



St. James Settlement
People's Food Bank

Short Term Food Assistance Application Form (Sponsor by Donor)

Application Number: FAS _____

Application Received Date: _____

Part 1: Applicant's Information

Name of Applicant: (First Name) _____ (Last Name) _____

Phone number: _____

Address: _____

Size of household: _____ person

- Living Condition:** Rent \$ _____ Ownership \$ _____ Temporary Residence Street Sleep
 Public housing Public housing (Home Ownership Scheme) Private Cubicle apartments/Sub-divided flats
 Village houses Rooftop Bed space Industrial Others:

Part 2: Family Information (please attached information on extra pages if there are more than 5 members)

*please √ the appropriate	Applicant	First Family Member	Second Family Member	Third Family Member	Forth Family Member
Name					
Relationship with applicant	/	Spouse / Children / Others	Spouse / Children / Others	Spouse / Children / Others	Spouse / Children / Others
HK Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Category of Identity Document	<input type="checkbox"/> HKID <input type="checkbox"/> Two-way permit <input type="checkbox"/> Re-entry permit /documents of identity for VISA purpose	<input type="checkbox"/> HKID <input type="checkbox"/> Two-way permit <input type="checkbox"/> Re-entry permit /documents of identity for VISA purpose	<input type="checkbox"/> HKID <input type="checkbox"/> Two-way permit <input type="checkbox"/> Re-entry permit /documents of identity for VISA purpose	<input type="checkbox"/> HKID <input type="checkbox"/> Two-way permit <input type="checkbox"/> Re-entry permit documents of identity for VISA purpose	<input type="checkbox"/> HKID <input type="checkbox"/> Two-way permit <input type="checkbox"/> Re-entry permit documents of identity for VISA purpose
Code/Number of ID					
Date of Birth (dd/mm/yyyy)	/ /	/ /	/ /	/ /	/ /
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Employment Condition (Occupation)	<input type="checkbox"/> FT: _____ <input type="checkbox"/> PT: _____ <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> FT: _____ <input type="checkbox"/> PT: _____ <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> FT: _____ <input type="checkbox"/> PT: _____ <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> FT: _____ <input type="checkbox"/> PT: _____ <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> FT: _____ <input type="checkbox"/> PT: _____ <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed
Other Conditions (can choose more than one)	<input type="checkbox"/> New Arrivals (for ___ years) <input type="checkbox"/> Street Sleep <input type="checkbox"/> Low Income Family <input type="checkbox"/> Sudden Change <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Student/Infant <input type="checkbox"/> Retired/ Housewife <input type="checkbox"/> Others (_____)	<input type="checkbox"/> New Arrivals (for ___ years) <input type="checkbox"/> Street Sleep <input type="checkbox"/> Low Income Family <input type="checkbox"/> Sudden Change <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Student/Infant <input type="checkbox"/> Retired/ Housewife <input type="checkbox"/> Others (_____)	<input type="checkbox"/> New Arrivals (for ___ years) <input type="checkbox"/> Street Sleep <input type="checkbox"/> Low Income Family <input type="checkbox"/> Sudden Change <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Student/Infant <input type="checkbox"/> Retired/ Housewife <input type="checkbox"/> Others (_____)	<input type="checkbox"/> New Arrivals (for ___ years) <input type="checkbox"/> Street Sleep <input type="checkbox"/> Low Income Family <input type="checkbox"/> Sudden Change <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Student/Infant <input type="checkbox"/> Retired/ Housewife <input type="checkbox"/> Others (_____)	<input type="checkbox"/> New Arrivals (for ___ years) <input type="checkbox"/> Street Sleep <input type="checkbox"/> Low Income Family <input type="checkbox"/> Sudden Change <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Student/Infant <input type="checkbox"/> Retired/ Housewife <input type="checkbox"/> Others (_____)

Part 3 Income and Assets Situation (must be filled)

Income and Assets Information	Applicant	First Family Member	Second Family Member	Third Family Member	Forth Family Member	Total
Average monthly income	\$	\$	\$	\$	\$	(a)\$
Other sources of income	\$	\$	\$	\$	\$	(b)\$
#Personal assets E.g. Savings /Investment/Insurance/ Others (must be filled)	<input type="checkbox"/> Yes \$ <input type="checkbox"/> No	<input type="checkbox"/> Yes \$ <input type="checkbox"/> No	<input type="checkbox"/> Yes \$ <input type="checkbox"/> No	<input type="checkbox"/> Yes \$ <input type="checkbox"/> No	<input type="checkbox"/> Yes \$ <input type="checkbox"/> No	(c)\$
CSSA Recipient	<input type="checkbox"/> Yes \$ <input type="checkbox"/> No	<input type="checkbox"/> Yes \$ <input type="checkbox"/> No	<input type="checkbox"/> Yes \$ <input type="checkbox"/> No	<input type="checkbox"/> Yes \$ <input type="checkbox"/> No	<input type="checkbox"/> Yes \$ <input type="checkbox"/> No	\$
1)DA 2)OALA 3)Old Age Allowance 4)TXBA 5)Others	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 \$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 \$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 \$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 \$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 \$	\$

#Total monthly household income(a) + (b): \$ _____ Total household assets(c): \$ _____ Total monthly expenditure: \$ _____

Part 4 Case Descriptions

Suggested period of time for service: _____ days/weeks

(maximum 6 weeks; respective application on individual merits would be considered for extension of service)

Part 5 Personal Declaration

1) Personal Information Collection Statement

St. James' Settlement undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data collected are properly stored. The personal information collected (Name, telephone number, fax number, email and mailing address) may be used for the purposes of providing you with information of St. James' Settlement, fundraising appeal, activities/courses invitation as well as for feedback collection and related promotion purposes. Also, photos taken in the programs may be used for activities review, invitation or related promotion purposes. All personal data will not be used unless upon obtaining your consent. You can request St. James' Settlement to stop using your personal information anytime without any cost. I understand and consent that the Social Welfare Department and authorized service operating agency will obtain my personal particulars from me, them conduct authentication, and disclose.

****Should you find such use of your personal data not acceptable, please indicate your objection before signing by ticking the box.**

I agree with the arrangement and would like to receive those information via email/ mailing/ SMS

I do not agree with the above arrangement regarding the use of personal data.

2) Assets Declaration (please fill in the total assets (including both in or out of HK) of all family members)

Including the following: Personal/Joint/Company's bank savings, cash, investment, insurance, loans or any other assets

No Yes (Assets: _____ Value:\$ _____)

Assets: _____ Value: \$ _____

Assets: _____ Value:\$ _____)

3) Are you using food assistance service in other agency at this moment?

Yes (Name of agency: _____ Period: _____) No (Food scheme cannot duplicate with food-related services)

4) I have submitted the following documents:

Identity document (all family members) Address proof Household income proof Assets proof Others: _____

I hereby declare that all the provided information is true and complete. I understand that willfully or knowing making false statement, misrepresentation or concealment of any information in order to obtain Food Assistance Service will make us ineligible in applying the food bank service. We allow People's Food Bank to use my information for food assistance application.

Applicant's name:

Signature:

Date:

Part 6 Referral Agency Information

Name of Agency : _____

Name of Referral Worker (Full Name) : _____

Contact Number : _____

Date of referral : _____

Email: _____

Agency address: _____

Part 7 Application Results (filled by SJS)
 Accept Approved period: _____ to _____ (_____ weeks / days) Number of approved applicants: _____ person

Pick up location: _____

 Rejected (Insufficient documents Asset exceeds limit Other: _____)

 Cancelled (Date: _____)

Name of approval SW: _____

Name of review IC: _____

Date of approval: _____

Date of review: _____

Mode : Rice _____ kg / Noodles _____ packs / Cans _____ tins / Oil _____ Bottles/ Oatmeal _____ Packs / Biscuits _____ Packs/

Powdered Drinks _____ Boxes / Food coupon _____ tickets /

Infant Milk Powder (1 – 6 years old) _____ Cans/ Infant Milk Powder (newborn-12month) (Brand: _____) _____ Cans/

Elder Milk Powder _____ Cans

Special meal request: _____

Name of SM: _____

Date: _____

Do you satisfy People's Food Bank Service?

 Satisfied Unsatisfied: (_____)

Does the service reduce your financial burden?

 Yes No

Could the service alleviate your financial burden temporarily?

 Yes No

#Need assessment was done before the end of food provision service

 Yes

Name of SW: _____

Date: _____



<Documents submission check list>

Remarks: Applicants living in HK Island or Islands District are not the main service target donor-based food bank. Referral agency may make contact to our staff before making referrals.

Please submit the supporting documents listed below:

- Filled in all information of the application form
- Filled the application date and sign
- Read the personal information collection statement and declaration
- Filled referral agency information
- Please fax the application form and supporting document to 2706 3090, the information will be forwarded to people's food bank for processing. Any enquiries may contact 2706 3798.

I. Identity Documents

- Applicants and family members HKID**/Birth Certificate ;

** Remarks: If family members are not HK residents or holders of HKID, documents for identifying the nationality/personal particulars is required.

II. Income Assessment

- Please provide applicants and family members' latest 3 months income documents ;
- The income documents will be accepted: Monthly salary statement, Bank transaction record showing payment of salary, any income/retire/working certificate certified by employer

III. Proof of Residential Address

- The copy of address proof: Public housing rent certificate, rent receipt, water/gas/electricity bill in latest 3 months

IV. Asset Assessment

- The value of asset (including cash, bank savings, surrender value or cash value of insurance, investment) of the applicants and his/her family members will be assessed, the required documents are listed below:
 - Bank statement and bank book with latest 3 months record
 - If the applicants use bank book, the first page by showing the account number and name are needed.
 - For new bank accounts, the applicant should submit the latest record of bank transactions.
 - The latest 7 days bank balance slip
 - Insurance/Investment statement (seasonal or annual), if applicable
 - Asset certificate of local property, foreign bank account or other readily realizable assets

* The check list is for reference, if there are any enquiries, please contact our staff at 2706 3798.

* Insufficient document will affect the application process.