

Application Reference No. : \_\_\_\_\_

**Occasional Child Care Service Application Form****Part 1 – Applicant's Status (To be completed by the applicant)****Details of Applicant**

Name of Parent : \_\_\_\_\_ HKID No. : \_\_\_\_\_

Residential Address : \_\_\_\_\_ Contact No. : \_\_\_\_\_

**Details of Service User**

Name	Age	Date of Birth	Relationship with Applicant	HKID No.	Remarks (if applicable)

☐ I acknowledge the subsidy arrangement of the Occasional Child Care Service application and do not need the service currently.

☐ I intend to apply for the fee subsidy, and provide information as follows:

**Financial Status of Parents and Household Members (Applicable to fee remission for financial assistance schemes)**

Name	Age	Relationship with Child	Occupation	Salary (Month/Year) (Monthly Salaries in the last three months)			Remarks
				/	/	/	
1.							
2.							
Total Amount (Average salary of last three months) :				\$			

Total Number of Household Members (including the child) : \_\_\_\_\_

Please select as appropriate :

- ☐ I have submitted the income proofs / income declarations\* of the above household members for verification.
- ☐ I am temporarily unable to submit the income proofs, and will re-submit the documents as soon as possible. (Already re-submitted at \_\_\_\_\_)

**Applicant's Declaration and Undertaking**

- ☐ I declare that the above information and documentary proofs are true and accurate.
- ☐ If my application for fee remission is accepted, I undertake to notify the service unit during the fee remission period once there is any change of particulars regarding this form.
- ☐ I consent to the financial and social needs assessment relating to my application being carried out by the service unit.
- ☐ I understand that if I knowingly or willfully make a false statement or withhold information or otherwise mislead the service unit for the purpose of obtaining the fee remission, I am liable to prosecution.
- ☐ I confirmed that I am currently in receipt of the Comprehensive Social Security Assistance (CSSA) Scheme (or currently applying for the scheme) (Case No. : \_\_\_\_\_), and agree to Annex II refer my application to Social Security Field Units of the Social Service Department for follow-up action. I understand that meal allowance is included in the payment granted by the CSSA Scheme and will not be exempted under this service programme.

Name of Emergency Contact Person : \_\_\_\_\_ Relationship : \_\_\_\_\_ Tel. : \_\_\_\_\_

Signature of Applicant : \_\_\_\_\_ Name of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_

Note : In accordance with the Personal Data (Privacy) Ordinance, I understand that the personal data provided in this form will only be used by the service unit for the purpose of applying fee remission or exemption for the Occasional Child Care Service, or refer to the Social Welfare Department for review when necessary. The data collected will be kept confidential.

☐ Please 「✓」 as appropriate.

☐ \*If income proof is not available, please submit income declaration.