|  |  |  |  |
| --- | --- | --- | --- |
| **香港青年協會**  **青少年全健中醫資助計劃**  **申請表** | **由機構內部填寫** | | |
| 參考編號: |  | |
|  | |  |

請在 ⬜ 內寫上🗸

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **申請人資料** | | | | | | | | | | | | | | | | | |
| 姓名：(中文) | |  | | | | | | | | | (英文) |  | | | | | |
| 聯絡電話：(住址) | |  | | | | | | | | | | | | | (手提)： | |  |
| 香港身分證號碼： | |  | | | | | | | | | 申請人現況： | | | | ⬜ 在學 ⬜ 在職 | | |
|  | | (英文字母及首4個數字) | | | | | | | | |  | | | | ⬜ 其他 | |  |
| 出生日期： | |  | | | | | | | | |  | | | | 年齡： | |  |
| 通訊地址： | |  | | | | | | | | |  | | | |  | |  |
|  | | | | | | | | | | | | | | | | | |
| 1. **個案評估 (由個案社工填寫)** | | | | | | | | | | | | | | | | | |
| 請簡述及評估申請人的精神健康狀況： | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 曾為案主提供的服務： | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 推薦申請人參與是項服務的原因： | | | | | | |  | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | |
| 曾企圖自殺： | | ⬜是　　⬜否 | | | | | | | 自殺危機評估： | | | | | ⬜低　　⬜中　　⬜高 | | | |
| 是次轉介是否得到案主同意 | | | | | | ⬜是　　⬜否 | | |  | | | | | | | | |
| 申請人及其家庭成員是否正在接受其他機構服務？ | | | | | | | | | | | ⬜是　　⬜否 | | | | | | |
|  | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 1. **申請人家庭背景** (18歲以下人士必須填寫監護人資料及家庭入息狀況**)** | | | | | | | | | | | | | | | | | |
| 監護人姓名：(中文) | | |  | | | | | | | | (英文) |  | | | | | |
| 聯絡方法／電話： | | |  | | | | | | | |  |  | | | | | |
| 與申請人之關係： | | |  | | | | | | | |  |  | | | | | |
| 家庭成員人數： | | |  | | | | | | | |  |  | | | | | |
| 家庭／個人入息狀況：$ | | | | |  | | | | | | / 平均每月 | |  | | |  | |
| 申請人為以下合資格人士： | | | | | | | | | | | | | | | | | |
| ⬜　獲審批之專上學生資助計劃 | | | | | | | | | | ⬜　獲審批之全額/半額學校書簿津貼 | | | | | | | |
| 津貼金額： |  | | | | | | | | | 津貼金額： | | |  | | | | |
| ⬜　其他： |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **轉介人資料** | | | |
| 轉介人姓名： |  | 職位 / 單位 : |  |
| 聯絡電話 ： |  | 學校 / 機構名稱： |  |
| 聯絡電郵： |  |  |  |
| 學校 / 機構地址： |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **轉介人覆檢內容** | | | | | |
| ⬜　申請人獲全額／半額書簿津貼或獲專上學生資助計劃之證明文件副本  ⬜　申請人入息證明文件（如在學申請人已提交津貼文件，則無須再遞交入息證明文件）  ⬜　申請人已知悉每人資助上限為六次  ⬜　申請人已準備「轉介同意書」一併遞交 | | | | | |
| ⬜　本人／本單位已向申請人清楚詳述計劃內容，並已核實申請內容及申請人的資料正確無誤，現推薦以上申請人請上述計劃。 | | | | | |
| 姓名： |  | |  |  | |
| 職銜： |  | |  |  | |
| 電話： |  | |  |  | |
| 傳真： |  | |  |  | |
| 日期： |  | |  |  | |
| 簽署： |  | |  | (機構印章) | |
|  | | | | | |
| 1. **只供機構內部使用** | | | | | |
| 接獲申請日期： | |  |  | | |
|  | | ⬜　申請獲接納 | ⬜　申請不獲接納(原因)： | |  |
| 審批日期： | |  |  | | |
| 其他備註： | |  |  | | |

(更新日期：9/2019)