

Free Breast Cancer Screening Programme Application Form

Chinese Name : _____ English Name : _____

HKID Card No. : _____ Age : _____ Date of Birth : _____

Contact No. : [Home] _____ [Mobile] _____

Correspondence Address : _____

Have you had a Mammogram done before ? No Yes, date of last Mammogram done : _____

Breast cancer survivor : No Yes, diagnosed year: _____ Family history of breast cancer : No Yes, relationship: _____

Reason to apply : Regular breast checkup Suspicious of abnormality, please specify : _____

***Women from Low-income Families, please provide same household family members' information as below :**

(if there is inadequate space, please submit required information on extra page as attachment.)

Name	Age	Sex	Relationship with applicant	Occupation	Monthly Income (HKD\$)
(Applicant's information)					
(Family member's information)					

Total Monthly Household Income (HKD\$) _____

Declaration :

- I have not had mammogram screening in the past 24 months and I am not pregnant.
- I have read and understood information on the application form. I hereby declare that the information provided is truly correct. I authorize the Hong Kong Breast Cancer Foundation (HKBCF) to use submitted documents and request to provide further information if needed as part of the application process. If there is any change on my personal details, I have the responsibility to update HKBCF accordingly.
- I authorize HKBCF to investigate my financial status. If provided information on incomes are untruthful, HKBCF has the right to ask for repayments in relation to any lost / damage.
- I give my consent to HKBCF to follow up and use my breast screening results as well as personal information for statistical analysis.
- I understand that all information provided will be kept strictly confidential and will solely be used for statistical analysis and educational purpose.
- I understand that the HKBCF have the ultimate right to approve or disapprove of the application without revealing any reason.

Source :

WEBSITE

Signature of Applicant : _____ Date : _____

Staff Only	Appt. Date & Time :		Centre :	Received Date :		FMM no. :	
	<input type="checkbox"/> ID card copy of applicant	<input type="checkbox"/> CSSA	<input type="checkbox"/> Transport Subsidy Scheme	<input type="checkbox"/> Disability Allowance			Remarks :
		<input type="checkbox"/> Income proof of applicant	<input type="checkbox"/> Income proof of members	<input type="checkbox"/> Student proof			
		<input type="checkbox"/> Student Financial Scheme	<input type="checkbox"/> Proof of retirement	<input type="checkbox"/> Age ≥ 65	<input type="checkbox"/> Declaration of BCF		
Monthly household income ≥ :		Applicant monthly household income :					
Process :	<input type="checkbox"/> Successful <input type="checkbox"/> Failed Reasons :						
Processed by :	Date :	Approved by :		Date :			

Free Breast Cancer Screening Programme

- Funded by Hong Kong Jockey Club Charities Trust
- One-stop quality and convenient Breast Healthcare Service provided by Medical professionals
- Offering free screening and diagnostic service



 **Enquiry**
3143 7333

First Come First Serve

Breast Cancer is the No. 1 cancer among women in Hong Kong. One in 16 women may develop breast cancer, and the risk increase with age. To effectively detect and treat breast cancer at earliest stage to save lives, every woman from age 40 should receive a mammogram screening once every 2 years.

The **Free Breast Cancer Screening Programme** offers fee waivers for qualified applicant on the following services :

- 1 Learning how to perform Self Breast Examination**
- 2 Clinical Breast Examination conducted by nurses**
- 3 Mammogram Screening that helps detect cancer at its earliest stage**

(If there is an abnormality, the subsidies may or may not extend to cover follow-up/diagnostic service depending on individual case; payment may be required on follow-up service.)

Eligibility : 40 years old or above; Hong Kong Identity Card holder and have not received a mammogram in the past 2 years.

Applicant Categories		Required Documents (Copies Only)
1. Recipient of Comprehensive Social Security Assistance (CSSA)		1. Hong Kong Identity Card AND 2. Certificate of Comprehensive Social Security Assistance Recipients (for Medical Waivers)
2. Work Incentive Transport Subsidy Scheme beneficiary		1. Hong Kong Identity Card AND 2. A valid acceptance letter of The Work Incentive Transport Subsidy Scheme
3. Disability Allowance recipient		1. Hong Kong Identity Card AND 2. A valid acceptance letter of Disability Allowance under the CSSA Scheme
4. Member of Low-income Family (including woman with/without employment)		1. Hong Kong Identity Card AND one of the following documents A. Income proof in the past 3 months of the applicant and all family members who are employed / Bank statement in the past 3 months of the applicant and all family members who are unemployed AND The student proof of the Full-time students OR B. Parents or guardians on Full Financial Assistance of the Student Financial Scheme (Including Secondary level and below or Post secondary and Tertiary level) OR C. Retirees- Please provide letter proof from employer OR D. Age 65 or above – Only Hong Kong Identity Card is needed
Number of Family Members	Monthly Household income HK\$	
1	\$10,000	
2	\$15,500	
3	\$19,000	
4	\$23,000	
5	\$27,000	
6	\$31,500	

Points to Note

- Successful applicants will be notified separately.
- Applications without sufficient proof will not be accepted.
- Individual applicant who cannot provide required documents, she may go to the Home Affairs Department for declaration.
- Applicants should reapply once every 2 years.
- HKBCF reserved the right for the final approval decision.

NOTICE: You should seek medical advice promptly, if you observe symptoms on breast cancer.

Please complete & return the form to : HKBCF Breast Health Centre, 21/F Jupiter Tower, 9 Jupiter Street, North Point, Hong Kong

OR Fax to : 2578 2725

For enquiry, please call : 3143 7333

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