



CHILDREN'S KIDNEY FUND

兒童腎病基金

Shop 25,G/F, Peninsula Apartments, 16 Mody Road, Tsim Sha Tsui, Kowloon
九龍尖沙咀麼地 16 號半島大廈地下 25 號舖
Tel : 2 3 6 9 4 9 2 8
Website: <http://www.childrenkidneyfund.org.hk>

『洗血治療交通費用津貼』

Travelling Allowance for Haemodialysis Treatment

申請表格 Application Form

請將填妥表格及主診醫生推薦信一併電郵至 info@childrenkidneyfund.org.hk。正本請郵寄至以上地址。

Please email the completed form together with recommendation letter from the case doctor to info@childrenkidneyfund.org.hk. For hard copy applications, please send the documents to the captioned address by post.

申請項目:

Application Item(s)

☐

「的士費用」津貼
Taxi Fare

☐

「公共交通費用」津貼
Public Transport Fee

1: 申請人(病童)資料

Information on Applicant (Patient)

姓名: (中)
Name Chinese
(英)
English

性別:
Sex

出生日期:
Date of Birth

出生證明書 / 身份證號碼* (請刪去不適用者):
Birth Certificate / Identity Card No. * (Delete as Inappropriate)

居住地址:

Residential Address

電話:
Tel. No.

2: 申請人父母/監護人資料

Information on Parent / Guardian

姓名: (中):
Name Chinese
(英)
English

性別:
Sex

身份證號碼:
Identity Card No.

與申請人關係:
Relationship with Applicant

聯絡地址:

Contact Address

聯絡電話: (日)
Tel. No. Daytime

(夜):
Evening

3. 轉介醫生聲明

Declaration of Referring Doctor

申請人所患疾病：

Sickness of Applicant

茲證明上述申請人將於_____年_____月起接受「洗血治療」，本人推薦給予交通費用津貼，資助其往返醫院接受治療。

This is to certify that the Applicant will start the haemodialysis treatment from _____(mo./yr.). I would like to recommend him/her for travelling allowance to travel between home and the hospital for treatment.

轉介醫生姓名：

(中)

簽署：

Name of Referring Doctor

Chinese

Signature

(英)

轉介日期：

English

Date of Referral

所屬醫院：

Name of Hospital

聯絡地址：

Address

電話：

Tel. No.

4：醫務社工審核

Assessment of Medical Social Worker

申請人家庭每月總收入（港幣）：

Total Family Income (HK\$)

醫務社工姓名：（中）

Name of MSW

Chinese

簽署：

Signature

（英）

認可日期：

English

Date of Endorsement

所屬醫院：

Name of Hospital

聯絡地址：

Address

電話：

Tel. No.

5：申請人聲明

Applicant's Declaration

茲証實上述資料無誤。

I declare that the above information is rightful and correct.

申請人（年齡十二歲以上者）簽署：

Signature of Applicant (For age 12 or above)

父母 / 監護人簽署：

Signature of Parent / Guardian

收款人（基金發放支票抬頭人）姓名：

Name of Cheque Recipient

申請日期：

Date of Application

簽名式樣：

Specimen Signature

以下由基金會工作人員填寫 (For Office Use Only):

收件日期：

Received Date

收件人簽署：

Signature of Receiving Officer

核准人簽

署：

Approved by

日期：

Date

日期：

Date

日期：

Date

檔案編號：

Reference No.

開始資助日期：

Subsidy Starting

結束資助日期：

Subsidy Termination

備註：

Remarks

附註：

NOTES

1. 『洗血治療交通費用』津貼，因身體特別情況而需乘坐的士往返醫院的病童，津貼上限為每年港幣一萬元。乘坐公共交通工具，包括巴士、港鐵及小巴往返醫院的兒童，可由一位家長陪同；病童及陪同成年人津貼上限每年為港幣五千元。

For patients with physical disability who can only travel to hospital for haemodialysis treatment by taxi, the maximum allowance is HK\$10,000 per calendar year. That for travelling by public transport which includes bus, MTR and minibuses for an adult plus the child patient is HK\$5,000 per calendar year.

2. 申請人年齡必須在 21 歲或以下，由醫院醫生推薦，並經醫務社工審核家庭收入。

The applicant's age must be 21 or below, with recommendation from a case doctor and an assessment of family income by a medical social worker.

3. 申請人家庭總收入上限，不能超於本港公立醫院及診所減免費用機制所採用的最新「家庭住戶每月入息中位數」。

Family income should be below the most updated Median Monthly Domestic Household Income by Household Size used by the Hospital Authority for fee reduction/waiving.