

香港聖公會福利協會  
『恩澤膳』－短期食物援助服務計劃  
個案轉介表

請將此表格交往/郵寄/傳真至：

**屯門區**

香港聖公會屯門綜合服務

地址：屯門友愛邨愛樂樓 120-130 號地下

電話：2668 8708

傳真：2441 5328

「恩澤膳專線」：2668-8708 服務時間以外設電話留言服務

致：香港聖公會福利協會

『恩澤膳』負責職員：

隨本轉介表附由申請人填報之『恩澤膳－短期食物援助服務申請表』供貴服務中心職員跟進。本人已得到申請人同意，提供有關資料供貴服務中心職員作審批申請之用。如有任何查詢，請與本人聯絡，資料如下：

**轉介人資料：**

機構名稱：\_\_\_\_\_

姓名：\_\_\_\_\_ 職位：\_\_\_\_\_

電話：\_\_\_\_\_ 傳真：\_\_\_\_\_

簽署：\_\_\_\_\_ 日期：\_\_\_\_\_

申請原因：\_\_\_\_\_

\*\*\*\*\*

**有關本服務計劃的詳情，請參閱背頁**

**注意事項：**

1. 本計劃旨在為有經濟困難人士解決緊急及短期需要，故申請人**每個財政年度(1/4-31/3)最多只可接受三次食物援助**，以便將資源分配予更多有需要人士。
2. 由於綜援人士並非本計劃的主要服務對象，而領取食物援助的綜援個案屬於接受雙重福利，所以綜援個案在申請援助時，**必須先得到社會保障部的轉介**。
3. 轉介人請協助申請人填妥『恩澤膳－短期食物援助服務申請表』的第一頁，並提醒申請人在評估面見時需提交申請人及同時申請本服務之家人的：
  1. 身份證明文件；
  2. 最近兩個月之住址證明文件  
(只需申請人提交)；
  3. 同住所有家庭成員最近六個月之  
收入證明文件(包括家庭經濟支柱)；
  4. 同住所有家庭成員的最近六個月之  
資產證明文件。

## Hong Kong Sheng Kung Hui Welfare Council

# Blessed Food Short-term Food Assistance Service Project

### Background

The Hong Kong Sheng Kung Hui Welfare Council continued to act as the pioneer of welfare services and provided food assistance for needy people by utilizing the donation of organizations and individuals from all walks of life. Recently, the great influence from the global financial tsunami led to an increase in demand of food assistance services. The Council, therefore, submitted a bid to the HKSAR Government for launching a short-term food assistance service project and is successfully awarded funding to operate services in Tuen Mun .

### Objective

The project provides food assistance to individuals or families encountering financial crisis, unemployment or facing immediate financial hardship.

### Services

This project provides short-term food assistance for a maximum of not more than 8 week to people with pressing need. Food included rice, noodle, canned food, fruit, hot meals and baby food etc. provided in the project has already assessed by a dietician. Special diets will be provided for those with proven needs.

### Target

- ✚ Hong Kong Residents;
- ✚ Residents who are living in Tuen Mun;
- ✚ Individuals and families who have proven difficulties in coping with daily food expenditure including those who are:
  1. unemployed;
  2. new arrivals who resided in Hong Kong for less than 7 years;
  3. street sleepers
  4. those from low-income groups;
  5. Person encountering sudden change or family facing immediate financial hardship, e.g. death of bread-winner, bankruptcy etc
  6. The “N have-nots”, which includes but are not limited to those who (i) have been living in rented rooms/bedspace/roof-top accommodation in private tenement buildings and squatter areas in the six months prior to the date of application for short-term food assistance; (ii) do not have separate electricity accounts under their own names or under the names of those who live in the same household; and (iii) are not recipients of Comprehensive Social Security Assistance/Disability Allowance/Old Age Allowance.
- ✚ A person who is seeking political asylum or illegal immigrant is not the service target.

### Application Procedure

Please complete the “Application and Assessment Form” and present the identity proof, residential proof of the previous 2 months, income proof and the asset proof of the previous 6 months (including the one of bread-winner) of the applicant, the applicant’s family members to the assessor to assess the eligibility for the service.

**Hong Kong Sheng Kung Hui Welfare Council**  
**“Blessed Food” – Short-term Food Assistance Service Project**

**Application and Assessment Form**

**I. Application Form 【Completed by Applicant】**

I, \_\_\_\_\_ and my family find difficulties in coping with daily food expenditure. I would like to apply for the “Blessed Food” – Short-term Food Assistance Service Project, and hereby provide the following information for assessment:

<b>For Official Use</b>
Centre No. :
Application No. :
Please <input checked="" type="checkbox"/> one of the case referral sources:
<input type="checkbox"/> Units of SWD
<input type="checkbox"/> Other NGOs
<input type="checkbox"/> Self apply

**Part A: Personal Particulars**

Name (as appeared in identity document) : (Chinese)		(English)
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Age : _____	*Address :
*H.K. Identity Card Number : _____		
Occupation Status : <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Others: _____		
Telephone : (Home)	(Mobile)	

\* The applicant must provide proof of identity and proof of residential address (e.g. electricity bill/ telephone bill) for verification.

**Part B1: Categories of Applicant** (You can  more than one)

Code		Code	
<input type="checkbox"/> 1	Unemployed	<input type="checkbox"/> 2	New arrivals who resided in Hong Kong for less than 7 years
<input type="checkbox"/> 3	Street sleepers	<input type="checkbox"/> 4	Low-income workers, Occupation : _____
<input type="checkbox"/> 5	Person encountering sudden change or family facing immediate financial hardship, e.g. death of bread-winner, bankruptcy etc		
<input type="checkbox"/> 6	The “N have-nots”, which includes but are not limited to those who (i) have been living in rented rooms / bedspace / roof-top accommodation in private tenement buildings and squatter areas in the six months prior to the date of application for short-term food assistance; (ii) do not have separate electricity accounts under their own names or under the names of those who live in the same household; and (iii) are not recipients of Comprehensive Social Security Assistance/Disability Allowance/Old Age Allowance.		

**Part B2: For existing recipient of CSSA, please state the reason of application.** (Please  ONE only)

Code	
<input type="checkbox"/> 1	Loss of CSSA payment, e.g. stolen
<input type="checkbox"/> 2	Ill health with extra medical expenses
<input type="checkbox"/> 3	Family crisis or tragedy resulting in temporary financial hardship, e.g. family violence, lost in fire
<input type="checkbox"/> 4	Use of CSSA payment on expense not being covered by CSSA, please specify: _____
<input type="checkbox"/> 5	Others, please specify: _____

**Part B3: The applicant**  had /  had not received food assistance from the Project within 12 months. (Please  ONE only)

**Part C: Information of Family Members Applying for this Project**

Name (English)	Name (Chinese)	Relationship with the Applicant	* HKID Card/ Passport Number	Gender	Age	Occupation Status, referring to Part A	#Categories, referring to codes in B1	CSSA recipient, please referring to codes in B2	Received food assistance from this Project within 12 months?(✓ or*)

\* Please provide identity document of family members for verification.

**Part D1: Financial Statement#(The definition and limits of Income and Assets refer to SWD’s guidelines.**

Items	Amount(\$)	Remark
*Average monthly household income (a)		
Total Monthly CSSA (b)		
<b>Total Monthly Household Income:</b>	(a)+(b)	
Total Other Income (For reference only) (c)		
Total Bank Savings (d)		
Other Assets (includes Cash in hand) in Total (e)		
<b>Total Value of Assets:</b>	(d)+(e)	

#Income and asset proof (e.g. bank statements, salary slips and etc.) of the applicant and all the family members (includes the bread-winner) for the previous 6 months should be provided.

\*(a)=The previous 6 months total household income/6

**Part D2: The applicant/family members**  had /  had not received Low-income Working Family Allowance within 6 months.

**Part D3: The applicant/family members**  had /  had not received Work Incentive Transport Subsidy within 6 months.