Paper No. CB(2)2196/98-99(02)

MEMO

Ref : CB(3)/PA/R32

Tel : 2869 9206

Date : 11 May 1999

From : SAS(3)3

To : CAS(2)2

Public Accounts Committee's consideration of the Director of Audit's Report No. 32

In considering Chapter 4 of the Director of Audit's Report No. 32 on "The Administration of the Comprehensive Social Security Assistance and Social Security Allowance Schemes", the Public Accounts Committee has the following observation which it wishes to refer to the Home Affairs Panel for follow-up.

2. The Committee notes that in applying for Comprehensive Social Security Assistance (CSSA), an applicant has to give an undertaking in the CSSA Scheme Application Form which states that the applicant consents to any investigations into the circumstances relating to his receipt of CSSA being carried out by the Social Welfare Department (SWD), including but not limited to asking the Immigration Department/other government departments/other parties to match his personal data relating to his receipt of CSSA with his personal data held by such other departments or such other parties and those of the other members of his household; and that he also consents to such government departments and parties providing the requested data and records to the SWD. A copy of the application form, with the relevant undertaking highlighted, is attached for your reference.

3. The Committee suggests the Home Affairs Panel to consider, in the light of the Personal Data (Privacy) Ordinance, whether it is necessary to limit the government departments/parties with which the SWD could conduct data matching in relation to applications for CSSA.

(Ms Miranda HON)
SAS(3)3

Social Welfare Department

Comprehensive Social Security Assistance Scheme Application Form

Ref. : __________ C ______________

For office use

	Initial contact	Home visit	Office interview
Date(s) and Person(s) Contacted			
	Intake worker	Assessed by	Checked & authorized by
Signature Name Date			

1. Applicant's Personal Data

Identity Document No [ ] Type*I/ [ ] Date of issue [ ] (Day) [ ] (Month) [ ] (Year) First issue ______ (Month/Year)

Name in English [ ] (Surname) (Other name)

Name in Chinese (if any) ______________ CCC (if any) ______________

Account Particulars (for auto-payment)

Account Name [ ]

Bank Code [ ] Branch Code [ ] A/C No. [ ]

Sex *Male/Female Marital Status : ______________ (*S/M/D/P/W/C/U)

Date of Birth [ ] (Day) [ ] (Month) [ ] (Year) Dialect Spoken ______________

Date of First Arrival in Hong Kong [ ] (Day) [ ] (Month) [ ] (Year)

Telephone Number [ ]

For office use

Date of Application : [ ] [ ] [ ]

Source of Referral : *1/2/3/4/5/6/7/9

Nature of Case : *OA/BD/DF/PD/MI/MR IH/SP/LE/UT/OT

Stable : *S/N

Accommodation Code : [ ]

Absence Limit Indicator : *O/A/B/N/I

Activity Status : *E/S/N/U

Fitness to Make Statement : *Y/N

Special Indicator : *O/A/C/D/M/P/V

Residential Address Flat/Room [ ] Floor [ ] Block [ ]

[ ] *HK (1)
KLN (2)
[ ] NT (3)

Correspondence Address (only if different from residential address) Flat/Room [ ] Floor [ ] Block [ ]

[ ] *HK (1)
KLN (2)
[ ] NT (3)

2. Household Particulars

Identity Document Number and Type		Date of Issue (& 1st issue)	Name in English	Name in Chinese (and CCC, if any)	Relation-ship	Sex	Marital Status	Date of Birth	Date of 1st Arrival in HK	For office use: Mem Sta	Abs Lmt Ind	Act Sta	Sp Ind
—		—	—	—	Applicant	—	—	—	—	—	—	—	—

Particulars of *Guardian/Appointee

Identity Document No. & Type	Name in English	Name in Chinese	CCC	Relationship	Telephone No.	For office use: Status	Sp Ind
						*G/P	*O/___

Correspondence Address :

Particulars of Agent

Identity Document No. & Type	Name in English	Name in Chinese	CCC	Relationship	Telephone No.	For office use: Status	Sp Ind
						A	*O/___

Correspondence Address :

. Capital Assets of Applicant and Household Members

For office use

) Cash in hand : $ _____

) Savings :

Name of account holder	Account number	Last balance ($)	As at

Sub-total

(Assessed value of items under (c) to (f))

c) *Investments in stocks, shares and readily realizable assets*

d) Valuable possessions, e.g. jewellery, gold coins, gold bars

e) Real property

f) Others (please specify)

'or office use Total (a+b+c+d+e+f) : $

;. Accommodation Expenses

For office use

a) Type of accommodation ☐ Public housing unit ☐ Home Ownership Scheme ☐ Private premises ☐ Others (please specify_____) ☐ *Self-owned/Rented/Free(Reason _____)

☐ *Except _____, /all members in Section 2 are authorized tenants of public housing unit at (to be completed only if different from the residential address) :

_____

☐ All members in Section 2 are not authorized tenants of pubic housing unit

☐ Rent $ _____ per month ☐ Mortgage payment for self-owned flat $ _____ per month

☐ Rates $ _____ per month ☐ Government Rent $ _____ per month

☐ Management fee $ _____ per month ☐ Others (please specify _____) $ _____ per month

[Total amount : $ _____ per month]

(b) Water/Sewage Charges ☐ Required · *1/2/3/4/5/6/7/8/9/10/___ person(s) sharing a water meter ☐ Not required

(c) Telephone Charges ☐ Required, $ _____ per month / Installation fee $ _____ ☐ Not required

7. Education/Child Care Centre Expenses

Name							For office use
(a) Name of Creche/ Nursery/School							
(b) Class (if applicable)		*half /full day	*half /full day	*half /full day	*half /full day	*half /full day	
(c) Creche/ Nursery/ School Fee	Amount per month	$_____ (Encl. No)	$_____ (Encl. No)	$_____ (Encl. No)	$_____ (Encl. No)	$_____ (Encl. No)	
	Period covered	from to	from to	from to	from to	from to	
(d) No of meals provided by creche/ nursery per month		_____ meals	_____ meals	_____ meals	_____ meals	_____ meals	
(e) Travel expenses to and from creche/ nursery/ school	Route	_____	_____	_____	_____	_____	
	Fare per trip	$_____	$_____	$_____	$_____	$_____	
	No of trips p.m.	( )	( )	( )	( )	( )	
	Total amount	$_____	$_____	$_____	$_____	$_____	
	Period covered	from to	from to	from to	from to	from to	
(f) Meal Allowance (MA)[Note]	Need for MA	*yes/no	*yes/no	*yes/no	*yes/no	*yes/no	
	Period covered	from to	from to	from to	from to	from to	
(g) Other Expenses (please specify)		_____ $_____ (Encl. No.)	_____ $_____ (Encl. No.)	_____ $_____ (Encl. No.)	_____ $_____ (Encl. No.)	_____ $_____ (Encl. No.)	
(h) Application for financial assistance from Student Financial Assistance Agency	(i) Kindergarten Fee Remission	*yes/no	*yes/no	*yes/no	*yes/no	*yes/no	
	(ii) Senior Secondary Fee Remission	*yes/no	*yes/no	*yes/no	*yes/no	*yes/no	
	(iii) School Textbooks Assistance	*yes/no	*yes/no	*yes/no	*yes/no	*yes/no	
	(iv) Student Travel Subsidy	*yes/no	*yes/no	*yes/no	*yes/no	*yes/no	
	(v) Close-out Travel Subsidy	*yes/no	*yes/no	*yes/no	*yes/no	*yes/no	
	(vi) Examination Fee Remission	*yes/no	*yes/no	*yes/no	*yes/no	*yes/no	
	(vii) Government Matriculation Maintenance Grants	*yes/no	*yes/no	*yes/no	*yes/no	*yes/no	
For office use	Proforma letter to school [for item(h)(i)-(vi)]	*issued/received Encl. no.( )	*issued/received Encl. no.( )	*issued/received Encl. no.( )	*issued/received Encl. no.( )	*issued/received Encl. no.( )	
	Amount of assistance received from SFAA						

8. Travel Expenses

Name	Fare per trip			Total Amount	For office use
	To clinic (route/no. of trips p.m.)	To work (route/no. of trips p.m.)	Others (please specify) (route/no. of trips p.m.)		
	$ (/ trips)	$ (/ trips)	$ (/ trips)	$	
	$ (/ trips)	$ (/ trips)	$ (/ trips)	$	
	$ (/ trips)	$ (/ trips)	$ (/ trips)	$	
	$ (/ trips)	$ (/ trips)	$ (/ trips)	$	
For office use			Total	$	

9. Other Expenses (e.g. medical/rehabilitation appliances, fees for residential service, etc.)

	For office use

Note: Meal allowance for full time student taking meals away from home

0. Income of Applicant and Household Members from all Sources

) From previous employment

Name	Name of employer	Occupation	Amount of last pay	Date of termination of last employment	For office use

) From current employment

		Name			For office use
(i)	Name of employer				
(ii)	Occupation				
(iii)	Date of employment				
(iv)	Average income per month		$	$	
(v)	Fare to work	Route			
		Fare per trip	$	$	
		No. of working days per month	days	days	
		Total amount	$	$	
(vi)	No of working hours per month		hours	hours	
(vii)	No of meals provided by employer per month		meals	meals	
(viii)	Other income(please specify)		_____ $	_____ $	
For office use		Assessed average income	$ p.m.	$ p.m.	

c) From sheltered work

Name	Name of sheltered workshop	Date of employment	Average income for the past _____ months				Encl. No.
			Wages ($)	Incentive payment ($)	Allowance ($)	Other income ($)	

For office use

Assessed average income $ p.m.

d) From contribution given by relatives/friends

Name	Name of relative/friend	Relationship	Amount	For office use
			$_____ *per month/ from _____ to _____	
			$_____ *per month/ from _____ to _____	

e) From pension

Name	Amount per month ($)	For office use

f) From charitable fund and other sources
(e.g. from non-government organizations, government departments, insurance co., retraining allowance, scholarship, bursary, etc.)

Name	Amount ($)	Source	Period covered		For office use
			From	To	

11. Health Condition of Applicant and Household Members

Name	Health condition (for ill-health persons, please specify nature of illness/disability)	For office use																		
															Medical certification (if applicable)		Extra diet			
																	Rate		Medical certification	
		Standard Rate	Miscellaneous Expenses Rate	Special Amount	A-B	SOD	DIS	CA	ELD	ADT	SP	IH	FC	CHD	Period covered	Encl. no	Lower	Higher	Period covered	Encl. no.
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	From ______ to ______		☐	☐	From ______ to ______	
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	From ______ to ______		☐	☐	From ______ to ______	
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	From ______ to ______		☐	☐	From ______ to ______	
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	From ______ to ______		☐	☐	From ______ to ______	
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	From ______ to ______		☐	☐	From ______ to ______	
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	From ______ to ______		☐	☐	From ______ to ______	
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	From ______ to ______		☐	☐	From ______ to ______	
		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	From ______ to ______		☐	☐	From ______ to ______	

12. Admission to Hospital/Residential Institution

Name	Name of hospital/residential institution	Period covered		For office use
		From	To	

13. Travel Document and Absence from Hong Kong

Name	Document type & number	Date of issue	Date of expiry	Record of absence since the date of application

14. Other Welfare Needs (e.g. residential care, family casework service, compassionate rehousing, residential placement for child, etc.)

	For office use

15. Other relevant information

16. Declaration and Undertaking

I, the undersigned, DECLARE that to the best of my knowledge and belief, the information and statement given in the above Sections (which has been read over to me and well understood by me) is true and is a complete and accurate statement of *my/the applicant's circumstances and those of the other members of *my/the applicant's household.

I undertake to report immediately to the Social Welfare Department any changes (being permanent or temporary) in the particulars contains herein. I further undertake to report immediately to the Social Welfare Department if *I/the applicant or any member of *my/the applicant's household leave Hong Kong.

I fully understand the purpose and agree to the Social Welfare Department obtaining information from me for the purpose of applying for Comprehensive Social Security Assistance. I agree that these data and other related information contained in subsequent case records or social enquiry reports can be shared with other Social Welfare Department offices or government departments or related non-governmental organizations to facilitate my application for assistance and service from the Social Welfare Department. I understand that I can approach the Social Welfare Department on personal data access and data correction matters.

I undertake to inform the other members of *my/the applicant's household and other relevant persons that their personal data have been provided to the Social Welfare Department for the purpose of this application.

I consent to any investigations into the circumstances relating to *my/the applicant's receipt of Comprehensive Social Security Assistance being carried out by the Social Welfare Department, including but not limited to asking the Immigration Department/other government departments/other parties to match *my/the applicant's personal data relating to *my/the applicant's receipt of Comprehensive Social Security Assistance with *my/the applicant's personal data held by such other department or such other parties (such as travel records held on the computer) and those of the other members of *my/the applicant's household. I also consent to such government departments and parties providing the requested data and records to the Social Welfare Department.

No application for *Comprehensive Social Security Assistance/Social Security Allowance has been made by *me/the applicant nor *am I or is any other member of my household/is the applicant or any other member of the applicant's household receiving *Comprehensive Social Security Assistance/Social Security Allowance from the Social Welfare Department.

I undertake to report immediately to the Social Welfare Department *my/the applicant's admission to a government/subvented institution/medical institution under the Hospital Authority and those of the other members of *my/the applicant's household.

I *agree/do not agree that the assistance be paid directly into the applicant's bank account (applicable only to mentally sound applicants aged 15-17 whose applications have to be signed by guardian/appointee).

SAMPLE

I agree to the Social Welfare Department to recover any overpayment received for *me/the applicant from *my/the applicant's/the agent's bank account No. _____ held for *my/the applicant's use and benefit.

I also agree to _____ (Name of bank) to debit *my/the applicant's/the agent's bank account as specified above from time to time with any amount certified by the Social Welfare Department as overpayment.

I understand that if I knowingly or wilfully make any false statement or withhold any information, or otherwise mislead the Social Welfare Department for the purpose of obtaining payment, it will render me liable to prosecution.

The above statement has been read over to me and well understood by me.

*Signature/Thumbprint of *applicant/guardian/appointee _____

*Signature/Thumbprint of witness _____

Name of witness _____

Date _____

Signature of investigating officer _____

Name & rank of investigating officer _____

*Delete whichever is inapplicable

17. SOLEMN DECLARATION

I, _____, solemnly and sincerely declare that all the information on this application form is correct. I understand that the deliberate provision of false information or omission of information in order to obtain Comprehensive Social Security Assistance (CSSA) **by deception** is a **criminal offence**. In addition to the consequence of being ineligible for CSSA, I may be subjected to prosecution under the Theft Ordinance (Cap. **210**). Any person who commits theft shall be liable on conviction upon indictment to **imprisonment for 10 years.**

*Signature/Thumbprint of *applicant/guardian/appointee _____

Date _____

*Signature/Thumbprint of witness _____

Name of witness _____

*Delete whichever is inapplicable

18. FOR OFFICE USE

- ☐ Copy of identity documents obtained
- ☐ Pamphlet on single-parent families issued
- ☐ Explanatory note on the flat rate grant for CSSA customers with school children issued
- ☐ Relevant special grants introduced
- ☐ Absence rules informed

Investigating Officer's Report (such as *family background*, *employment history*, *living condition*, etc.) :

Special observation :

Signature of investigating officer _____ Name & rank _____ Date _____

Payment method	SSPS Record Checking and Creation		
	Enquiry by identity document	☐ Casefile No. ☐☐☐ ☐ ☐☐☐☐☐☐	
☐ Bank payment	☐ No record	☐ Casefile re-opened	Signature _____
☐ DHP	☐ Registered under ☐☐☐ ☐ ☐☐☐☐☐☐	☐☐☐ ☐ ☐☐☐☐☐☐	Name & rank _____
		☐ *Casefile/applicant information created	Date _____