CHILDREN'S KIDNEY FUND
兒 童 腎 病 基 金
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『環矽酸鋯鈉資助計劃』
Subsidy for Sodium Zirconium Cyclosilicate (Lokelma)

資助申請表格
Application Form

請將填妥表格電郵至 info@childrenkidneyfund.org.hk ，並將正本寄至以上基金郵遞地址。
Please email the completed form to info@childrenkidneyfund.org.hk, with a hard copy mailed to the Fund address by post.

1. 申請人（病童）資料
Information on Applicant (Patient)

姓名： Name （中）： Chinese ______________ 性別： Sex ______________
（英） English ______________ 出生日期： Date of Birth ______________
出生証明書 / 身份証號碼* (請刪去不適用者):
Birth Certificate / Identity Card No. * (Delete as Inappropriate) ______________
居住地址：
Residential Address ______________
______________ 電話： Tel. No. ______________

2. 申請人父母／監護人資料
Information on Parent / Guardian

姓名： Name （中）： Chinese ______________ 性別： Sex ______________
（英）： English ______________ 身份証號碼： Identity Card No. ______________
與申請人關係：
Relationship with Applicant ______________
聯絡地址：
Contact Address ______________
聯絡電話：(日) Tel. No. (Daytime) ______________ (夜) Evening ______________

3. 轉介醫生聲明
Declaration of the referring doctor

申請人所患疾病 ： Diagnosis of the Applicant:	
需要環矽酸鋯鈉資助原因與建議劑量: Indications of Lokelma and suggested dosage and duration of the therapy:	Indications :___________________ Chronic Kidney disease □ Yes, stage III / IV / V / Dialysis * □ No (* Delete as appropriate) Suggested dosage: ________________ Suggested duration of the therapy: _________________
以往曾用藥物與期間: Previous drug(s) used: (Please ✓)	□ Resonium A for _____ mths □ Resonium C for _____ mths □ Others (Please specify): ___________________________

茲証明上述申請人需接受環矽酸鋯鈉資助計劃共 ______月，並推薦接受有關藥物費用資助。

This is to certify that the applicant needs to receive Sodium Zirconium Cyclosilicate (Lokelma) for ____ months. I support this patient's application of drug subsidy according to the dosing suggestions above.

轉介醫生姓名 ：
Name of Referring Doctor
(中)
Chinese ____________________
(英)
English ____________________

簽署:
Signature ___________________________
轉介日期:
Date of Referral ______________________

所屬醫院 ：
Name of Hospital ____

聯絡地址 ：
Address ____

____

電話 ：
Tel. No. ______________________

4. 醫務社工審核
Assessment of Medical Social Worker

申請人家庭每月總收入（港幣）:
Total Family Income (HK$)

家庭總收入與政府所訂「家庭住户每月入息中位數」比例： % of Total Family Income at MMHDI

☐ 100%或以下 100% or below ☐ 100-130%之間 Between 100-130% ☐ 130%以上 Above 130%

醫務社工姓名：(中)
Name of MSW Chinese ____
（英）
English ____

簽署：
Signature ____

認可日期：
Date of Endorsement ____________________

所屬醫院：
Name of Hospital ____________________

聯絡地址：
Address ____________________

____________________ 電話：
Tel. No. ____________________

5. 申請人聲明
Applicant's Declaration

茲証實上述資料無誤。
I declare that the above information is rightful and correct.

申請人(年齡十二歲以上者) 簽署 ：
Signature of Applicant (For age 12 or above) ____________________

父母 / 監護人簽署 ：
Signature of Parent / Guardian ____________________

收款人 (基金發放支票抬頭人) 姓名 ：
Name of Cheque Recipient ____________________

簽署式樣 ：
Specimen Signature ____________________

申請日期 ：
Date of Application ____________________

<u>以下由基金工作人員填寫 **(For Office Use Only) :**</u>

收件日期 ：
Received Date ____________________

收件人簽署 ：
Signature of Receiving Officer ____________________

核准人簽署 ：
Approved by ____________________

日期 ：
Date ____________________

檔案編號 ：
Reference No. ____________________

備註 ：
Remarks ____________________

____

附註 **IMPORTANT NOTES :**

1. 環矽酸鋯鈉資助計劃津貼，如病者家庭每月總收入於「家庭住户每月入息中位數」百分之一百或以下，資助金額為藥物費用的百份之八十五。如家庭每月總收入介乎「家庭住户每月入息中位數」百分之一百至一百三十之間，資助金額為購買藥物費用的百份之五十。視乎資格而定，**For patients with total family income 100% of the Median Monthly Domestic Household Income (MMDHI) or below, subsidy level of the Lokelma Subsidy is 85% of the drug cost. For those with total family income between 100-130% of MMDHI, the subsidy level is 50% of the drug cost.**

2. 家庭每月總收入在「家庭住户每月入息中位數」百分之一百三十以上，將不獲資助。
For patients with total family income above 130% of the Median Monthly Domestic Household Income (MMDHI), no subsidy would be approved.

3. 資助期上限為 **12** 個月。
A maximum of 12 months of subsidy can be approved for each application.

4. 申請人年齡必須在 **21** 歲或以下，由香港兒童醫院醫生推薦，並經醫務社工審核家庭收入。
The applicant's age must be 21 years or below, with recommendations from medical doctors of the Hong Kong Children's Hospital and an assessment of family income by a medical social worker.

5. 每次申請的有效期為批核後的兩個月。
Each application is only valid for 2 months after it is approved.