Annex II

OCCS Form 4 (Feb 2021)

Application Reference No.：： _____

Occasional Child Care Service Application Form

Part 1 – Applicant's Status (To be completed by the applicant)

Details of Applicant

Name of Parent ： _____ HKID No. ： _____

Residential Address ： _____ Contact No. ： _____

Details of Service User

Name	Age	Date of Birth	Relationship with Applicant	HKID No.	Remarks (if applicable)

□ **I acknowledge the subsidy arrangement of the Occasional Child Care Service application and do not need the service currently.**

□ **I intend to apply for the fee subsidy, and provide information as follows:**

Financial Status of Parents and Household Members (Applicable to fee remission for financial assistance schemes)

Name	Age	Relationship with Child	Occupation	Salary (Month/Year) (Monthly Salaries in the last three months)			Remarks
				/	/	/	
1.							
2.							
Total Amount (Average salary of last three months)：				$			

Total Number of Household Members (including the child)：： _____

Please select as appropriate：

□ **I have submitted the income proofs / income declarations* of the above household members for verification.**

□ **I am temporarily unable to submit the income proofs, and will re-submit the documents as soon as possible. (Already re-submitted at _____)**

Applicant's Declaration and Undertaking

□ I declare that the above information and documentary proofs are true and accurate.

□ If my application for fee remission is accepted, I undertake to notify the service unit during the fee remission period once there is any change of particulars regarding this form.

□ I consent to the financial and social needs assessment relating to my application being carried out by the service unit.

□ I understand that if I knowingly or willfully make a false statement or withhold information or otherwise mislead the service unit for the purpose of obtaining the fee remission, I am liable to prosecution.

□ I confirmed that I am currently in receipt of the Comprehensive Social Security Assistance (CSSA) Scheme (or currently applying for the scheme) (Case No.：), and agree to Annex II refer my application to Social Security Field Units of the Social Service Department for follow-up action. I understand that meal allowance is included in the payment granted by the CSSA Scheme and will not be exempted under this service programme.

Name of Emergency Contact Person：_____Relationship：_____ Tel.：_____

Signature of Applicant：_____Name of Applicant：_____Date：_____

Note：In accordance with the Personal Data (Privacy) Ordinance, I understand that the personal data provided in this form will only be used by the service unit for the purpose of applying fee remission or exemption for the Occasional Child Care Service, or refer to the Social Welfare Department for review when necessary. The data collected will be kept confidential

☐ Please「✓」as appropriate

□ *If income proof is not available, please submit income declaration.

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Part 2 – Service Provider's Assessment (to be completed by staff of the child care centre/kindergarten-cum-child care centre)

1. Financial Assessment：Comparison of applicant's monthly household income with the median monthly household income for households of the same size:

☐ Not exceeding 55%

☐ Over 55% but not exceeding 75%

☐ Over 75%

☐ Other (1): Approved for half/three-quarter/full fee reduction under the Kindergarten and Child Care Centre Fee Remission Scheme

☐ Other (2): CSSA recipient (CSSA File No.: _____)

2. Social Needs Assessment (select one or more)

☐ Parents/caregivers of the child need to handle urgent matters (please fill in "Other" and specify)

☐ One parent works full-time (≥120 hours/month) and the other works ≥104 hours/month, making it impossible to provide adequate care at home

☐ Parents are long-term patients, persons with disabilities, or require long-term hospitalization

☐ Child is from a single-parent or broken family

☐ Child requires half-day/full-day care

☐ Due to special circumstances of other family members, the child requires half-day/full-day care

☐ Child is from an extended family

☐ Special case recommended by a social worker (please fill in "Other" and specify)

☐ Other: _____

3. Approval Validity Period: From _____ to _____ (valid for six months)

4. Assessment Result：

□Full Fee Waiver	☐ Household income not exceeding 55% of the median monthly household income ☐ CSSA recipient (limited to ≤14 days of service within six months) ☐ Approved for full fee waiver under the Kindergarten and Child Care Centre Fee Remission Scheme[#] ☐ Special case facing family crisis[@]

□ Half Fee Reduction:	☐ Household income over 55% but not exceeding 75% of the median monthly household income ☐ Approved for half or three-quarter fee reduction under the Kindergarten and Child Care Centre Fee Remission Scheme[#] ☐ Special case facing family crisis[@]
□ No Fee Reduction	☐ CSSA recipient referred to Social Security Field Unit for follow-up ☐ Total income exceeds the limit ☐ Does not meet social needs assessment criteria ☐ Other (please specify): _____

5. Remarks：_____

Staff Signature：_____ Principal / Centre Supervisor / Officer-in-Charge Signature:：_____

Staff Name：_____ Principal / Centre Supervisor / Officer-in-Charge Name：_____

Date：_____ Date：_____

□ Please indicate your selection with a "✓" mark

Approval letter for this programme has been provided. If eligible, exemption/reduction may be granted within the academic year.

@ Recommended in writing by the case unit social worker, and limited to using the service for no more than 14 days with full/half fee exemption granted within the past six months.