**香港青年協會**

**青少年全健精神科資助計劃**

**申請表**

請在⬜內寫上🗸

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| 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： | |  | | | | (英文字母及首4個數字) | | | | | | ⬜在學　⬜在職　⬜雙失 | | | |
|  | |  | | | |  | | | | | | ⬜其他 | | |  |
| 出生日期： | |  | | | |  | | | | | | 年齡： | | |  |
| 通訊地址： | |  | | | |  | | | | | |  | | |  |
|  | | | | | | | | | | | | | | | |
| 1. **個案評估 (由個案社工填寫)** | | | | | | | | | | | | | | | |
| 簡述申請人的精神健康狀況： | | | | | | | | | | | | | | | |
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| 曾為案主提供的服務： | | | | | | | | | | | | | | | |
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| 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 | | | | | | | |
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| 1. **申請者家庭背景** | | | | | | | | | | | | | | | |
| 監護人姓名：(中文) | | |  | | | | | (英文) |  | | | | | | |
| 聯絡方法／電話： | | |  | | | | |  |  | | | | | | |
| 與申請者之關係： | | |  | | | | |  |  | | | | | | |
| 家庭成員人數： | | |  | | | | |  |  | | | | | | |
| 家庭總入息狀況：$ | | |  | | / 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 |  | | | | | | | | | | | | | | |
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| 1. **轉介者資料** | | | | | | | | | | | | | | | |
| 轉介者姓名： | | |  | | | | | 職位 : | | | | |  | | |
| 電話號碼 : | | |  | | | | | 機構名稱（單位）： | | | | |  | | |
| 機構地址： | | |  | | | | | | | | | | | | |

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| 1. **轉介人覆檢內容** | | | | | |
| ⬜　申請人為首次接受精神科診治人士  ⬜　申請人獲全額／半額車船書薄津貼之證明文件副本  ⬜　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）  ⬜　申請人已知悉須自行繳付藥費，每人資助上限為六次 | | | | | |
| ⬜　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，現推薦以上申請者申請上述計劃。 | | | | | |
| 姓名： |  | |  |  | |
| 職銜： |  | |  |  | |
| 電話： |  | |  |  | |
| 傳真： |  | |  |  | |
| 日期： |  | |  |  | |
| 簽署： |  | |  | (機構印章) | |
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| 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： | |  |  | | |