



CHEERFUL HANDS LIMITED

Food Assistance Application Form

For Cheerful Hands fill in only				
Case No.: _____				
<input type="checkbox"/> SWD Referral	<input type="checkbox"/> NGO Referral	<input type="checkbox"/> New	<input type="checkbox"/> Re-application	<input type="checkbox"/> Special Case
<input type="checkbox"/> Walk-In Application	<input type="checkbox"/> New	<input type="checkbox"/> Re-application	<input type="checkbox"/> Special Case	

Part I - Personal Information (use new blank form if not enough space)

	Applicant	Family Member 1	Family Member 2	Family Member 3
Name				
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
D.O.B. (DD/MM/YY)	/ /	/ /	/ /	/ /
Relationship	N/A			
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
HKID No.	()	()	()	()
Travel Document No.				
Issuing Authority				
Education Level	<input type="checkbox"/> Below Primary <input type="checkbox"/> Primary <input type="checkbox"/> S1-S3 <input type="checkbox"/> S4-S6 <input type="checkbox"/> Tertiary <input type="checkbox"/> Degree or above	<input type="checkbox"/> Below Primary <input type="checkbox"/> Primary <input type="checkbox"/> S1-S3 <input type="checkbox"/> S4-S6 <input type="checkbox"/> Tertiary <input type="checkbox"/> Degree or above	<input type="checkbox"/> Below Primary <input type="checkbox"/> Primary <input type="checkbox"/> S1-S3 <input type="checkbox"/> S4-S6 <input type="checkbox"/> Tertiary <input type="checkbox"/> Degree or above	<input type="checkbox"/> Below Primary <input type="checkbox"/> Primary <input type="checkbox"/> S1-S3 <input type="checkbox"/> S4-S6 <input type="checkbox"/> Tertiary <input type="checkbox"/> Degree or above
Occupation				
Contact No.			Other Contact No.	
Address				
Case Classification*	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Low Income	<input type="checkbox"/> Street Sleeper	<input type="checkbox"/> CSSA applicant
	<input type="checkbox"/> Deceased or Sudden Change of Breadwinner of Family			
Characteristics	<input type="checkbox"/> Non-HK Resident	<input type="checkbox"/> Ethnic Minority	<input type="checkbox"/> Two-way Permit Holder	
Current Social Service/Allowance Receiving*	<input type="checkbox"/> CSSA		<input type="checkbox"/> Work Incentive Transit Subsidy	<input type="checkbox"/> Disability Allowance
	<input type="checkbox"/> Old Age Allowance		<input type="checkbox"/> Working Family Allowance	<input type="checkbox"/> Meal Service
	<input type="checkbox"/> Others: _____			

Part II - Living Condition

Type of Accomodation	<input type="checkbox"/> Public Housing	<input type="checkbox"/> Private Housing/HOS	<input type="checkbox"/> Interim / Temporary Housing
	<input type="checkbox"/> Sub-divided Flats / Rented Rooms / Bedspace / Caged House / Roof-Top Accomodation		
Ownership	<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner (Owned / Paying Mortgage)	
Rent / Mortgage	HKD		
Rent / Mortgage Payer	<input type="checkbox"/> Applicant	<input type="checkbox"/> Family Member	<input type="checkbox"/> Other Relatives or Friends (Name: _____)
	<input type="checkbox"/> Others (Name: _____)		

Part III - Financial Status (including ALL assets in or out of Hong Kong (HKD))

Name				
Monthly Income				
Total Household Monthly Average Income: HKD _____				
Net Assets				
Total Household Assets#: HKD _____				

Part IV - Reason for Application

Family encountering sudden change (Please specify: _____)

Difficult to cope with daily expenditure

Unemployed (Period of Unemployed (DD/MM/YY): / / to / /)

Have you or your family member received any food assistance service before?

No Yes (Please list out application date, approved period & organization: _____)

Types of Food Needed & Other Information:

Basic Special (Please specify reason & food type: _____)

Do you have access to refrigerator (chilled & frozen storage provisions) at where you live?

Yes No (if this option is selected, chilled/frozen food products will be excluded from food support)

Do you have access to smartphone (for updating information & tracking food delivery using APP)?

Yes No

Do you have access to internet (for updating information & tracking food delivery instead of using smartphones)?

Yes No

Part V - Referral Information

Name of Referred Organization: _____

Referred Social Worker Name: _____ Contact No.: _____

Address: _____

DECLARATION

✓ I declare to the best of my knowledge and the above information is true. I understand and consent that Cheerful Hands Limited will obtain my personal particulars for authentication purpose only. Cheerful Hands Limited may also disclose, keep and access relevant informaton from related agencies if necessary.

✓ I declare all my family members and I are currently NOT receiving any kind of food assistance service which provides food grocery provisions.

✓ I understand that deliberate provision of false information or omission of information is a criminal offence. I might lose my eligibility receiving this service and also according to Chapter 210 Theft Ordinance, I or my guardian / appointee am liable on conviction upon indictment for imprisonment of 14 years.

Signature of Applicant: _____

Date: _____

#Assets include business, investment, savings & cash, cash, others i.e. land, property, car space etc.

*Please tick all option(s) that apply

For Cheerful Hands or Referral Organization to fill in only

Part VI - Assessments (for referral, this part need to complete by referral organization)

- Applicant has provided all required documents for assessment:
- Personal Identification Address Proof Income Proof / Bank Account Record(s)
- Family Member Identification
- Applicant has **NOT** yet provided all required documents for assessment which he/she required to provide for assessment

Referral Organization Stamp:

Authorized Signature: _____

Name & Position: _____

Date: _____

For Cheerful Hands to fill in only

We received the application / referred application dated (DD/MM/YYYY) / / . The application has been assessed and is approved / rejected**

(**Reason for rejection: _____)

Cheerful Hands Authorized Signature: _____

Date: _____

**For completed form, please send with the required documents to:
Cheerful Hands Limited, Room 14, 7/F, Hong Leong Industrial Complex, 4 Wang Kwong Road, Kowloon Bay
Phone number: 3689 0131 / 3689 0132**