Application No.:

ation No.: - (For Official Use Only)

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 (\checkmark) in the appropriate box(es) \square . 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 <u>meet the following two eligibility criteria</u> before completing the other parts of this Application Form.)				
1. The applying household is an analogue television (TV) household , 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	🗌 Yes			
2. The applying household meets the income eligibility of the Programme , 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 specified social assistance programmes¹ –</u>				
 (i) the Comprehensive Social Security Assistance Scheme; or (ii) the Old Age Living Allowance (only applicable to all-elderly households, i.e. all household 	☐ Yes ☐ Yes			
member(s) aged 65 or above); or				
(iii) the Working Family Allowance Scheme ² ; or	Ves			
 (iv) all means-tested student financial assistance schemes³; or (v) Medical Fee Waiver Mechanism of public hospitals and clinics; or 	Yes Yes			
(b) The average monthly household income in the past three months of the applying household is:				
HK\$, which does not exceed the specified income limit –	Yes			
one-person household (\$14,300) two-person household (\$21,800) three-person household (\$26,300)				
☐ four-person household (\$32,400) ☐ five-person household (\$33,600) ☐ 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 a on the date of application.)	nge of 18			
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 ⁴				
I live with household member(s) on the same premises at the residential address reported in Name(s) of the household member(s) is/are as follows:	Part 2.			
(1) (2) (3)				

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

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

³ 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.

⁴ 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.

	rt 4 Digital TV Receiver
I w	rish to apply for the following digital TV receiver (each household <u>can only select one of them</u>) –
	Digital set-top box 24-inch digital TV set 32-inch digital TV set
	Points to Note T If a digital TV set is selected, the contractor of the Hong Kong Council of Social Service will collect an analogue TV set from
•	the Applicant. The analogue TV set so collected will not be returned.
•	Digital TV receivers are supplied by the contractor of the Hong Kong Council of Social Service. The Applicant is not
•	allowed to select a particular brand and model. The Applicant cannot change the digital TV receiver selected after submitting the application.
	rt 5 Declaration and Undertaking by Applicant
	I, the Applicant of the "Community Care Fund Digital Television Assistance Programme", declare that the information provided in
1.	this Application Form and other information submitted/to be submitted under the Programme is true and correct . I understand that <u>if I knowingly or wilfully make any false statement or withhold any information or act misleadingly in other ways, for the purpose of obtaining the assistance under the Programme, I may be prosecuted. I understand that deliberate provision of false information or omission of information in order to obtain the assistance under the Programme by deception is a criminal offence. In addition to the</u>
	consequence of being ineligible for the Programme, I may be prosecuted for contravening the Theft Ordinance (Cap. 210) or other
2	relevant legislation. Upon conviction, I may be liable to imprisonment for a maximum of 14 years.
2.	I and the household member(s) which I reported in this Application Form (if applicable) have read the "Guidance Notes for Applications under the Community Care Fund Digital Television Assistance Programme" and the "Personal Information Collection Statement" at the Annex. I and my household member(s) understand and agree to the arrangements in relation to the application under the Programme and agree to comply with all the requirements set out in the said document(s).
3.	I understand that applications under the Programme should be made on a household basis, and all household member(s) must be Hong Kong residents. My household member(s) (if any) has/have agreed that I shall submit the application on their behalf.
4.	I understand that the assistance under the Programme is one-off in nature. Each eligible household will only be provided with one
5.	digital TV receiver. Households which have received the assistance will not be given the assistance under the Programme again. I understand and agree that the agent/contractor [#] of the Hong Kong Council of Social Service (HKCSS) has to make an on-site visit to
	verify the eligibility of my 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 Programme, and will not be provided with any digital TV receiver and relevant services.
6.	I understand and agree that if I select a digital TV set under the Programme (Part 4 of this Application Form), the agent/contractor of HKCSS will collect an analogue TV set of my household immediately after completing the installation of the digital TV set for me. The analogue TV set so collected will not be returned in any circumstances.
7.	I understand and agree that if, after the contractor of HKCSS has made an appointment with me for an on-site visit to conduct checking or for delivery of a digital TV receiver, I reject or fail to attend the appointment or fail to reschedule the appointment one working day in advance, the services may be terminated, and/or I may be requested to pay the subsidy amount equivalent to that borne by the Community Care Fund (CCF) under the Programme owing to the provision of additional on-site checking/delivery services to me by the contractor of HKCSS.
8.	I authorise and consent to HKCSS and its agent/contractor, the CCF Task Force of the Commission on Poverty, the CCF Secretariat, as well as the Hong Kong Special Administrative Region Government (the Government)'s relevant bureaux and departments and organisations using the information provided in the Application Form and other information submitted/to be submitted under the Programme for processing and vetting of the application under the Programme, and/or investigation and release of a digital TV receiver thereunder, and any other purposes directly related to the Programme. I consent to the disclosure of the data as required to relevant departments of the Government and any other parties concerned if the disclosure is necessary for such vetting and/or
	investigation. I also consent to HKCSS and its agent/contractor obtaining the necessary data from relevant departments of the Government when processing the application.
9.	I consent to the matching of my household's data by HKCSS with my household's personal data held by relevant departments of the Government and organisations for processing and vetting of the application under the Programme and release of a digital TV receiver thereunder. I understand that the matching procedure is conducted for ascertaining my eligibility under the Programme. If I am found to be ineligible for the Programme after successful installation of a digital TV receiver, HKCSS will request me to pay the subsidy amount equivalent to that involved in the provision of the digital TV receiver and other relevant services to me by the CCF under the Programme, and the analogue TV set so collected by HKCSS will not be returned.
	I understand and agree that HKCSS, organisations participating in the Programme and relevant departments of the Government and organisations have the right to conduct comprehensive random checks in the course of processing my application or after the release of a digital TV receiver, to verify that the information provided is true. I and my household member(s) will fully co-operate, including provision of detailed income information and any other information for checking. Otherwise, HKCSS has the right to terminate my application and/or request me to pay the subsidy amount equivalent to that involved in the provision of a digital TV receiver and other relevant services to me by the CCF under the Programme if the information provided cannot be verified.
11.	I confirm that I have secured the consent of my household member(s) to reporting and submitting their personal and relevant data to HKCSS and its agent/contractor, as well as the relevant Government bureaux and departments and organisations to facilitate their processing and vetting of the application under the Programme and/or investigation thereunder.
# Ir	ncluding but not limited to the Service Units responsible for processing applications of the Programme

		(Day)	(Month)	(Year)
Name of Applicant	Signature of Applicant	Date of Application		

Part 6 App	lication Confirmation (For Official Use Only)		
Name of Serv	vice Unit			
Name of Staff of Service Unit		Signature of Staff of	of Service Unit	-
				Stamp of Service Uni
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 digit	al TV set	32-inch digital	TV set
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[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

Enquiry :

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

Community Care Fund Digital Television Assistance Programme - Application Form

Personal Information Collection Statement

Purpose of Collection

- 1. The Hong Kong Council of Social Service (HKCSS) and its agent/contractor[#], 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	
		Kowloon	

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