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香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust
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The Hong Kong Jockey Club Charities Trust "Holistic Breast Health Project" Co-payment Breast Cancer Screening Programme Application Form

Name (Chinese) : _____ Name (English) : _____

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

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

Correspondence Address : _____

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

Are you a breast cancer survivor? No Yes, diagnosed year: _____ Family history of breast cancer : No Yes, relationship: _____

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

*Application under the category of "Low middle-income Family", please provide family household details as below :

(if the space provided here is inadequate, please submit the required information on an additional 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.
- I have read and understood the 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 me to provide further information if needed as part of the application process. If there is any changes on my personal details, I will update HKBCF accordingly.
- I authorize HKBCF to review my financial status. If information provided is found to be untruthful or falsified, HKBCF reserves the right to reject an application and ask for repayments in relation to any lost / damage caused.
- I understand that the information provided by me in this Application Form will be used by HKBCF in considering my application for free breast cancer screening and from time to time in handling my breast cancer screening related matters.
- 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 by HKBCF.
- I understand that the HKBCF has the ultimate right to approve / decline the application and assign screening centre without giving any reason.

Source :

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	
	<input type="checkbox"/> Income proof of applicant	<input type="checkbox"/> Income proof of members	<input type="checkbox"/> Student proof	<input type="checkbox"/> Declaration of HAD
	<input type="checkbox"/> Student Financial Scheme	<input type="checkbox"/> Proof of retirement	<input type="checkbox"/> Age ≥ 65	<input type="checkbox"/> Declaration of BCF
	<input type="checkbox"/> Working Family Allowance Scheme			
	Monthly household income ≤ :		Applicant monthly household income :	
Process :	<input type="checkbox"/> Successful <input type="checkbox"/> Failed Reasons :			
Processed by :	Date :	Approved by :	Date :	

The Hong Kong Jockey Club Charities Trust “Holistic Breast Health Project “ Co-payment Breast Cancer Screening Programme Application Form

- The Programme is funded by Hong Kong Jockey Club Charities Trust
- One-stop quality and convenient Breast Healthcare Service provided by healthcare professionals
- Subsidised screening and diagnostic service for approved applicants

Enquiry: 25973200

First Come First Serve

Breast Cancer is the No. 1 cancer among women in Hong Kong. One in 14 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 **Subsidised Breast Cancer Screening Programme** provides approved applicants with for the following services :

1. Clinical Breast Examination conducted by nurses
2. Mammogram to detect breast cancer early

*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, have not received a mammogram in the past 2 years (or 1 yrs. in high risk group**) and meet one of the application categories as below

Applicant Categories		Required Documents (Photocopy 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 middle-income Family (Each Household)		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 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 (If you live with family, it will be subject to family income.) D. A valid acceptance letter of The Working Family Allowance Scheme OR E. Age 65 or above – Only Hong Kong Identity Card is needed (If you live with family, it will be subject to family income.)
Number of Family Members	Monthly Household income HK\$	
1	\$19,000	
2	\$28,300	
3	\$32,700	
4	\$42,800	
5	\$53,600	
6	\$57,100	

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 on application approval and screening centre location.
NOTICE: Please seek medical advice promptly, if you find abnormality or symptoms of breast cancer.

Please complete & return this form to HKBCF Breast Health Centre, 28 Lung Cheung Road, Ngau Chi Wan, Kowloon
OR Fax to : 2597 5200. For enquiry, please call 2597 3200.

**High risk group: Personal history of breast cancer/Family history/Atypical Hyperplasia ADH or ALH/Lobular carcinoma in situ LCIS/Known