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中華人民共和國香港特別行政區政府總部衛生福利及食物局  
Health, Welfare and Food Bureau  
Government Secretariat, Government of the Hong Kong Special Administrative Region  
The People's Republic of China

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By Fax  
(Total : 7 pages)

Clerk to Panel on Welfare Services  
(Attn : Ms. Doris Chan)  
Legislative Council Building  
8 Jackson Road  
Central  
Hong Kong  
(Fax No. 2509 9055)

Dear Ms. Chan,

**Request for written response  
to suggestion of deputations and the Checklist in Chinese**

I refer to the minutes of the meeting of the Legislative Council Panel on Welfare Services held on 10 April, where the Administration was requested to provide a written response on the suggestion of deputations for the item "Rate of Disability Allowance (DA) for recipients boarding in special schools or receiving care in medical residential institutions".

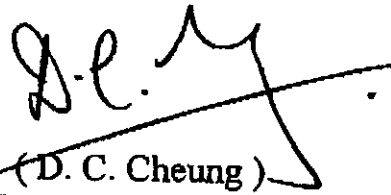
As a non-means-tested scheme, the DA caters for general, non-specific needs of the recipients. Currently, recipients of the Normal Disability Allowance (NDA) receive a monthly allowance of \$1,125. A person certified to be in need of constant attendance from others and not receiving care in a government or subvented residential institution in addition to meeting the criteria for NDA can receive the Higher Disability Allowance (HDA) at a rate of \$2,250 a month.

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We have given consideration to the request. We consider that the current arrangements should be maintained as institutionalized recipients receive comprehensive care in subvented institutions. We need to strike a proper balance to the issues involved before contemplating major changes to the system.

The Administration was also requested to provide the Chinese version of Medical Checklist under the Disability Allowance Scheme. The Chinese Checklist is at Annex for your information.

Yours sincerely,



(D. C. Cheung)  
for Secretary for Health, Welfare and Food

c.c. Director of Social Welfare (Attn : Miss Nancy Law)  
Chief Executive/Hospital Authority (Attn : Dr. Daisy Dai)

## 附件

### 申領普通傷殘津貼醫療評估檢視清單(殘疾屬聽覺極度受損除外)

#### 申領準則

在符合其他申領準則的情況下，申請人如經衛生署署長或醫院管理局行政總裁根據《僱員賠償條例》(第 282 章)附表 1 所訂的準則，證明其殘疾程度大致相等於失去百分之一百謀生能力，便符合資格領取公共福利金計劃下的普通傷殘津貼。

經證明患有知覺性或混合性失聰的聽覺極度受損人士，如其失聰程度較輕的耳朵對每秒 500、1 000 及 2 000 周的純音頻率失聰達 85 分貝或以上，或失聰在 75 至 85 分貝之間而同時有其他身體殘障，包括缺乏語言能力及聽音不準，亦符合資格申領普通傷殘津貼。聽覺受損的申請人應由醫院管理局轄下指定的專科診所／醫院的耳鼻喉科醫生作出評估，以審定其申領普通傷殘津貼的資格。當局為聽覺極度受損人士的申請個案備有另一套醫療評估表格。

### 申領普通傷殘津貼醫療評估檢視清單(殘疾屬聽覺極度受損除外)

(I) 申請人的肢體／智力殘障程度或健康情況如屬以下其中一個類別(即《僱員補償條例》(第 282 章)附表 1 界定為失去百分之一百謀生能力)，則即使已受僱工作，仍自動被視為因健康理由而符合資格申領普通傷殘津貼：

- (i) 失去四肢其中之二的功能
- (ii) 失去雙手或全部十隻手指的功能
- (iii) 失去雙足的功能
- (iv) 雙目完全失明
- (v) 全身癱瘓
- (vi) 下身癱瘓
- (vii) 因疾病、殘疾以致長期臥床
- (viii) 其他任何情況包括器官殘障以致身體全部殘疾 (請參考本清單的第二部分)

如申請人的殘疾情況不屬上述任何一個類別，則須根據下文第(II)項進行評審。

- (II) 如申請人的肢體／智力殘障程度或其他健康情況不屬上述第(I)項的任何一個類別，則須進行醫療評審，以審定申請人是否如計劃所指的“嚴重殘疾”。

如申請人的肢體或智力殘障程度或其他健康狀況包括器官殘障導致其活動受到甚大的限制，或並無能力或不能自行進行下述日常活動，以致極需依賴他人提供協助才可進行下述任何一個範疇的

活動，應被視為殘疾程度大致上相等於失去百分之一百謀生能力而符合資格領取普通傷殘津貼：

- (1) 在原有的工作崗位工作及擔任其原先適合的工作；
- (2) 自我照顧及個人衛生，包括：進食、穿衣、清潔、如廁、沐浴；
- (3) 當站立或坐下，進行日常活動、進行戶內行動(床／椅、地面／椅、如廁)，前往診所、學校、工作地點時，可維持個人的姿勢及平衡；以及
- (4) 表達自己、與別人溝通和互動，包括：言語、書寫、使用社會(社區)資源、向別人求助，以及參與康樂和社交活動。

#社會福利署檔號：

為需要他人經常照顧人士而設的補充醫療評估表格(公共福利金計劃)

除非病人的殘疾程度大致相等於失去百分之一百的謀生能力外，還需要別人給予以下照顧，否則不用理會此表格：

- (i) 因病人的身體機能情況(如完全臥牀、全身癱瘓)需在日間給予經常照顧及在晚間給予長時間或多次照顧；

或

- (ii) 需作出持續監管，以防止病人傷害自己或他人，例如嚴重癡呆／弱智的病人；

及

- (iii) 就未滿 15 歲的病人而言，他/她還必須接受遠遠超過一般同齡及同性別兒童所需的經常照顧和監管。建議考慮的因素包括危及性命的情況和不能以藥物和／或治療控制的過度活躍症等。

請在(i)及(iii)或(ii)及(iii)項的方格內加上✓號，以確定有關兒童符合資格。

**建議**

基於上述檢查所得的情況，#\* \_\_\_\_\_先生／女士在醫療評估表格第(III)項所述期間，符合資格領取高額傷殘津貼。

請注意：經證明需要他人經常照顧的病人即符合資格領取較高金額的傷殘津貼，金額為公共福利金計劃下普通金額的兩倍。

(部門蓋章)

醫生簽署：\_\_\_\_\_

姓名(請以正楷填寫)：\_\_\_\_\_

\_\_\_\_\_ \*醫院／診所

日期：\_\_\_\_\_

\* 請刪去不適用者

# 由社會保障辦事處或醫務社會服務部填寫

**Checklist for Medical Assessment of  
Eligibility for Normal Disability Allowance  
for Disabilities other than Profound Deafness**

Eligibility criteria

Subject to other eligibility criteria being met, an applicant certified by the Director of Health or the Chief Executive, Hospital Authority as being in a position broadly equivalent to 100% loss of earning capacity according to the criteria in the First Schedule of the Employees' Compensation Ordinance (Cap. 282) can be eligible for Normal Disability Allowance (NDA) under the Social Security Allowance Scheme.

A profoundly deaf person who is certified to be suffering from a perceptive or mixed deafness with a hearing loss of 85 decibels or more in the better ear for pure tone frequencies of 500, 1 000 and 2 000 cycles per second, or 75 to 85 decibels with other physical handicaps which include lack of speech and distortion of hearing can also be eligible for NDA. Applicants suffering from hearing impairment should be assessed by ENT doctors of the designated specialist clinics/hospitals under the Hospital Authority in order to determine their eligibility for NDA. There is a different set of medical assessment form for cases of profound deafness.

Checklist for medical assessment of eligibility for NDA for disabilities other than profound deafness

- (I) Applicants whose physical/mental impairments or medical conditions have fallen into one of the following categories (which have been defined as 100% loss of earning capacity in the First Schedule of Employees' Compensation Ordinance (Cap. 282) are considered automatically eligible for NDA on medical grounds even though they have taken up employment :
- (i) loss of functions of two limbs
  - (ii) loss of functions of both hands or all fingers and both thumbs
  - (iii) loss of functions of both feet
  - (iv) total loss of sight
  - (v) total paralysis (quadriplegia)
  - (vi) paraplegia
  - (vii) illness, injury or deformity resulting in being bed-ridden
  - (viii) any other conditions **including visceral diseases** resulting in total disablement (reference should be made to part (II) of the Checklist)

If the applicant's disabling condition does not fall into any of the above categories, please proceed to (II) below.

- (II) Where an applicant's physical/mental impairments or other medical conditions have not fallen into any of the categories in (I) above, a medical assessment should be carried out to determine if the applicant is 'severely disabled' within the meaning of the scheme.

An applicant is considered in a position broadly equivalent to 100% loss of earning capacity and thus eligible for NDA if his/her physical or mental impairment or other medical conditions **including visceral diseases**, have resulted in a significant restriction or lack of ability or volition to perform the following activities in daily living to the extent that substantial help from others is required in any one of the following areas :

- (1) working in the original occupation and performing any other kind of work for which he/she is suited;
- (2) coping with self-care and personal hygiene including feeding, dressing, grooming, toileting and bathing;
- (3) maintaining one's posture and dynamic balance while standing or sitting, for daily activities, managing indoor transfer (bed/chair, floor/chair, toilet transfer), travelling to clinic, school, place and work; and
- (4) expressing oneself, communicating and interacting with others including speaking, writing, utilizing social (community) resources, seeking help from others, and participating in recreational and social activities.



**SUPPLEMENTARY MEDICAL ASSESSMENT FORM  
ON NEED FOR CONSTANT ATTENDANCE (SSA SCHEME)**

Please ignore this Form **UNLESS** the patient, **IN ADDITION TO** being totally disabled broadly equivalent to a person with a 100% loss of earning capacity, **ALSO REQUIRES** from another person:

- (i) **FREQUENT ATTENTION** throughout the **DAY AND PROLONGED** or **REPEATED ATTENTION** during the **NIGHT** in connection with his/her bodily functions, e.g. totally bedridden, quadriplegia;

**OR**

- (ii) **CONTINUAL SUPERVISION** in order to avoid endangering himself/herself or others, e.g. severely demented/mentally retarded.

**AND**

- (iii) For a patient aged under 15, he/she **MUST ALSO REQUIRE CONSTANT ATTENTION** and **SUPERVISION** substantially **IN EXCESS** of that normally required by a child of the same age and sex. Suggested aspects for consideration include life-threatening conditions, hyperactivity uncontrollable by medication and/or therapy, etc.

To make a child eligible, please tick either (i) + (iii) **OR** (ii) + (iii)

**Recommendation**

#\*Mr / Ms qualifies for Higher Disability Allowance for the period specified in (III) of the Medical Assessment Form due to conditions as checked above.

N.B.: Patient certified to be in need of constant attendance will be eligible for a higher rate of Disability Allowance which is **twice** that of the normal rate under the SSA Scheme.

(Space for official chop)

Signature of Medical Officer: \_\_\_\_\_

Name in block letters: \_\_\_\_\_

\_\_\_\_\_  
\*Hospital/Clinic

Date: \_\_\_\_\_

\* Delete whichever is inapplicable.

# To be completed by SSFU or MSSU.