博愛醫院 Pok Oi Hospital

香港賽馬會慈善信託基金 The Hong Kong Jockey Club Charities Trust

# Jockey Club Dental Care Programme (JCDCP)
# Application Form

| Part I (A): Personal Particulars of the Applicant | | | |
|---|---|---|---|
| Chinese Name | | English Name | |
| Date of Birth (DD/MM/YYYY)<br>☐☐☐☐☐☐☐☐ | | Gender | ☐ Male<br>☐ Female |
| Identity Document Type<br>☐ Hong Kong Identity Card ☐ Other Identity Document, please specify: _____ | | | |
| Other Identity Document, please specify | | Contact Number | |
| Residential Address | | | |
| E-mail Address *(if applicable)* | | | |

| Part I (B): Personal Particulars of the Applicant's Parent / Legal Guardian / Agent<br>(Only for applicants under the age of 18 or mentally incapacitated) | |
|---|---|
| Chinese Name | English Name |
| Identity Document Type<br>☐ Hong Kong Identity Card<br>☐ Other Identity Document<br>Please specify: _____ | Relationship<br>☐ Father<br>☐ Mother<br>☐ Legal Guardian<br>☐ Others: _____ |
| Identity Document Number | Contact Number |
| E-mail Address *(if applicable)* | |

| Part II: Eligibility Category | | | |
|---|---|---|---|
| **2.1** | Please put a "✓" in the appropriate box "☐". | | |
| (a) | Beneficiary of the Comprehensive Social Security Assistance Scheme | ☐ Yes | ☐ No |
| (b) | Beneficiary of the Community Care Fund Elderly Dental Assistance Programme | ☐ Yes | ☐ No |
| (c) | Is the applicant currently enrolled in the JCDCP at any other clinics? | ☐ Yes | ☐ No |



(Revision date: Sep 2025)

| Part II: Eligibility Category | |
|---|---|
| **2.2** | Please select ONE eligible category under the JCDCP of the applicant and put a "✓" in the corresponding box "☐". |
| ☐ | 1. Beneficiary of the Old Age Living Allowance administered by Social Welfare Department |
| ☐ | 2. Person provided with the Hospital Authority "Medical Fee Waiver" |
| ☐ | 3. Service user of "Integrated Home Care Services (Frail Case)", "Enhanced Home and Community Care Services" and "Home Support Services" subvented by Social Welfare Department paying Level 1 or 2 / Co-payment Category I or II |
| ☐ | 4. Beneficiary of Community Care Service Voucher Scheme for the Elderly with Co-payment Category II under the Social Welfare Department |
| ☐ | 5. Beneficiary of the Working Family Allowance Scheme |
| ☐ | 6. Beneficiary of the Student Financial Assistance Schemes (including the School Textbook Assistance Scheme, the Student Travel Subsidy Scheme and the Subsidy Scheme for Internet Access Charges) |
| ☐ | 7. Monthly household income not exceeding the median monthly household income by household size in the fourth quarter of the previous year published by the Census and Statistics Department (Completion of 2.3 is required).<br>(Note: Calculated as the average income from the three months preceding the application submission.) |

**2.3** Particulars of Applicant and Family Members (For Eligible Category 7) *For family exceeding six members, please use additional paper.*

| | Applicant | Family Member 1 | Family Member 2 | Family Member 3 | Family Member 4 | Family Member 5 |
|---|---|---|---|---|---|---|
| Chinese Name | Not Applicable | | | | | |
| English Name | Not Applicable | | | | | |
| Age | | | | | | |
| Occupation | | | | | | |
| Relationship with the Applicant | Not Applicable | | | | | |
| Monthly Income* (HKD$) | (A) | (B) | (C) | (D) | (E) | (F) |
| Total Monthly Household Income (HKD$) | (A) + (B) + (C) + (D) + (E) + (F)<br>= $_____ | | | | | |

* To be calculated as the average income from the three months preceding the application submission. Income refers to pre-tax net income after deducting contribution to Mandatory Provident Fund/ Recognised Occupational Retirement Scheme from (1) regular/irregular basic salary; and (2) living allowance/overtime pay/bonus or commission/other allowances or incentives, excluding year-end bonus or year-end commission. If there is no income, please enter "0".

## Part III: Declaration and Undertaking

**I declare and undertake the following:**

1. I agree to enrol myself or the applicant in the JCDCP. I agree to and authorize Pok Oi Hospital to collect, process, and use the applicant's personal data for the purposes of verifying eligibility, processing applications and providing dental services. I understand that Pok Oi Hospital has the right to verify all information provided by me and to request any necessary supporting documents. Should there be any changes to the applicant's circumstances after submission, I will proactively update the relevant information.

2. I declare that all information provided in this form and any other information submitted/to be submitted under the JCDCP is true and correct. I understand that if I knowingly or wilfully make any false statement or withhold any information or otherwise mislead the Pok Oi Hospital for the purpose of obtaining subsidised dental services under the JCDCP, it will render me liable to prosecution. I understand that the deliberate provision of false information or omission of information in order to obtain financial assistance under JCDCP by deception is a criminal offence. I may be liable to prosecution under the Theft Ordinance (Cap. 210).

3. I have read and understood the most updated version of the Participant Information Notice and the Personal Information Collection Statement of the JCDCP, and agree to their contents.

4. I understand that only specific service items under the JCDCP are subsidised. When a service item falls outside the scope of the JCDCP, I will bear the cost of such service at my own expense.

5. I understand that Pok Oi Hospital has the discretion to request the applicant to resubmit a new application with valid supporting documents in the following year for the applicant's continued receipt of services.

6. I understand applications with incomplete information or failure to provide valid supporting documents will not be processed. I acknowledge that Pok Oi Hospital reserves the final right of approval for this application and may reject the application without providing any reason.

**The following is only applicable to applicants under the age of 18 or those who are mentally incapacitated**

7. The parent, legal guardian or agent of applicants under the age of 18 or those who are mentally incapacitated must present all the documentary proof listed in Part IV of this application form when making an application to Pok Oi Hospital on behalf of the applicant. If the parent, legal guardian or agent cannot accompany the applicant for the first appointment, please pass the completed application form and all the original documentary proof listed in Part IV (A copy of the Hong Kong Identity Card can be provided for verification if the parent, legal guardian or agent cannot accompany the applicant in person) to the person accompanying the applicant for the first appointment, and submit them to Pok Oi Hospital. Pok Oi Hospital may refuse applications with incomplete information.

## Consent and Signature

| | |
|---|---|
| **Signature of Applicant** | **Signature of Applicant's Parent / Legal Guardian / Agent (if applicable)** |
| **Date** | **Date** |

| Part IV: Application Documents (To be filled by staff) (Reference No.: _____) | |
|---|---|
| Staff have checked the applicant's application documents and put a "✓" in the appropriate box "☐". | |
| (a) Applicable to all Applicants | |
| ☐ | Original copy of Identity Document of the Applicant |
| ☐ | Original copy of supporting documents for Part II Eligibility Category to enroll in the JCDCP |
| (b) Applicable to Applicants under the age of 18 or mentally incapacitated | |
| ☐ | Identity Document of the parent / legal guardian / agent (A copy of the Identity Document can be provided for verification if the parent / legal guardian / agent cannot accompany the applicant in person) |
| ☐ | Proof of relationship, such as Applicant's birth certificate, statutory declaration, or self-declaration stating the relationship between the agent and the Applicant. |
| **Signature of Responsible Staff** | : |
| **Name / Position of Responsible Staff** | : |
| **Date** | : |