Ivy Chan) 2544 3362 ([ivychan@yda.org.hk](mailto:ivychan@yda.org.hk))
- 黃先生(Wong Sir) 2543 0555 ([rickywong@yda.org.hk](mailto:rickywong@yda.org.hk))

Office use only 只供內部使用	
總分	_____
審核結果	*接納/未能批准
批核期數	共 期
審批同事	_____
日期	_____

Part I- Particulars of applicant 第一部份— 申請人資料

Name 姓名	(English) Surname	Given Name	(中)
Gender 性別	Male 男 / Female 女	Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)	/ /
Membership No. 會員號碼	_____	Type of Diabetes 糖尿病類型	Type I 一型 / Type II 二型
Follow Up Hospital 覆診醫院	_____	Year of Diagnosis 確診年份	_____
Other disease (if any) 其他疾病 (如有)	_____		
School 就讀學校	_____		Year of study 就讀年級
Contact Person and No. 聯絡人及電話	_____		Relation with applicant 與申請人關係
Email 電郵	_____		
Address 地址	_____		

Part II- Family background 第二部份— 家庭背景

A. Accommodation status 居所類別

- Public housing 公共房屋 (Monthly rental fee 每月租金：\$ \_\_\_\_\_ )  
 Private housing 私人樓宇 (Monthly rental/ mortgage 每月租金/ 按揭供款：\$ \_\_\_\_\_ )  
 Self-owned 自置  
 Other 其他 (Please specify 請註明) \_\_\_\_\_

B. Particulars of family members 家庭成員資料

- Marital status of parents 父母婚姻狀況  
 Married 已婚     Divorced 離婚     Widow/er 喪偶     Other 其他

- Family members residing with applicant 與申請人同住的家庭成員

	Name in English 英文姓名	Name in Chinese 中文姓名	Relation 與申請人關係	Current status 現況#
1				
2				
3				
4				

# In employment (please fill Part C) / Unemployed / Retired / Student (year of study)  
 就業 (請填 C 部份) / 失業 / 退休 / 在學 (請註明就讀年級)

C. Income of family members residing with the applicant 與申請人同住的家庭成員收入

(Please provide the income of the last 12 months) (請填上過去 12 個月期間的收入)

	Name 姓名	Company 公司名稱	Position 職位	Full-time / part-time 全職/兼職	Office tel no. 辦公室電話	Annual income (HK\$) 全年總收入(港幣\$)
1						
2						
3						

Part III- Others assistance or allowance 第三部份— 已申領的援助/ 津貼

(Please 「✓」 for type(s) of allowance received and state the subsidy amount 請在已申領的援助/津貼內「✓」及填上資助金額)

Type of allowance 已申領援助/津貼	Community Chest Medical Assistance Fund 公益金醫療援助基金 CGM 小彩虹	Comprehensive Social Security Assistance (CSSA) Scheme 綜合社會保障援助 計劃	Government Assistance 政府資助		
			Disability Allowance 傷殘津貼	Old Age (/Living) Allowance 高齡津貼/ 長者生活津貼	Other Supplement (Annual) 其他補助金(全年)
Applicant 申請人	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Name 姓名					
1	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
2	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
3	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
4	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

#### Part IV Supplementary Information 第四部份—補充資料

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#### Notes 附註

- Approval/ rejection of the application is subject to the discretion of YDA.  
本會擁有批核的最終決定權。
- YDA reserves the right to amend the terms and/or cancel this Programme at its discretion without notice.  
本會保留更改或取消本計劃而毋須作出任何通知及解釋。
- If there is overpayment due to error of calculation, applicants are liable to refund the overpaid amount.  
尚若因計算而導致申請人獲多發放資助，申請人必須退還多付之款項。
- YDA staff may conduct home visit to comprehend the condition of the applicant's family.  
本會職員或會到訪申請人家庭進行家訪了解申請人家庭狀況。
- YDA may contact other organizations, including the employers of the applicant and their family members, to authenticate the information provided in the application. Any misrepresentation and concealment of facts may lead to disqualification.  
本會或會聯絡申請人及其家庭成員的僱主，核對填報的資料。申請人若在申請表內誤報或漏報資料，其申請資格將會被取消。

#### Declaration 聲明

I certify that the information provided is true and complete. 本人證明以上所提供的資料屬實正確無誤。

Signature 簽署\* : \_\_\_\_\_

Name 姓名 : \_\_\_\_\_ Date 日期 : \_\_\_\_\_

\* Family Member please signs for your Young Member. 青少年會員請由其家庭會員簽署。