



Referral Form

Personal Particulars of the Applicant:

| | | | | | |
|---|----------------|-----|-----|--------|---------------------------------|
| Name: | | | | | |
| Sex: | Date of Birth: | dd/ | mm/ | yy | HKID Card No: _____ (e.g. Z123) |
| Address: | | | | | |
| Contact No.: | (Mobile) | | | (Home) | |
| Can speak which language(s): <input type="checkbox"/> Cantonese <input type="checkbox"/> Putonghua <input type="checkbox"/> English <input type="checkbox"/> Urdu <input type="checkbox"/> Hindi <input type="checkbox"/> Nepali <input type="checkbox"/> Others: _____ | | | | | |

Applicant's Situation:

- ◆ Case Category: Single parent Family crises Homeless Domestic violence
 Non HK resident New Arrivals Unemployed Beyond one's means
- ◆ Family financial condition: Low income (avg \$ _____/mth) CSSA (\$ _____/month)
 Applying CSSA Others: _____

Reasons for Application: (e.g. Financial/Health condition) **【 Use additional sheet if required 】**

Service(s) proposed:

- Food Assistance # Emergency Grant # Pastoral Care Volunteer Visit Others: _____

#Note: Applicant should provide supporting documents (1.Address Proof 2.Income Proof 3.HKID Card) to us upon our interview/visit.

Declaration for the Service Referral: (to be completed by the referrer) (*Delete as appropriate)

To: Urban Peacemaker Limited ("UPL")

I have obtained the **oral / written* consent** of the aforementioned Applicant to provide his/her personal data and service-related data and/or documents (collectively, "referral data") to UPL for service application purpose. The Applicant has been informed and explained that UPL's collection of the referral data is for their (a) processing and evaluating any application of the requested service(s); (b) statistical and research purposes; and (c) any other legitimate purposes as may be required, authorized or permitted by law. The provision of personal data is voluntary, but UPL may not be able to process the application if adequate information is not being provided. The Applicant is also aware that UPL's Privacy Policy is available on their website.

In addition, I am providing my contact information to UPL voluntarily at below in order to facilitate the handling and processing of the referral and for the purpose of confirmation and related inquiries on the service application.

Referring Agency's Name: _____ Agency Chop: _____

Referrer's Name & Signature: _____ Contact No.: _____

*** Please fax or email the completed form to our respective office according to the districts that it served.**

| <u>Tuen Mun (Po Tin) Service Unit</u> | <u>Kwai Shing West Service Center</u> | <u>Win Plaza Office</u> |
|---|---|--|
| <u>Districts served: Tuen Mun, & part of the Yuen Long & Tin Shui Wan area</u> Fax.No.: 2454 3169 Tel.No.: 2467 9169 Email: tm@peacemaker.org.hk Address: Units 1-2, G/F, Block 9, Po Tin Estate, Tuen Mun, New Territories | <u>Districts served: Tsuen Wan & Kwai Chung / Tsing Yi</u> Fax.No.: 3576 3169 Tel.No.: 2944 9169 Email: tw@peacemaker.org.hk Address: Units 119-134, G/F, Block 3, Kwai Shing West Estate, Kwai Chung New Territories | <u>Districts served: East Kowloon</u> Fax.No.: 3521 0195 Tel.No.: 3521 0196 Email: ket@peacemaker.org.hk Address: Flat 2501, 25/F, Win Plaza, 9-11 Sheung Hei Street, San Po Kong, Kowloon |

Follow up actions taken (To be completed by UPL's Staff):

- Contacted on (d/ m/ y) Date of scheduled *Interview/Visit: _____
 Remarks: _____ Staff Name: _____