ΜΕΜΟ

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		Fo	r office use	
		Initial contact	Home visit	Office interview
	Date(s) and			
Comprehensive Social Security	Person(s)			
Assistance Scheme	Contacted			
Application Form		Intake worker	Assessed by	Checked & authorized by
Application Form	Signature			
ef. : C	Name			
	Date			1

1. Applicant's Personal Data

Identity Document No	Type*V Date of issue (Month) First issue (Month)
Name in English	me) (Other name)
Name in Chine. e (if any)	CCC (if any)
Account Particulars (for auto-payment)	
Account Name	For office use
Bank Code Branch Code	A.C.No. Date of Application : 1/2/3/4/5/6/7/9
Sex *Male/Female Marital St	atus (*S/M/D/P/W/C/U) Nature of Case : *OA/BD/DF/PD/MI/MR H/SP/LE/UT/OT
Date of Birth	Dialect Spoken Stable : *S/N (Year) Accommodation Code :
Date of First Arrival u. Hong Kong	Day) (Month (Year) (Year)
Telephone Number	Fitness to Make Statement : *Y/N Special Indicator : *O/A/C/D/M/P/V
Residential Address Flat/Room	
	•HK (1) KLN (2)
	NT (3)
Correspondence Address (only if different from residential address)	Flat/Room Floor Block
	•нк (1)
	KLN (2)

2. Household	Particulars								F	or of	lice u	se
Identity Document Number and Type	Date of Issue (& 1st issue)	Name in English	Name in Chinese (and CCC, if any)					Date of 1st Arrival in HK	Mem Sta	Abs Lmt Ind		Sp Ind
-	-	_	—	Applicant		-	_		-	-	-	-
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) Dentembre of +Croardia	-/						
Particulars of *Guardia					T 1 1 1		lice use
ntity Document No. & Type_	Name in English	Name in Chinese		Relationship	Telephone No.	Status	Sp In
	<u> </u>					*G∕₽	•0/
orrespondence Address :						·	
Particulars of Agent						For of	fice use
entity Document No. & Type	Name in English	Name in Chinese		Relationship	Telephone No.	Status	Sp In
]		A	•0/
orrespondence Address :							
Capital Assets of Applic	ant and Household Me	mbers			For offi	ce use	
Cash in hand : \$							
Savings :							
ame of account holder	Account number	Last balance (\$)	As at				
				_			
				_			
				_ [
				-			
				-			
			,	-			
				-			
	· · · · · · · · · · · · · · · · · · ·	- Chilling -		-			
	Sub-tota	1 <u>Dr</u>				<u>-</u> -	
				(Ass	essed value of iter	ns under (c) to (f))
Investments in stocks, shares Valuable possessions, e.g. jew		<u></u>					
Real property							
Others (please specify)					·····		
office use	-		Total (a+b+c+d	+e+f): \$	<u> </u>		
	<u>.,</u>	<u></u>					
Accommodation Expens Type of Publ		ome Ownership Scheme			For offic	e use	
accommodation Priva	ate pr emises	thers (please specify					
	f-owned/Rented/Free(Reason_						
			tion 2 are authori:	zed			
*Except		, / all members in Sec					
*Except		, / all members in Sec if different from the residentia					
•Except tenants of public housing		if different from the residentia			·		
•Except tenants of public housing	g unit at (to be completed only	if different from the residentia pubic housing unit	address) :				
•Except	g unit at (to be completed only 	if different from the residentia	l address)		•		
*Except	g unit at (to be completed only 2 are not authorized tenants of per month per month	if different from the residentia pubic housing unit Mortgage payment for self \$ per month Government Rent \$	l address) : owned flat per month	-	•		
•Except	g unit at (to be completed only 2 are not authorized tenants of per month per month	if different from the residentia pubic housing unit Mortgage payment for self \$ per month Government Rent \$	l address) : owned flat per month	-	•		
*Except	g unit at (to be completed only C are not authorized tenants of per month [per month [per month [per month] td • •1/2/3/4/5/6/7/	if different from the residentia pubic housing unit Mortgage payment for self-(S per month Government Rent S Others (please specify S per month	l address) : owned flat per month	.)	•		

Not required

7. Equivation/Child Care Centre Expenses	1. Loucat	ion/Child Car	e Centre E	xpenses
	.)			

	Name						For office use
(a) Name of Creck Nursery/School							
(b) Class (if apple	cable)	*half/full day	•half /full day	•half /full day	*half /full day	•haif /fuli day	
(c) Creche/ Nursery/	Amount per month	S)	S) (Encl. No)	\$ (Encl. No)	S) (Encl. No)	S (Enci. No)	
	enod covered	from to	from to	from to	from to	from to	
(d) No of meals proceeding (d) No of meals proceeding (d)		meals	meals	meals	meals	meals	
expenses	eate are per trip	s	s	s	s	s	
from creche.	io of trips p.m.	·)		()	()	()	
nursery/ T school	otal amount	s	s	s	s	s	
10. 14. 1	eno d covered leed for MA	from to	from to	from to *yes/no	from to	from to	
Allowance (MA)[Note]		•	from to	from to	*yes/no from to	*yes∕no from to	
(g)Other Expen (please speci		\$	S (Enci. No.)	S (Encl. No. 2	S)	S)	
(i) Bi) Kundergarten For	*yes/no	*yes/no	yes no	*yes/no	*yes/no	
h) Application) Senar Secondary re Remission	*yes/no	*yes/no <	yes no	*yes/no	*yes/no	
assistance Te	ii) Scandl exteening Addinguese	*yes/no	*yes/198	Jes/no	*yes/no	*yes/no	
Student	r) Stradeust Treevel absody	⁰yes∕no	*yes/aDV	*yes/no	*yes/no	*yes/no	
rinanciai se	Criss-ant Travel Indity	*yes/no	*yes/no	*yes/no	*yes/no	•yes/no	
Agency P		*yes/no	•yes/no	*yes/no	*yes/no	*yes/no	
	i) Government triculation sistemator Grants	•yes/no	*yes/no	*yes/no	*yes/no	*yes∕no	
	ter to school	*issued/received	*issued/received	*issued/received	*issued/received	*issued/received	

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8. Travel Expenses

N							Fare	ber trip		_			Total	
Name	Too	clinic (r	oute/no. a	(trips p.m.)	To	work (n	oute/no.	of trips p.m.)	Others (please	specify) (route/no	of trips p.m.)	Amount	For office use
	s	(/	trips)	s	(/	trips)	S	(/	trips)	s	
	s	ι	1	trips)	s	(/	trips)	S	(/	trips)	s	
	s	(7	trips)	s	(1	trips)	S	(/	trips)	s	
	s	(7	trips)	s	(1	trips)	S	(` <i>\</i>	trips)	s	
office use				-								Total	s	

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

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N N		ame of employer	Occupation	Amount of last pay	Date of terminatio	n	For	office use	
		lame of employer		Anount of last pay	of last employment	u			
) Fi	rom current	employment	Name				1	For office use	
	<u> </u>						+		<u></u>
(i)	Name of emp	pioyer					-		
(ii) (iii)	Occupation Date of emp	lovment					-		
(iv)		ome per month		s	S		-		
,		Route	·····				-		
			<u> </u>	s	s		-		
(v)	Fare to work			+		days	-		
		No. of working da	iys per monun	 	ays S		-		
	ļ	Total amount							
(vi)	No of worki	ing hours per month	l 	ho	urs	hours	_		
(vii)	No. of meals	s provided by emplo	yer per month	m	als	meals	_		
(viii)	Other incom	e(please specify)			- 7				
				S		<u> </u>	4		
-	flice use		average income	S p		p.m.			·
)	From shelter			(Average i	ncome for the	past months		
1	Name	Name of sheltered workshop	Date of employm	ent Wages		payment (\$)	Allowance (\$)	Other income (\$)	Encl. No.
								,	
						ł			
							i.		
For	office use							•	
r ut (Diffee use						Assessed avera	age income S	p.m.
)	From contri	ibution given by r	elatives/friends	3					
٢		ame of relative/frien		1	ount		For of	fice use	
			· · ·	s					
				•permonthy from	to				1
				s					ļ
				•per monthe from	to				
) F	rom pension								
<u> </u>	Name	Amount per mor	nth (\$)			For offi	ce use		
									1

	-government ofganiza	Source		covered	For office use
Name	Amount (\$)	300100	From	To	

11. Mealth Condition of Applicant and Household Members

														Fo	or off	fice use					
	Health condition	e la c	Rate	Amount						Medical certification			Extra diet								
Name	(for ill-health persons, please specify nature of	dard	cllane nses	7												(if applicable)		R	ate	Medical certification	
<u></u>	illness/disability)	Sten	Miscellaneous Expenses Rate	Special	A-8	50D	DIS	CA	வ	ADT	SP	ы	FC	CHED		Period covered	Enci. no	Lower	Higher	Period covered	Enci. No.
i															From	to				From to	
	· · ·														From	to				From to	
															From					From to	
															From					From to	
															From	to				From to	
															From	to				From to	
															From	to				From to	
															From	¹⁰				From to	

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12. Admission to Hospital/Residential Institution

	Perior	i covered	
Name of hospital/residential institution	From	To	For office use
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1	2		
		Ň	
	Name of hospital/residential institution	In manufille and the second and the state state from the second	Name of hospital/residential institution From To

13. Travel Document and Absence from Hong Kong

Name	Document type & number	Dar 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
1	

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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 department/s/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 directly into th

I agree to the Social Welfare Department to recover any compared agree to the social Welfare Department to recover agree to the social Welfare Department to the social W

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 of investigating officer	
*Signature/Thumbprint of witness		
Name of witness	Name & rank of investigating officer	
Date	*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	 *Signature/Thumbprint of witness	
Date	Name of witness	· .
*Delete whichever is inapplicable		

18	CF LISE	
	f identity documents obtained	
	et on single-parent families issued	
	atory note on the flat rate grant for CSSA customers with school children issued	
-	nt special grants introduced	
1	e rules informed	
Investigating	Dfficer's Report (such as family background, employment history, living condition, et	c.) :
	SAMULE	
Special obser	ration :	
	ι,	
Signature of inv	stigating officer Name & rank	Date
Payment method	SSPS Record Checking and Creation	
,	Enquiry by identity document Casefile No.	C
Bank payment		Signature
DHP	Registered under Casefile/applicant information	Name & rank
	created	Date