

The Hong Kong Federation of Youth Groups
2025/26 「Neighbourhood First · Rice-giving Scheme」
 Sponsored by Au Bak Ling Charity Trust
【 Referral Form 】

For Staff Only
Date : _____
App No. : _____

(Deadline: 31/12/2024 by post)

- Applicant must have a referral made by a social worker and must be a Hong Kong resident
 (Please read the *Application Guidance Notes* carefully)

Part 1: Applicant Information (* Please delete as appropriate)

Applicant English Full Name: _____ Occupation: _____ / Unemployed *

Applicant Chinese Full Name: _____ Gender: Male Female

HKID Card No.

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 (

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) Mobile No.

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Date of Birth: (yyyy / mm) _____ / _____ Home No.

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Address: _____ (Flat) _____ (Floor) _____ (Block) _____ (Building)
 _____ (Street) _____ (District) HK Island / Kln / N.T. *

Correspondence Address (If different from above): _____

Part 2: Information of family members living together (inclusive of applicant)

- Total number of family members living together (including applicant) : _____ person/ people;
- Our average monthly household income for the last three months: \$ _____
 (income includes financial assistance from children but excludes financial assistance provided by the Government)

Name	Age	Occupation	Relationship to applicant
1.			Applicant
2.			
3.			
4.			
5.			
6.			
7.			

Additional information (please 「✓」 the appropriate boxes)
<input type="checkbox"/> We do not have any properties.
<input type="checkbox"/> The current residence is a rented cubicle/ sub-divided unit/ roof top slum/ squatters/ beds/ licensed house/ wooden hut /public housing.
<input type="checkbox"/> No family members are CSSA recipients.
<input type="checkbox"/> Some family members are CSSA recipients.
<input type="checkbox"/> _____ family members receive Disability Allowance.
<input type="checkbox"/> We are not supported by food assistance scheme.
<input type="checkbox"/> We never received any rice pack from this Scheme.

Part 3: Declaration

I hereby declare that all submitted information is true and correct. I have read the Personal Information Collection Statement and I hereby agree and allow the organizers of the Rice-giving Scheme to use the abovementioned information. If my application is approved, I promise I will not receive rice subsidies from any other schemes and organisations from April 2025 to March 2026. Eligibility will be terminated for any incorrect or untrue information submitted.

Signature: _____ Date: _____ Rice collection Card No. of last year 2024/25 (if applicable): _____

Part 4: Selection of Rice Station and rice collectors other than the applicant

If my application is successful, I prefer to collect the rice pack at: (please refer to the *Application Guidance Notes* item 9 for the *Rice Station Numbers*)

1st choice, Rice Station No.: _____ 2nd choice, Rice Station No.: _____

Name of additional rice collectors (must be 13 or older)	Relationship to applicant	HKID or other identity document number (First 4 alphabet(s) and digits)
1.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>


★ This application will not be processed if the Part 5 and Part 6 below are not completed by your referral worker ★

【Part 5】第 5 部份：轉介社工評估 (由轉介社工填寫；請 ✓ 適用方格)

● 本人為轉介申請人之社工，申請人除符合申請資格外，其他評估如下

家庭經濟狀況	<input type="checkbox"/> 家庭總收入 (包括子女供養) 不多於本計劃之申請上限 (見【申請須知】第 8 項) <input type="checkbox"/> 沒有收入，依靠：長者生活津貼 / 積蓄生活* 為生 (請刪去不適用者) <input type="checkbox"/> 現正申請綜援，等待批核 <input type="checkbox"/> 全家以綜援金為生
對米包的需要性	<input type="checkbox"/> 非常需要 <input type="checkbox"/> 需要 <input type="checkbox"/> 一般 <input type="checkbox"/> 較低
送米到戶需要性	<input type="checkbox"/> 因行動不便，需由義工送米到戶 (惟送米到戶的名額相當有限；如未能獲安排送米到戶，申請人 <input type="checkbox"/> 願意到米站取米 <input type="checkbox"/> 退出申請本計劃放棄米包)
其他	<input type="checkbox"/> 申請人為獨居長者及長期病患者
簡要補充 (如有)	

【Part 6】第 6 部份：轉介社福機構/學校資料 (由轉介社工填寫；請 ✓ 適用方格)

轉介方類別	● 必須是以下類別方可轉介申請 <input type="checkbox"/> 社署轄下/資助單位 <input type="checkbox"/> 社聯會員機構 <input type="checkbox"/> 醫管局轄下醫務社會服務單位 <input type="checkbox"/> 學校		
機構/學校 中文名稱		轉介社工 中文姓名	
社工電郵 (結果通知將於 4 月初電郵，並寄信予申請人)		聯絡電話	
機構/學校所屬分區	轉介社工簽署	機構/學校印鑑	
<input type="checkbox"/> 中西區 <input type="checkbox"/> 西貢 <input type="checkbox"/> 沙田 <input type="checkbox"/> 灣仔 <input type="checkbox"/> 觀塘 <input type="checkbox"/> 大埔 <input type="checkbox"/> 東區 <input type="checkbox"/> 油尖旺 <input type="checkbox"/> 北區 <input type="checkbox"/> 南區 <input type="checkbox"/> 深水埗 <input type="checkbox"/> 屯門 <input type="checkbox"/> 九龍城 <input type="checkbox"/> 荃灣 <input type="checkbox"/> 元朗 <input type="checkbox"/> 黃大仙 <input type="checkbox"/> 葵青 <input type="checkbox"/> 離島	<input type="text"/> <input type="text"/> 日期 <input type="text"/>		

Deadline and Submission

The original application form (please do not attach supporting documents) should be submitted by *POST* on or before **31 December 2024** to:

The HKFYG Neighbourhood First Secretariat, 20/F, The HKFYG Building, 21 Pak Fuk Road, North Point, Hong Kong.

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 網址：neighbourhoodfirst.hkfyg.org.hk

區百齡慈善基金會 電話：3898 0055
 網址：www.ablct.com