

## **Free Breast Cancer Screening Programme Application Form**

Name (Chinese):		Name (English):								
HKID Card No.:			Age: Date of Birth			e of Birth:				
Phone No.: (Home)			( Mobile )							
Corresponden	ice Address:									
Have you had	a Mammogram be	<b>fore</b> ? □ No	☐ Yes, da	te of last	Mammograı	m done:				
Are you a brea	ast cancer survivor	? □ No □ Y€	es, diagnose	d year:	Family	history of breast cand	cer: 🗆 No	□ Yes	s, relatio	nship:
Reason to app	<b>oly:</b> □ Regular brea	ast checkup	☐ Suspi	icious abr	normality, pl	ease specify:				
application un	der the category	of "Low-inc	ome Family	y", pleas	e provide f	amily household d	etails as be	elow:		
the place pro	ovided here is ina	dequate, ple	ase submi			mation on an addi	tional page			•
N	lame	Age	Sex		nship with plicant	Occupation	1	M	onthly I) (HKD)	
(Applicant's info	ormation)									
(Family member	r's information)									
otal Monthly Hou	sehold Income (HKD\$	5)							_	
eclaration:										
<ul> <li>I have read authorize the needed as p</li> <li>I authorize reject an ap</li> <li>I give my co</li> <li>I understan</li> </ul>	ne Hong Kong Bread part of the application HKBCF to review in plication and ask foo insent to HKBCF to food that all informat	the information of the content of th	on on the andation (HK) There is any There i	pplication BCF) to uchanges of rmation post o any lost ast screen	n form. I he use submitte on my perso provided is for damage coing results a	reby declare that the documents and recond details, I will updatound to be untruthful	quest me to ite HKBCF aculor falsifie ormation for	provide ccording d, HKBC	e further gly. CF reserv cal analy	r information if wes the right to wasis.
· · · ·	urpose by HKBCF. understand that the HKBCF has the ultimate right to approve or decline the application without giving any eason.  WEBSITE							SITE		
Signature of Ap	plicant:			Date: _			-	<u> </u>		
Staff Only	Appt. Date & Time	e:	Centre :		Received Date:		F	FMM no.:		
☐ ID card	☐ CSSA		☐ Transport Subsid							Remarks:
	☐ Income proof of applicant		☐ Income proof of			☐ Student proof	☐ Declaration of F			_
applicant	☐ Student Financial Scheme ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			Proof of retirement				ation of BCF		ı
Process:		Applicant monthly household income :  Pessful ☐ Failed Reasons:								
Processed by		Date :		Approved by : Date :						



## **Free Breast Cancer Screening Programme**

- The Programme is separately funded by Hong Kong Jockey Club Charities Trust and HSBC 150th Anniversary Charity Programme
- One-stop quality and convenient Breast Healthcare Service provided by healthcare professionals
- · Free screening and diagnostic service for approved applicants





## **First Come First Serve**

6

**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 starting from age 40 should conduct regular mammography screening once every 2 years.

The Free Breast Cancer Screening Programme provides approved applicants with for the following services:

- Breast Self-Examination tutorial by healthcare professionals
- Clinical Breast Examination conducted by nurses
- Mammogram to detect breast cancer early

\$31.500

\*If there is an abnormality, the subsidies may or may not be extended to cover follow-up/diagnostic services (on a case-by-case basis, payment may be required for the follow-up service.)

Eligibility: Applicants who are 40 years old or above, HKID Card holder and have not received a mammogram in the past 2 years.

Applica	nt Categories	Required Documents (Photocopy Only)						
1. Recipient of Compr Assistance (CSSA)	rehensive Social Security	Hong Kong Identity Card AND     Certificate of Comprehensive Social Security Assistance Recipients (for Medical Waivers)						
2. Work Incentive Tra beneficiary	nsport Subsidy Scheme	Hong Kong Identity Card AND     A valid acceptance letter of The Work Incentive Transport Subsidy Scheme						
3. Disability Allowand	e recipient	Hong Kong Identity Card AND     A valid acceptance letter of Disability Allowance under the CSSA Scheme						
4. Member of Low-in-	come Family th/without employment)	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						
Number of Family Members	Monthly Household income HK\$							
1	\$10,000							
2	\$15,500	<u>OR</u>						
3	\$19,000	B. Parents or guardians on Full Financial Assistance of the Student Financial Scheme (Including Secondary level and below or Post						
4	\$23,000	secondary and Tertiary level) <u>OR</u>						
5	\$27,000	C. Retirees- Please provide letter proof from employer <u>OR</u>						
_								

## **Points to Note**

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

**NOTICE:** Please seek medical advice promptly, if you find abnormality or symptoms of breast cancer.

D. Age 65 or above - Only Hong Kong Identity Card is needed