

# 「殘疾人士登記證」申請表

編號:   
No.:   
(供有關部門填寫 Official Use Only)

## Application for "Registration Card for People with Disabilities"

備註: 本證是發給自願提供個人資料的人士, 申請人如未能提供所需的個人資料, 本申請表可能不獲受理。

Note: Provision of personal data in this form is entirely voluntary. Your application may not be considered if you fail to provide the personal data required.

個人資料 Personal Particulars			
姓名(中文)		Name (English) (英文姓名)	
姓氏先行 (姓名以下述的香港身份證 / 出生證明書 / 其他身份證明文件為準) (Enter the same name as appears on your Hong Kong Identity Card / Birth Certificate / other document(s) of identity shown below)		Surname first ( )	
香港身份證 / 護照 / 出生證明書*號碼 (請提供有關身份證明文件的副本) Hong Kong Identity Card / Passport / Birth Certificate* No. (Please provide a copy of the relevant document of identity)			
或其他身份證明文件 (請註明) Other document(s) of identity (Please specify)			
性別 Sex	男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/>	出生日期 Date of Birth	日 Day <input type="text"/> <input type="text"/> 月 Month <input type="text"/> <input type="text"/> 年 Year <input type="text"/> <input type="text"/>
住址 Address	(為方便紀錄, 請盡量提供英文地址)(Please enter in block letters)		
	Flat/Room 室	Floor 樓	Block 座
	Building 大廈		
	Road/Street No., Road/ Street/ Housing Estate 街道號碼, 街道/屋邨		
	District/Area 區	HK 香港 <input type="checkbox"/>	KLN 九龍 <input type="checkbox"/> NT 新界 <input type="checkbox"/>
通訊地址 Correspondence Address	(如與上址不同) (If different from the address given above)		
		HK 香港 <input type="checkbox"/>	KLN 九龍 <input type="checkbox"/> NT 新界 <input type="checkbox"/>
聯絡電話號碼 Tel. No.	傳真號碼 Fax No.	供有關部門填寫 Official use only <input type="checkbox"/> PE <input type="checkbox"/> TM (EDate: )	
殘疾類別 Type(s) of Disability			
(申請人必須提供每類殘疾的證明文件, 有關文件要求, 請參閱申請指引第 IV(a) 段。如屬多類殘疾人士, 可選「✓」兩個或以上方格。)			
(Please attach documentary evidence for each reported disability. Please refer to Section IV (a) of the Guidance Notes regarding the requirement of the documentary evidence on disability. If multi-disabled, select "✓" two or more boxes.)			
1. 聽障 Hearing impairment	<input type="checkbox"/> 聽力損失 > 70 分貝 Hearing loss > 70dB	<input type="checkbox"/> 聽力損失 41-70 分貝 Hearing loss 41-70dB	<input type="checkbox"/> 聽力損失 26-40 分貝 Hearing loss 26-40dB
2. 視障 Visual impairment	<input type="checkbox"/> 嚴重低視力至全盲 Severe low vision to totally blind	<input type="checkbox"/> 中度低視力 Moderate low vision	<input type="checkbox"/> 輕度低視力 Mild low vision
3. 肢體傷殘 Physical disability	<input type="checkbox"/> 嚴重 Severe	<input type="checkbox"/> 中度 Moderate	<input type="checkbox"/> 輕度 Mild
4. 言語障礙 Speech impairment	<input type="checkbox"/>		
5. 智障 Intellectual disability	<input type="checkbox"/> 極度嚴重 Profound	<input type="checkbox"/> 嚴重 Severe	<input type="checkbox"/> 中度 Moderate <input type="checkbox"/> 輕度 Mild
6. 精神病 Mental illness	<input type="checkbox"/> 精神病 Psychosis	<input type="checkbox"/> 神經官能病 Neurosis	<input type="checkbox"/> 其他心理失常 Other mental disorders
7. 自閉症 Autism	<input type="checkbox"/>		
8. 器官殘障/長期病患 Visceral disability/Chronic illness	<input type="checkbox"/> 請註明: Please specify: _____		
9. 注意力不足/過度活躍症 Attention Deficit/Hyperactivity Disorder	<input type="checkbox"/>		
10. 特殊學習困難 Specific Learning Difficulties	<input type="checkbox"/>		

@ 相片規定可參閱申請指引第 IV(a) 段 Please see Section IV(a) of the Guidance Notes for photograph requirement.

本人現 首次申請 / 換領 / 補領# 「殘疾人士登記證」，並授權「康復服務中央檔案室」使用本人的個人資料，包括殘疾類別，作為發證及其他在「殘疾人士登記證申請指引」中所述的用途。

I wish to apply for a  new /  renewal /  replacement# issue of the Registration Card for People with Disabilities and authorise the Central Registry for Rehabilitation (CRR) to use my personal data including type(s) of disability for the purpose of issuing the Registration Card, and other purposes and functions as specified in the Guidance Notes on application for the Registration Card for People with Disabilities.

簽署： \_\_\_\_\_ 日期： \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

姓名 (正楷)： \_\_\_\_\_ \* 先生 / 小姐 / 女士 / 太太  
Name (Block letters): \* Mr / Miss / Ms / Mrs \_\_\_\_\_

香港身份證號碼： \_\_\_\_\_ 聯絡電話號碼： \_\_\_\_\_  
HK ID Card No.: \_\_\_\_\_ ( ) Tel. No.: \_\_\_\_\_

**如屬代申請人申領登記證者，請填報此欄 (代申請人必須為申請人的父母或合法監護人)。**

**Please complete this column if you are the parent or legal guardian of the applicant and apply on behalf of the applicant.**

本人/我們代表 (申請人姓名) \_\_\_\_\_，香港身份證號碼： \_\_\_\_\_ ( )  
首次申請 / 換領 / 補領# 「殘疾人士登記證」，並已經取得上述申請人的同意授權「康復服務中央檔案室」使用他/她的個人資料，包括殘疾類別，作為發證及其他在「殘疾人士登記證申請指引」中所述的用途。

I/ We, on behalf of (applicant's name) \_\_\_\_\_, HK ID Card No. \_\_\_\_\_ ( ) wish to apply for a  new /  renewal /  replacement# issue of the Registration Card for People with Disabilities, and have sought the consent of the applicant to authorise the Central Registry for Rehabilitation (CRR) to use his/her personal data including type(s) of disability for the purpose of issuing the Registration Card, and other purposes and functions as specified in the Guidance Notes for application of the Registration Card for People with Disabilities.

簽名： \_\_\_\_\_ 日期： \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

姓名 (正楷)： \_\_\_\_\_ \* 先生 / 小姐 / 女士 / 太太  
Name (Block letters): \* Mr / Miss / Ms / Mrs \_\_\_\_\_ \*先生 / 小姐 / 女士 / 太太

香港身份證號碼： \_\_\_\_\_ 聯絡電話號碼： \_\_\_\_\_  
HK ID Card No.: \_\_\_\_\_ ( ) Tel. No.: \_\_\_\_\_

與申請者關係 (合法監護人或父母)： \_\_\_\_\_  
Relationship with applicant (legal guardian or parent): \_\_\_\_\_

機構名稱 (如適用)： \_\_\_\_\_  
Name of Agency (If applicable): \_\_\_\_\_

\* 請刪去不適用者 Delete where appropriate

# 請先參閱指引第IV(c)段有關補領登記證的須知。Please refer to Section IV(c) of the Guidance Notes for details of replacement.

### 查閱個人資料 Access to Personal Data

根據個人資料(私隱)條例第18和22條以及該條例附表一有關保障資料第六原則的規定，你有權要求查閱和修改康復服務中央檔案室所保存關於你的個人資料。在繳交費用後，便可索取你個人資料的副本。如欲查詢有關個人資料的管理，包括要求查閱或修改你的個人資料，請聯絡本檔案室：

You have a right to request access to and correction of your personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data kept in the Central Registry for Rehabilitation subject to payment of a fee. Enquiries on the management of personal data, including making of access and correction to your personal data, should be addressed to:

香港添馬添美道二號  
政府總部西翼11樓  
勞工及福利局  
康復服務中央檔案室  
電話: 2810 3859 / 2810 3861  
傳真: 2543 0486

Central Registry for Rehabilitation  
Labour and Welfare Bureau  
11/F, West Wing, Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong  
Tel.: 2810 3859 / 2810 3861  
Fax: 2543 0486

致康復服務中央檔案室主管（請遞交本文件正本）：

Officer-in-charge, Central Registry for Rehabilitation, (please submit this **original copy**),

## 殘疾人士登記證—傷殘類別證明書 (CRR4)

### Certification of Disability Type for Registration Card for People with Disabilities

姓名： \_\_\_\_\_ 性別： 男  女   
Name: \_\_\_\_\_ Sex: M  F

身份證明文件及號碼： \_\_\_\_\_  
Document of Identity and No. \_\_\_\_\_

謹此證明上述人士**不符合**殘疾人士登記證申請指引第 II 段內所述的申請資格。  
This is to certify that the above-named person **does not meet** the eligibility criteria as set out in Section II of the Guidance Notes on Application for the Registration Card for People with Disabilities.

謹此證明上述人士**符合**殘疾人士登記證申請指引第 II 段內所述的申請資格，其殘疾類別為：  
This is to certify that the above-named person **meets** the eligibility criteria as set out in Section II of the Guidance Notes on Application for the Registration Card for People with Disabilities. The above-named person suffers from the following type(s) of disability:  
(如屬多類殘疾人士，可選「✓」兩個或以上方格。If multi-disabled, select 「✓」 two or more boxes.)

1. 聽障 Hearing impairment	<input type="checkbox"/> 聽力損失 > 70 分貝 Hearing loss > 70dB	<input type="checkbox"/> 聽力損失 41-70 分貝 Hearing loss 41-70dB	<input type="checkbox"/> 聽力損失 26-40 分貝 Hearing loss 26-40dB
2. 視障 Visual impairment	<input type="checkbox"/> 嚴重低視力至全盲 Severe low vision to totally blind	<input type="checkbox"/> 中度低視力 Moderate low vision	<input type="checkbox"/> 輕度低視力 Mild low vision
3. 肢體傷殘 Physical disability	<input type="checkbox"/> 嚴重 Severe	<input type="checkbox"/> 中度 Moderate	<input type="checkbox"/> 輕度 Mild
4. 言語障礙 Speech impairment	<input type="checkbox"/>		
5. 智障 Intellectual disability	<input type="checkbox"/> 極度嚴重 Profound	<input type="checkbox"/> 嚴重 Severe	<input type="checkbox"/> 中度 Moderate
6. 精神病 Mental illness	<input type="checkbox"/> 精神病 Psychosis	<input type="checkbox"/> 神經官能病 Neurosis	<input type="checkbox"/> 其他心理失常 Other mental disorders
7. 自閉症 Autism	<input type="checkbox"/>		
8. 器官殘障/長期病患 Visceral disability/ Chronic illness	<input type="checkbox"/> 請註明： Please specify: _____		
9. 注意力不足/過度活躍症 Attention Deficit/ Hyperactivity Disorder	<input type="checkbox"/>		
10. 特殊學習困難 Specific Learning Difficulties	<input type="checkbox"/>		

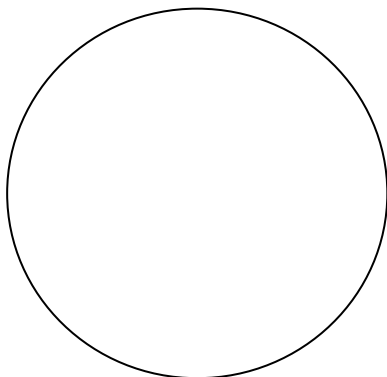
根據 (日期) \_\_\_\_\_ 的評估，上述的殘疾狀況有可能持續：

According to the assessment conducted on (date) \_\_\_\_\_, the disabling condition is likely to last for:

少於或等於 12 個月  
less than or equal to 12 months

多於 12 個月但少於或等於 24 個月  
more than 12 months but less than or equal to 24 months

多於 24 個月  
more than 24 months



醫生簽名： _____ Signature of Doctor
醫生正楷姓名： _____ Name of Doctor (Block Letter)

機構負責人 / 專業醫療人員\* 簽名： \_\_\_\_\_  
Signature of Allied Health Professional / Office-in-charge\*

機構負責人 / 專業醫療人員\* 正楷姓名： \_\_\_\_\_  
Name of Allied Health Professional / Office-in-charge\* (Block Letter)

請列明所屬專業： \_\_\_\_\_  
Please specify field

機構 / 醫院\* 名稱： \_\_\_\_\_  
Name of Organisation / Hospital

聯絡電話號碼： \_\_\_\_\_  
Tel. No.

機構 / 醫院\* 蓋印 (必須)  
Organisation / Hospital\* Chop (is required)

日期： \_\_\_\_\_  
Date



# “殘疾人士登記證”申請指引

## I. 引言

殘疾人士登記證（下稱“登記證”）是發給身體機能永久傷殘或暫時受損的人士。發出此證的目的，是讓持證人在有需要時出示登記證以證明其本身的殘疾身份及類別。登記證並非一張優惠證或信用咭。

自二零零五年七月起簽發的登記證，附有持證人的照片，並註明有效日期（只適用於身體機能暫時受損及/或年齡少於 11 歲的兒童和少於 18 歲的青少年持證人）。所有在二零零五年七月前發出的登記證（舊證）經已無效。如需換領新證，申請手續與下文第 IV(a)段所述安排相同。

## II. 申請資格

各類殘疾人士，包括聽障、視障、言語障礙、肢體傷殘、自閉症、精神病、智障、器官殘障／長期病患、注意力不足／過度活躍症及特殊學習困難，如殘疾的情況會影響其日常生活、參與經濟和社會活動的能力，及／或會使其行動不便，而且需要較長時間才能康復，均可申領登記證。

## III. 可提出申請的人士

殘疾人士本人可提出申請，或由其父母或合法監護人代為提出申請。如代申請人申領登記證，請提交與申請者關係的證明文件。

## IV. 簽發登記證

(a) **新證** – 申請人須填妥申請表(CRR3)，連同證明每類殘疾的文件（註 1），以及申請人的身份證明文件影印本及一張彩色近照（註 2），一併寄交下列地址：

香港添馬添美道二號  
政府總部西翼 11 樓  
勞工及福利局  
康復服務中央檔案室

註 1：有關殘疾證明文件必需列明申請人的殘疾類別、殘疾程度及有關殘疾情況可能持續的時間。有關殘疾證明文件舉例如下：

1. 由香港註冊的醫生或專業醫療人員簽發的殘疾證明；

2. 由香港註冊的醫生或專業醫療人員簽發的「傷殘類別證明書 (CRR4)」正本 (表格已夾附於本申請表內)；
3. 由教育局資助的特殊學校、社會福利署資助的康復機構或職業訓練局轄下展亮技能發展中心的主管簽發的「傷殘類別證明書 (CRR4)」正本 (表格已夾附於本申請表內)；
4. 由運輸署簽發的殘疾駕駛人士證明；或
5. 由社會福利署簽發的殘疾人士證明(如申請人為傷殘津貼受惠人或喪失 100% 謀生能力的綜合社會保障援助計劃 (綜援) 受助人等，可填寫夾附於本申請表內的授權書 (CRR/SWD1)，以授權本檔案室向社會福利署查核申請人的殘疾資料)。

以上例子可能未完全涵蓋可用作申領登記證的殘疾證明文件。如有進一步查詢，申請人可與本檔案室聯絡。(查詢電話見下文第 VII 段)。

註 2：照片的背景應無任何裝飾，照片的要求與申請特區護照的類同。

登記證載有持證人姓名、性別、照片和殘疾類別，是為方便識別持證人的身份及防止他人濫用該證。

申請表格可向康復服務中央檔案室、各有關的非政府康復機構或各區民政事務處索取，亦可從勞工及福利局網頁(<http://www.lwb.gov.hk>)下載。在申請表上提供個人資料，純屬自願性質。不過，若未能提供表格上所需的個人資料，則康復服務中央檔案室可能因而未能處理有關申請。

(b) **續證** - 只有身體機能暫時受損及其登記證上註有有效日期的人士，才須續領新證。一般而言，這類登記證的有效期限為兩年，由持證人士提供的有關證明文件的簽發日期起計算。持證人須於該證有效日期屆滿前兩個月內，提出續證申請，否則該證件到期後便會自動失效。申請人須填妥申請表格，連同有效的殘疾證明文件 (有關殘疾證明文件的要求與上文 IV(a) 段所述相同)，一併寄回上述地址。

續證的規定同樣適用於年滿 11 歲的兒童和年滿 18 歲的人士。有關人士須分別在年滿 11 歲和 18 歲後的兩個月內，提出續證申請，提出申請時須遞交彩色近照<sup>#</sup>一張及最新的身份證明文件副本。

(<sup>#</sup>近照必須符合上文第 IV(a)段註 2 所述的要求。)

[註 3：為求識別永久傷殘和身體機能暫時受損，除非另有醫生證明，否則，器官殘障／長期病患及肢體傷殘人士(不包括永久傷殘的輪椅使用者)會被分類為身體機能‘暫時’受損人士，並須定期提供上文所述的有效證明文件，以定期覆核持證人的身體機能受損情況。

在判斷長期病患／器官殘障或肢體傷殘類別時，取決因素在於受損程度而非診斷結果，釐定準則如下 -

- (i) 就長期病患／器官殘障而言，釐定準則是着重於殘疾的嚴重程度，是否足以影響個人的基本生活，例如參與社會及經濟活動的能力，包括就業能力、社交活動、日常生活起居和個人的行動，及需較長的康復期。
- (ii) 就肢體傷殘而言，釐定準則是着重於是否有暫時性中軸骨骼和四肢機能障礙，因而引致行動不便的問題。

基於以上的定義，中風、肢體癱瘓、風濕性關節炎、腰背痛、多發性硬化病、肌肉萎縮症、脊髓小腦性共濟失調及脊柱裂，將被分類為肢體傷殘而非長期病患。]

(c) **補領失證** - 持證人須填妥並交回申請表格(CRR3)，並附上一封解釋補領理由的信件，一併寄回。

倘申請人符合以上的簽發條件，登記證便會以郵遞方式發出。康復服務中央檔案室保留向申請人簽發、註銷及收回登記證的權利。

## V. 收費

首次簽發新證或續領登記證，均無須繳費。

但若補領失證或要求更改登記證上的個人資料，則須繳交港幣 44 元補領費，收費會按時調整。請用支票或本票繳付費用，抬頭請註明「香港特別行政區政府」。

如有需要，綜接受助人，可申請豁免補領費用。

## VI. 康復服務中央檔案室搜集資料所作用途

勞工及福利局康復服務中央檔案室為政府及非政府機構搜集及整理有關本港殘疾人士的統計數據，以供策劃及研究康復服務之用。所有個人資料將會保密處理，不會向其他人士或機構透露，而向外披露的資料僅為一些綜合統計數字。

除非登記人清楚表明同意向授權的機構或組織提供其個人資料，包括其殘疾類別，康復服務中央檔案室才會向有關機構發放有關資料。

## VII. 查詢

如對簽發殘疾人士登記證新證、續證、補領失證及有關事宜有任何疑問，可致電 2810 3859、2810 3861 或 2810 3841 查詢。

政府總部  
勞工及福利局  
康復組  
二零一三年一月



# **Guidance Notes on Application for the “Registration Card for People with Disabilities”**

## **I. INTRODUCTION**

The Registration Card for People with Disabilities (“the Card”) is issued to persons who have been found to have suffered from a disability(ies) which is permanent in nature, or of a temporary nature. The purpose of the Card is to enable the cardholder to produce, when necessary, as a documentary proof of his/her disability status. It is **NOT** a privilege card or a credit card.

Since July 2005, a new card bearing the photograph of the cardholder and an expiry date has been introduced (applicable only to cardholders whose disability is temporary in nature and/or children/juveniles below the age of 11 & 18 respectively). The Cards issued prior to this date are invalid. For renewal, please refer to the application procedure in Section IV(a) below.

## **II. WHO CAN APPLY**

Any person who has been found to suffer from a disability, including Hearing Impairment, Visual Impairment, Speech Impairment, Physical Disability, Autism, Mental Illness, Intellectual Disability, Visceral Disability/Chronic Illness, Attention Deficit/Hyperactivity Disorder, and Specific Learning Difficulties, and the severity of the disability affects one’s major life activities, participation in economic and social activities, and/or mobility, and which takes significantly longer than normal to rehabilitate, may apply for the Card.

## **III. APPLICATION**

Applications may be made by the persons with disabilities themselves or by their parent or legal guardian on their behalf. In the case of applying on behalf of applicants, please submit documentary evidence on the relationship with the applicant.

## **IV. CARD ISSUE**

a. **For new issue** – Applicant should complete and return the application form (CRR3) together with relevant document(s) certifying his/her disability(ies) (Note 1); a copy of his/her document of identity and a recent colour photograph (Note 2) to the following address –

**Central Registry for Rehabilitation (CRR)  
Labour and Welfare Bureau  
11/F, West Wing, Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong**

*[Note 1: Documentary proof on disability(ies) should specify the type(s) of the applicant’s disability, the degree of severity and duration of his/her disabling condition. Such documentary proof on disability(ies) may include –*

1. *certificates issued by doctors or allied health personnel registered in Hong Kong;*
2. *original copy of the “Certification of Disability Type for Registration Card for People with Disabilities (CRR4)”(as attached to the application form) issued by doctors or allied health personnel registered in Hong Kong;*
3. *original copy of the “Certification of Disability Type for Registration Card for People with Disabilities (CRR4)”(as attached to the application form) issued by Officer-in-charge of special schools subvented by Education Bureau; relevant non-governmental organisations on rehabilitation subvented by the Social Welfare Department; or VTC Shine Skills Centres;*
4. *disability proof issued by the Transport Department for drivers with disabilities; and*
5. *disability proof issued by the Social Welfare Department (applicants who are recipients of Disability Allowance or Comprehensive Social Security Assistance (CSSA) with 100% loss of earning capacity, etc. may make use of the consent form attached to the application form (CRR/SWD1) to authorise the CRR to verify their disability-related information with the Social Welfare Department).*

*Examples of documentary proof on the applicants’ disability(ies) as listed above may not cover all acceptable documents for the purpose of applying for the Registration Card for People with Disabilities. For further enquiries, applicants may contact the CRR (enquiry telephone numbers are set out in Section VII below). ]*

*[Note 2: The photograph should have a plain background with requirements similar to that for the application of the HKSAR Passport.]*

The purpose of printing the name, sex, photograph and type(s) of disability of the cardholder on the Card is to facilitate correct identification of the cardholder and to prevent abuse of the Card by persons other than the cardholder.

The application form can be obtained from the CRR, relevant non-governmental organisations on rehabilitation or District Offices of the Home Affairs Department, etc. It can also be downloaded from the Labour and Welfare Bureau’s homepage (<http://www.lwb.gov.hk>). Provision of personal data in the form is entirely voluntary. However, the CRR may not be able to process an application if any of the personal data required on the form is not provided.

b. **For renewal** – This is only required of cardholders whose disability condition is of a temporary nature and their Cards bear an expiry date. Normally, upon first issue, a validity period of two years is allowed for cardholders suffering from non-permanent disability, counting from the date of the relevant documentary evidence. Cardholder should submit his/her application for renewal two months before the expiry date as shown on his/her Card else his/her Card will be invalidated automatically. Applicant should complete and return the application form together with the valid documentary evidence certifying his/her disability(ies) (please refer to Section IV(a) above regarding requirements of documentary evidence on disability).

The renewal mechanism is also applicable to children/juveniles upon attaining the age of 11 and 18 respectively. The concerned child/juvenile should submit his/her renewal request together with a recent colour photograph# and a copy of his/her most recent document of identity within 2 months after his/her 11th and 18th birthday respectively. (#The photograph should fulfil the requirements as mentioned in Section IV(a) Note 2).

*[Note 3: For the purpose of classification, except proved otherwise medically, Visceral Disability (VD)/Chronic Illness (CI) and Physical Disability (PD) (except those wheelchair users whose disabling condition has been certified as “permanent”) will be categorised as “temporary”, subject to periodic review upon production of valid documentary evidence as mentioned above.*

*In determining VD/CI or PD, the deciding factor will be the degree of impairment rather than the diagnosis per se, as follows –*

*(i) For VD/CI, the focus will be on the degree of severity of the disease, which should be significant enough to affect major life activities such as participation in social and economic activities e.g. employment, social functions, daily life maintenance, mobility, and the condition should take significantly longer than normal to rehabilitate.*

*(ii) For PD, the focus will be on the disabling physical condition, which is caused by temporary dysfunction of axial skeleton and extremities leading to mobility problems. On the basis of the above definition, stroke, paralysis of limb, rheumatoid arthritis, low back pain and Multiple Sclerosis, Progressive Neuro-muscular Disease, Spino-cerebellar Ataxia and Spina Bifida, will be classified as PD rather than CI].*

c. **For replacement of lost cards** – Cardholders should complete and return the application form (CRR3) together with a letter stating the reasons for the replacement.

***Subject to meeting the issuing criteria as detailed above, the Card will be sent to the successful applicants by post. The CRR reserves the right to issue, cancel and reclaim the Card from applicants.***

## **V. FEES**

No fee is charged for new issue and renewal of the Card upon expiry.

For replacement of lost cards and change of personal data printed on the Card, a replacement fee of HK\$44, which is subject to adjustment, has to be paid by cheque. Please send in the **cheque payable to “HKSAR Government”** together with the completed application form.

If necessary, recipients of the CSSA may apply for waiver of the replacement charge.

## **VI. PURPOSES AND FUNCTIONS OF THE DATA COLLECTED BY CRR**

The CRR of the Labour and Welfare Bureau collects and compiles data on persons with disabilities in Hong Kong with a view to providing statistics on disability to government departments and non-governmental organisations for planning rehabilitation services and research purposes. The personal data provided will be kept confidential and will not be disclosed to any other persons or organisations except in the form of summary statistics.

Upon the express agreement of a cardholder, his/her own data, including type(s) of disability, may be released to a third party or organisations authorised by the cardholder concerned.

## **VII. ENQUIRIES**

Enquiries on matters relating to the Card can be made at telephone numbers 2810 3859, 2810 3861 or 2810 3841.

Rehabilitation Team  
Labour and Welfare Bureau  
Government Secretariat

January 2013

(有向社會福利署申請有關津貼或服務的人士使用)

(For applicants receiving allowances or rehabilitation services from SWD)

## 授權向社會福利署(社署)查核資料同意書

### Consent Form – authorization for data checking from Social Welfare Department(SWD)

本人

I,

(姓名 Name)

(身份證號碼 :

Identity card No.

( ) )

為(請選以下一項) am (Please choose one of the following) :

- 傷殘津貼受助人<sup>#</sup>; 或  
a recipient of Disability Allowance (DA)<sup>#</sup>; or
- 喪失 100% 謀生能力的綜合社會保障援助計劃受助人<sup>#</sup>; 或  
a recipient of Comprehensive Social Security Assistance (CSSA) with 100% loss of earning capacity<sup>#</sup>; or
- 正輪候或使用社署康復服務<sup>@</sup>的人士。  
admitted to the Central Referral System for Rehabilitation Service<sup>@</sup>/a user of Rehabilitation Service arranged by the SWD.

現同意授權康復服務中央檔案室向社署查核本人及與殘疾類別有關的資料，以便申請「殘疾人士登記證」之用，本人明白並同意有關安排。

I now authorize the Central Registry for Rehabilitation (CRR) to check with the SWD for my personal and disability-related information. I fully understand and agree to this arrangement.

授權人簽署 Signature : \_\_\_\_\_ 聯絡電話 Tel. No. : \_\_\_\_\_

姓名 Name : \_\_\_\_\_ 日期 Date : \_\_\_\_\_

- <sup>#</sup> 備註：①如希望檔案室核實資料的傷殘津貼 / 綜接受助人，請預留約一個月進行查核，因為檔案室與社署的資料查核，將每月進行一次。  
②授權向社署查核的殘疾資料，以社署所提供為準，其他不在社署證明之內的殘疾類別，請另行提供證明文件。

- <sup>#</sup> Remarks: ①For DA/CSSA recipients who consent to CRR verifying information with SWD, please note that it requires about 1-month processing time as the data verification will be scheduled once every month.  
②Authorization for checking disability related information will be **subjected to verification result by SWD**. Other supporting documents should be provided for disabilities not verified by SWD.

#### <sup>@</sup>接受社署轉介的康復單位 List of Rehabilitation Service Units accepting referrals from SWD

- 展能中心 Day Activity Centres
- 庇護工場 Sheltered Workshop
- 長期護理院 Long Stay Care Home
- 家居訓練及支援服務 Home-based Training and Support (HBTS) Service
- 殘疾人士護理院 Care and Attention Homes for Severely Disabled Persons
- 嚴重弱智人士宿舍 Hostels for Severely Mentally Handicapped Persons
- 中度弱智人士宿舍 (暨庇護工場或綜合職業康復服務中心) Hostels for Moderate Mentally Handicapped (paired up with Sheltered Workshop or Integrated Vocational Rehabilitation Services Centre)
- 嚴重肢體傷殘人士宿舍 (暨庇護工場) Hostels for Severely Physically Handicapped (paired up with Sheltered Workshop)
- 綜合職業康復服務中心 Integrated Vocational Rehabilitation Services Centres
- 輔助宿舍 Supported Hostels
- 盲人護理安老院 Care & Attention Homes for the Aged Blind
- 輕度弱智兒童之家 Small Group Homes for Mildly Mentally Handicapped Children
- 精神健康綜合社區中心 Integrated Community Centres for Mental Wellness
- 輔助就業服務 Supported Employment Service
- 綜合職業訓練中心 Integrated Vocational Training Centre
- 殘疾人士在職培訓計劃 On the Job Training Programme for People with Disabilities
- 「陽光路上」培訓計劃 On the Job Training Programme for Young People with Disabilities