

Please fax the referral form to: 2631 6181

Hong Kong Christian Service**“Food To-Gather” Short-term Food Assistance Service Team (Shamshuipo)****Application / Referral* Form for Short-term Food Assistance Service****Part 1 : Applicant Particulars**

Name of Applicant : _____

HKID / Identity Document (Please specify) * No. : _____

Tel. No. : _____ DOB : _____ Sex: Male Female

Residential Address : _____

Part 2 : Household Member(s) Particulars

Name	Relationship with Applicant	Date of Birth	Remarks (including needs for special food/ medical needs)

Part 3 : Brief Case Background (For Case Referral Only)

Part 4 : Declaration and Undertaking

- I (and) all my household member(s) have not received short term food assistance service in the past six months (counting from the first day of the latest round of the assistance).
- I agree to provide information of me (and) my household members for short-term food assistance service application. I consent to and authorise the Operator to disclose to and request the personal data of me (and) my household members from the Social Welfare Department/ other Operators of Short-term Food Assistance Service, and retain the data for the said application as needed.

Applicant's Signature : _____ Date : _____

Part 5 : Referrer's Information

Name of Referrer : _____ Tel.No. : _____

Referrer's Signature : _____ Fax No. : _____

Referring Unit : _____ Date : _____

Address of Referring Unit : _____