

## Community Care Fund Digital Television Assistance Programme (The Programme) Application Form

Please read carefully the “Guidance Notes for Applications under the Community Care Fund Digital Television Assistance Programme” before completing this Application Form. Please put a tick (✓) in the appropriate box(es) . Any amendment made on this Application Form must be signed by the Applicant as confirmation. Please submit the Application Form together with a copy of the Applicant’s Hong Kong Identity Card.

**Part 1 Eligibility Criteria** (Household applying for the Programme must **meet the following two eligibility criteria** before completing the other parts of this Application Form.)

1. The applying household is an <b>analogue television (TV) household</b> , i.e. using an analogue TV set at the residence (the residential address reported in Part 2) and having no digital TV set or digital set-top box; and	<input type="checkbox"/> Yes
2. The applying household <b>meets the income eligibility of the Programme</b> , i.e. either item (a) or (b) below – (a) The Applicant and/or the household member(s) living on the same premises is/are benefitting from <u>one of the following</u> specified social assistance programmes <sup>1</sup> – (i) the Comprehensive Social Security Assistance Scheme; or (ii) the Old Age Living Allowance ( <b>only applicable to all-elderly households, i.e. all household member(s) aged 65 or above</b> ); or (iii) the Working Family Allowance Scheme <sup>2</sup> ; or (iv) all means-tested student financial assistance schemes <sup>3</sup> ; or (v) Medical Fee Waiver Mechanism of public hospitals and clinics; or (b) The average monthly household income in the past three months of the applying household is: HK\$ _____, which <b>does not exceed the specified income limit</b> –	<input type="checkbox"/> Yes  <input type="checkbox"/> Yes  <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes  <input type="checkbox"/> Yes
<input type="checkbox"/> one-person household (\$14,300) <input type="checkbox"/> two-person household (\$21,800) <input type="checkbox"/> three-person household (\$26,300) <input type="checkbox"/> four-person household (\$32,400) <input type="checkbox"/> five-person household (\$33,600) <input type="checkbox"/> six-person or above household (\$34,900)	

**Part 2 Personal Particulars of Applicant** (The Applicant must be a **Hong Kong resident** and **has reached the age of 18** on the date of application.)

Name: \_\_\_\_\_ Hong Kong Contact Telephone No.: \_\_\_\_\_

Hong Kong Identity Card No.: | | | | | | | | ( ) |

Copy of Hong Kong Identity Card enclosed:  Yes

Hong Kong Residential Address (for the purpose of delivery):  
 Hong Kong Island   
  Kowloon   
  New Territories   
 District \_\_\_\_\_

Street \_\_\_\_\_ No. \_\_\_\_\_ Estate/Village \_\_\_\_\_

Name of Building/Block/House \_\_\_\_\_ Floor \_\_\_\_\_ Flat \_\_\_\_\_

Correspondence Address (if different from the residential address above, please provide):  
 \_\_\_\_\_

**Part 3 Particulars of Household Member(s) Living with Applicant on the Same Premises<sup>4</sup>**

I live with \_\_\_\_\_ household member(s) on the same premises at the residential address reported in Part 2. Name(s) of the household member(s) is/are as follows:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
 (4) \_\_\_\_\_ (5) \_\_\_\_\_ (6) \_\_\_\_\_


<sup>1</sup> If the Applicant and/or household member(s) living on the same premises is/are benefitting from more than one of the specified social assistance programmes, the Applicant is required to report one of them only.

<sup>2</sup> Valid within 18 months from the issue date of the Working Family Allowance Scheme Notification of Application Result.

<sup>3</sup> Including the Tertiary Student Finance Scheme - Publicly-funded Programmes, Financial Assistance Scheme for Post-secondary Students, Tuition Fee Reimbursement for Diploma Yi Jin (100% or 50% reimbursement of tuition fees paid), Financial Assistance Scheme for Designated Evening Adult Education Courses (100% or 50% reimbursement of tuition fees paid), School Textbook Assistance Scheme, Student Travel Subsidy Scheme, Subsidy Scheme for Internet Access Charges, Examination Fee Remission Scheme, Kindergarten and Child Care Centre Fee Remission Scheme, and Grant for School-related Expenses for Kindergarten Students.

<sup>4</sup> The Applicant must report in Part 3 all persons living on the same premises in Hong Kong and having close economic ties as household members. Household members who are temporarily away from the premises but would reasonably be expected to return would still be regarded as household members. Please refer to Section 2.2 of the “Guidance Notes for Applications under the Community Care Fund Digital Television Assistance Programme” for details.



<b>Part 6 Application Confirmation</b> (For Official Use Only)		
Name of Service Unit _____		 Stamp of Service Unit
Name of Staff of Service Unit _____	Signature of Staff of Service Unit _____	
Date: _____ (Day) _____ (Month) _____ (Year)		

**Community Care Fund Digital Television Assistance Programme  
Application Acknowledgement Slip**  
(For Official Use Only)

This is to acknowledge receipt of the application under the “Community Care Fund Digital Television Assistance Programme” from the Applicant \_\_\_\_\_ ,  
Hong Kong Identity Card No.: \_\_\_\_\_ ( ).

Digital television (TV) receiver selected –  
 Digital set-top box     24-inch digital TV set     32-inch digital TV set

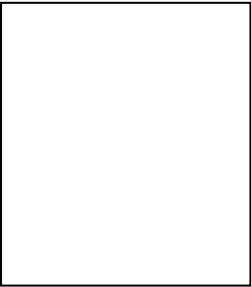
**【Points to Note】**

The agent/contractor of the Hong Kong Council of Social Service has to make an on-site visit to verify the eligibility of applying household as an analogue TV household before installing a digital TV receiver. Households whose eligibility cannot be verified will be regarded as being ineligible for the “Community Care Fund Digital Television Assistance Programme”, and will not be provided with any digital TV receiver and relevant services.

Name of Service Unit: \_\_\_\_\_

Name of Staff of Service Unit: \_\_\_\_\_

Date of receipt of the completed Application Form (including a copy of the Applicant’s Hong Kong Identity Card) :  
\_\_\_\_\_ (Day) \_\_\_\_\_ (Month) \_\_\_\_\_ (Year)

	Stamp of Service Unit
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**Enquiry :**  
General Enquiry Hotline: 2922 9230      On-site Checking and Installation Enquiry Hotline: 3418 5509  
Digital TV Receiver Maintenance Hotline: 2727 2722

## **Personal Information Collection Statement**

### **Purpose of Collection**

1. The Hong Kong Council of Social Service (HKCSS) and its agent/contractor<sup>#</sup>, the Community Care Fund (CCF) Task Force of the Commission on Poverty, the CCF Secretariat, the Hong Kong Special Administrative Region Government (the Government)'s relevant bureaux and departments and organisations, will use the data collected (the Data) for the "Community Care Fund Digital Television Assistance Programme" (the Programme) for the following or other relevant purposes –
  - (a) to process applications and release of digital television receivers under the Programme, including but not limited to the process(es) referred to in Part 5 of the Application Form and, if required, to communicate with you and your household member(s);
  - (b) to conduct matching between the Data provided by you and your household member(s) and the personal data held by the Government (including but not limited to the Social Welfare Department (SWD) and the Working Family and Student Financial Assistance Agency (WFSFAA)) and relevant organisations to confirm your eligibility for the Programme;
  - (c) to conduct the investigations referred to in paragraph 8 in Part 5 of the Application Form in order to implement the Programme;
  - (d) for statistics purposes on the condition that the resulting statistics will be made available in a form which will not identify the data subjects or any of them;
  - (e) to facilitate communication or follow-up in relation to enquiries and complaints; and
  - (f) for any other purposes as may be required, authorised or permitted by law.
2. The provision of personal data, including agreeing to HKCSS and its agent/contractor maintaining copies of relevant identity proof and eligibility proof documents, etc., is voluntary, but applications with incorrect or insufficient information may not be able to be processed and/or may be disqualified.

### **Classes of Persons to Whom the Data may be Transferred**

3. For the purpose stated in the Application Form, HKCSS and its agent/contractor may transfer the Data of yours and your household member(s) to the CCF Task Force of the Commission on Poverty/the CCF Secretariat and/or the relevant Government bureaux and departments and organisations, including but not limited to the SWD, the WFSFAA, the Hospital Authority and other transferees and any other parties as stipulated in Part 5 of the Application Form.

### **Access to Personal Data**

4. Except where there is an exemption provided under the Personal Data (Privacy) Ordinance (Cap. 486), you have the right to request access to and correction of the Data you provide when the Data have not been erased. Your right of access includes the right to obtain a copy of the Data you provide after paying the relevant fee(s).

### **Access and Correction Requests on Personal Data**

5. Your requests for access to personal data or enquiry on the personal data privacy policy, and your requests for correction of the Data obtained from a data access request should be addressed to:

**The Hong Kong Council of Social Service**  
**Community Care Fund Digital Television Assistance Programme Secretariat**  
 Name of Post : Programme Manager  
 Address : Room 505, 5/F, Sing Shun Centre,  
 495 Castle Peak Road,  
 Cheung Sha Wan,  
 Kowloon

# Including but not limited to the Service Units responsible for processing applications of the Programme