



社區牙科支援計劃註冊社工個案轉介表格封面頁
Community Dental Support Programme (CDSP)
Registered Social Worker Referral Form Covering

轉介者*（註冊社工）資料 (轉介者填寫) Information of the Referrer* (Registered Social Worker) (To be filled and signed by the Referrer)	
轉介機構 Referring Institute/Organisation	轉介者姓名 Name of Referrer
聯絡電話號碼 Contact Number	傳真號碼 Fax Number
轉介機構地址 Address of Referring Institute/Organisation	
轉介者／轉介機構電郵地址 E-mail Address of Referrer / Referring Institute/Organisation	
轉介者簽署 Signature of Referrer	機構蓋章 Chop of Institute/Organisation
申請人可從參加社區牙科支援計劃的牙科診所名單中，根據自己意願選擇其中一間牙科診所接受服務。（牙科診所名單可於網頁查閱，或由轉介者提供） Applicants can select one of the clinics of his/her own choice from the List of the Dental Clinics participating in the CDSP to receive services. (The List of Dental Clinics can be found on the CDSP website, or provided by the referrer)	
牙科診所名稱 Name of Dental Clinic	

回條（由牙科診所為申請人預約後填寫，並以電郵或傳真交回轉介者） Acknowledge Slip (To be filled and returned by Dental Clinic after arranging appointment to referrer by email or fax)	
申請者（病人）姓名 Name of Applicant (Patient) _____	
預約日期 Date of Appointment (DD/MM/YYYY) ____/____/____	時間 Time _____
本診所已通知申請者牙科預約日期及時間，如有查詢請與本診所聯絡。The applicant has been informed of the date and time of the dental appointment. Please contact the dental clinic for any enquiries.	
回覆日期 Date of Reply	診所職員簽署 Signature of Clinic Staff

*The referrer must be a Registered Social Worker of the NGOs on the "List of NGOs Receiving Subvention Allocation" of the Social Welfare Department¹ or the NGOs operating support service centres for ethnic minorities funded by the Home Affairs Department²

¹ <https://data.gov.hk/en-data/dataset/hk-swd-sb-social-welfare-subvention-allocations-to-ngos>

² https://www.had.gov.hk/rru/english/programmes/support_service_centres.htm



社區牙科支援計劃註冊社工個案轉介表格
Community Dental Support Programme (CDSP)
Registered Social Worker Referral Form

第一部分 (甲)：申請人資料 (申請人或轉介者填寫) Part I (A) : Personal Particulars of the Applicant (To be filled by the Applicant or Referrer)							
中文姓名 Chinese Name				英文姓名 English Name			
出生日期 (日/月/年) Date of Birth (DD/MM/YYYY)				性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		
身份證明文件類型 Identity Document Type							
<input type="checkbox"/> 香港身份證 Hong Kong Identity Card							
<input type="checkbox"/> 其他身份證明文件 Other Identity Document，請註明 Please specify: _____							
身份證明文件號碼 Identity Document Number				聯絡電話號碼 Contact Number			
住址 Residential Address							
電郵地址 E-mail Address (如適用 if applicable)							

第一部分 (乙)：申請人之父母／法定監護人／代理人個人資料 (只適用於未滿十八歲 或 精神上無行為能力的申請人) Part I (B) : Personal Particulars of the Applicant's Parent / Legal Guardian / Agent (Only for applicants under the age of 18 or mentally incapacitated)					
身份證明文件號碼 Identity Document Number		與申請者的關係 Relationship		<input type="checkbox"/> 父親 Father <input type="checkbox"/> 母親 Mother	
				<input type="checkbox"/> 法定監護人 Legal Guardian	
				<input type="checkbox"/> 其他 Others: _____	
身份證明文件類型 Identity Document Type		<input type="checkbox"/> 香港身份證 Hong Kong Identity Card			
		<input type="checkbox"/> 其他身份證明文件 Other Identity Document			
		請註明 Please specify: _____			
姓 (英文) Surname (English)		名 (英文) Given Name (English)		聯絡電話號碼 Contact Number	
中文姓名 Chinese Name		電郵地址 E-mail Address (如適用 if applicable)			

<p style="text-align: center;">第二部分：資格類別 (轉介者填寫) Part II : Eligibility Category (To be filled by the Referrer)</p>	
<p>弱勢社群 Vulnerable Group</p>	
<p>轉介者必須填寫此部分。請選擇申請人符合的群組，並在對應的方格「<input type="checkbox"/>」內打「<input checked="" type="checkbox"/>」。(可選多於一項) The Referrer must fill in this part. Please select options for the applicant to enrol in the CDSP and put a “✓” in the corresponding box “<input type="checkbox"/>”. (Can choose more than one option)</p>	
<p><input type="checkbox"/> 分間單位(劏房)租住戶 Tenants of Sub-divided Flats</p> <p><input type="checkbox"/> 過渡性房屋／簡約公屋住戶 Tenants of Transitional Housing/Light Public Housing</p> <p><input type="checkbox"/> 無家者／露宿者 Homeless People/Street Sleepers</p> <p><input type="checkbox"/> 低收入人士 Low Income Families</p> <p><input type="checkbox"/> 單親家庭 Single-parent Families</p> <p><input type="checkbox"/> 獨居長者 Singleton Elderly</p> <p><input type="checkbox"/> 長者夫婦，無其他家人同住 Elderly Couple with no other family members living together</p> <p><input type="checkbox"/> 新來港人士 New Arrivals</p> <p><input type="checkbox"/> 殘疾人士 Persons with disabilities</p>	
<p>資格類別 Eligibility Category</p>	
<p>請選擇一項申請人符合申請計劃的資格類別，並在對應的方格「<input type="checkbox"/>」內打「<input checked="" type="checkbox"/>」。 Please select ONE category for the applicant to enrol in the CDSP and put a “✓” in the corresponding box “<input type="checkbox"/>”.</p>	
<input type="checkbox"/>	<p>75 歲或以上社會福利署「長者生活津貼」的受惠人 (行政費由政府全數資助*) Aged 75 or above beneficiary of Old Age Living Allowance (OALA) under the Social Welfare Department (Administration fee is fully subsidised by the Government*)</p>
<input type="checkbox"/>	<p># 65 至 74 歲社會福利署「長者生活津貼」的受惠人 # Aged 65-74 beneficiary of Old Age Living Allowance (OALA) under the Social Welfare Department</p>
<input type="checkbox"/>	<p>醫院管理局醫療費用減免資格人士 (全數) (75 歲或以上社會福利署「長者生活津貼」的受惠人除外) (行政費由政府全數資助*) Hospital Authority Medical Fee Waiver (Full) (<u>except</u> Aged 75 or above beneficiary of Old Age Living Allowance) (Administration fee is fully subsidised by the Government*)</p>
<input type="checkbox"/>	<p># 醫院管理局醫療費用減免資格人士 (部分) # Hospital Authority Medical Fee Waiver (Partial)</p>
<input type="checkbox"/>	<p>社會福利署津助的「家居為本」長者社區照顧服務®的使用者 (第一級別收費／共同付款級別) (行政費由政府全數資助*) Service users of Home-based Community Care Services ® subsidised by the Social Welfare Department paying Level 1 or Co-payment Category I (Administration fee is fully subsidised by the Government*)</p>

第二部分：資格類別（續） Part II : Eligibility Category (Cont.)

<input type="checkbox"/>	<p># 社會福利署津助的「家居為本」長者社區照顧服務[@]的使用者 （第二級別收費／共同付款級別）</p> <p># Service users of Home-based Community Care Services [@] subsidised by the Social Welfare Department paying Level 2 or Co-payment Category II</p>
<input type="checkbox"/>	<p># 社會福利署「長者社區照顧服務券計劃」的受惠人 （第二級共同付款級別）</p> <p># Beneficiary of Community Care Service Voucher Scheme for the Elderly (CCSV) with Co-payment Category II under the Social Welfare Department</p>
<input type="checkbox"/>	<p>社會福利署專為露宿者所提供的服務的使用者（行政費由政府全數資助★）</p> <p>Service user of services provided by the Social Welfare Department to street sleepers (Administration fee is fully subsidised by the Government*)</p>

- ★ 鑲配活動假牙仍需繳付指定的共付額。Removal denture fittings are subject to designated co-payment fee.
- # 社區牙科支援計劃服務使用者須向選定的非政府組織就提供的服務直接支付行政費。就計劃的服務範圍，請參閱《參加者須知》。The CDSP service users shall pay the administration fee directly to the selected NGO for subsidised services provided. **Please refer to the Participant Information Notice for the scope of CDSP services.**
- @ 只包括正在使用「綜合家居照顧服務（體弱個案）」或「改善家居及社區照顧服務」或「家居支援服務」並繳付第一或第二級別收費／共同付款級別的受助者。Including recipient of “Integrated Home Care Services (Frail Cases)”, “Enhanced Home and Community Care Services” and “Home Support Services” subvented by Social Welfare Department while paying Level 1 or 2 fee charge or Co-payment Category I or II for the said services only.

第三部分：聲明及承諾 （申請人或申請人父母、法定監護人或代理人填寫）

Part III : Declaration and Undertaking

(To be filled and signed by the Applicant or Applicant's parent / legal guardian / agent)

本人作出以下聲明及承諾 I declare and undertake the following

1. 本人／申請人已登記加入「電子健康系統」（醫健通）。
I / The applicant has registered with the Electronic Health System (eHealth).
2. 本人已閱讀並瞭解計劃最新版本的《申請人須知》及《個人資訊收集聲明》，明白並同意其內容。
I have read and understood the most updated version of the Participant Information Notice and the Personal Information Collection Statement of the CDSP, and agree to their contents.
3. 本人同意參加／同意申請人參加社區牙科支援計劃。本人同意並授權衛生署署長從政府部門、局和相關方獲取與申請人有關的所有相關信息，以便登記申請人的資格狀況。
I agree to enrol in the CDSP/ enrol the applicant in the CDSP. I also give consent to authorise the Director of Health to obtain all relevant information from Government Departments, Bureaux and relevant parties for the purpose of enrolment and establishing the eligibility status of the applicant.
4. 本人明白政府只資助社區牙科支援計劃下的特定服務項目。當服務項目不屬於社區牙科支援計劃範圍時，本人應自行承擔該服務的費用。
I understand that only specific service items under the CDSP are subsidised by the Government. When a service item falls outside the scope of the CDSP, I shall bear the cost of such service at my own expense.

第三部分：聲明及承諾（續）

Part III : Declaration and Undertaking (Cont.)

5. 本人聲明在此表格上填報的資料及就社區牙科支援計劃已遞交／可能遞交的其他資料，均屬正確無誤。本人明白如明知或故意作出虛假陳述或隱瞞資料，或以其他方式誤導衛生署，以圖取得社區牙科支援計劃的資助牙科服務，可被檢控。本人明白蓄意提供虛假資料或漏報資料，企圖以欺騙手段取得社區牙科支援計劃的資助，屬刑事罪行。根據《盜竊罪條例》（香港法例第 210 章），可被檢控。一經定罪最高可被判處監禁 14 年。

I declare that all information provided in this form and any other information submitted/to be submitted under the CDSP is true and correct. I understand that if I knowingly or wilfully make any false statement or withhold any information, or otherwise mislead the Department of Health for the purpose of obtaining subsidised dental services under the CDSP, it will render me liable to prosecution. I understand that the deliberate provision of false information or omission of information in order to obtain financial assistance under the CDSP by deception is a criminal offence. I may be liable to prosecution and on conviction to imprisonment for a maximum of 14 years under the Theft Ordinance (Cap. 210).

以下只適用於未滿十八歲 或 精神上無行為能力的申請人

The following is only applicable to applicants under the age of 18 or those who are mentally incapacitated

6. 未滿十八歲或精神上無行為能力的申請人父母、法定監護人或代理人替申請人向非政府組織牙科診所（牙科診所）作出申請時，須一併出示本申請表格第四部分所列的所有證明文件。如申請人父母、法定監護人或代理人未能陪同申請人首次應診，請將填妥的申請表格及第四部分所列的所有證明文件正本（如父母、法定監護人或代理人未能親自陪同申請人應診，可提供香港身份證副本作核對），交予陪同申請人首次應診者，向牙科診所遞交。牙科診所可拒絕資料不齊全的申請。

The parent, legal guardian or agent of applicants under the age of 18 or those who are mentally incapacitated must present all the document proof listed in Part IV of this application form when making an application to the non-governmental organisation dental clinic ("the dental clinic") on behalf of the applicant. If the parent, legal guardian or agent cannot accompany the applicant for the first appointment, please pass the completed application form and all the original documentary proof listed in Part IV (A copy of the Hong Kong Identity Card can be provided for verification if the parent, legal guardian or agent cannot accompany the applicant in person) to the person accompanying the applicant for the first appointment, and submit them to the dental clinic. The dental clinic may refuse applications with incomplete information.

請選擇一項，並在對應的方格「☐」內打「✓」。

Please select ONE option and put a "✓" in the corresponding box "☐".

☐ 申請人本人 The Applicant

☐ 申請人之父母／法定監護人／代理人 Applicant's Parent / Legal Guardian / Agent

申請人簽署

Signature of Applicant

申請人之父母／法定監護人／代理人簽署（如適用）

Signature of Applicant's Parent / Legal Guardian / Agent (if applicable)

簽署日期

Date

<p style="text-align: center;">第四部分：申請文件 (轉介者填寫)</p> <p style="text-align: center;">Part IV : Documents for Application (To be filled by the Referrer)</p>	
<p>轉介者已查閱申請人的下列所有申請文件。 The Referrer has checked ALL the following documents for application.</p>	
<p>適用於所有申請人 Applicable to all Applicants</p>	
<input type="checkbox"/>	<p>申請人的身份證明文件正本 Original copy of Identity Document of the Applicant</p>
<input type="checkbox"/>	<p>第二部分符合申請社區牙科支援計劃資格類別的證明文件正本 Original copy of supporting document(s) for Part II Eligibility Category to enrol in the CDSP</p>
<input type="checkbox"/>	<p>上述文件註明的有效期限至 ____/____/____ 為止。(日/月/年) The validity shown in the above document(s) is until ____/____/____. (DD/MM/YYYY)</p>
<input type="checkbox"/>	<p>上述文件並無註明有效期限。 The above document(s) does not specify a validity period.</p>
<p>適用於未滿十八歲 或 精神上無行為能力的申請人 Applicable to Applicants under the age of 18 or mentally incapacitated</p>	
<input type="checkbox"/>	<p>父母／法定監護人／代理人的身份證明文件 Identity Document of the parent / legal guardian / agent 如父母／法定監護人／代理人未能親自陪同申請人應診，可提供身份證明文件副本作核對 A copy of the Identity Document can be provided for verification if the parent / legal guardian / agent cannot accompany the applicant in person</p>
<input type="checkbox"/>	<p>關係證明文件，例如申請人的出生證明文件、證明代理人與申請人關係的宣誓證明書或自述書。 Proof of relationship, such as Applicant's birth certificate, statutory declaration, or self-declaration stating the relationship between the agent and the Applicant.</p>

<p style="text-align: center;">第五部分：申請人的資格核實 (牙科診所填寫)</p> <p style="text-align: center;">Part V : Document Vetting of the Applicant (To be filled by the Dental Clinic)</p>	
<p><input type="checkbox"/> 牙科診所職員已查閱申請人的身份證明文件正本並核實其身份。 The Dental Clinic has checked the original copy of the Identity Document and verified the Applicant's identity. 如父母或法定監護人未能親自陪同未滿十八歲或精神上無行為能力的申請人應診，牙科診所職員已查閱其身份證明文件副本作核對 The Dental Clinic has checked the copy of the Identity Document for verification if the parent, legal guardian or agent cannot accompany the applicant under the age of 18 or mentally incapacitated in person.</p>	
牙科診所職員簽署 Signature of Dental Clinic Staff	牙科診所蓋章 Chop of Dental Clinic
牙科診所職員姓名 Name of Dental Clinic Staff	日期 Date