



Healthy Teeth Collaboration Application Form

Notes:

1. Please use a black or blue ball pen to fill in this application form in block letters. All information must be completed in English unless otherwise stated.
2. Please put a "✓" in the appropriate box(es) "□".
3. Do not use correction tools. If there are inaccuracies, the applicant / representative of Part II should mark the amendments and initials next to them.
4. To apply for the services under Healthy Teeth Collaboration ("the Project"), persons with intellectual disability ("the applicant") may apply on their own or legal guardian, agent (parent / grandparent / brother / sister / spouse) or representative of rehabilitation service unit may fill in Part II of this application form and submit application on behalf of the applicant.
5. The legal guardian / agent / representative of rehabilitation service unit must present all the document proof listed in Part III of this application form when making an application to the non-governmental organisation dental clinic ("the dental clinic") on behalf of the applicant. If the legal guardian / agent cannot accompany the applicant for the first appointment, please pass the completed application form and all the original documentary proof listed in Part III (A copy of the Hong Kong Identity Card can be provided for verification unless the legal guardian or agent cannot accompany the applicant in person) to the person accompanying the applicant for the first appointment, and submit them to the non-governmental organisation dental clinic. Non-governmental organisation dental clinic may refuse applications with incomplete information.

Part I Personal Particulars of Applicant (Applicant must be aged 18 or above with intellectual disability)

Name in Chinese: _____ Name in English: _____

Gender: Male Female

Hong Kong Identity Card No.: _____ (____)

Date of Birth: _____ (yyyy) _____ (mm) _____ (dd) Contact Telephone No.: _____

Correspondence Address: _____

- Person applying for the Project: Applicant
 Legal Guardian appointed by the Guardianship Board (Please fill in Part II (A))
 Agent (Please fill in Part II (B))
 Representative of Rehabilitation Service Unit (Please fill in Part II (C))

Part II(A) Personal Particulars of Legal Guardian

(The legal guardian is authorised to give consent to dental care services for the applicant under the Project.)

Name of Legal Guardian in Chinese: _____ Name of Legal Guardian in English: _____

Hong Kong Identity Card No.: _____ (____)

Correspondence Address: _____

Contact Telephone No.: _____ (Home or Office) _____ (Mobile Phone) _____

Email Address (if applicable): _____

Part II(B) Personal Particulars of Agent

(The agent is not authorised to give consent to dental care services for the applicant under the Project.)

Parent Grandparent Brother/ Sister Spouse

Name of Agent in Chinese: _____ Name of Agent in English: _____

Gender: Male Female

Hong Kong Identity Card No.: _____ (____)

Date of Birth: _____ (yyyy) _____ (mm) _____ (dd) (The agent must be aged 18 or above)

Correspondence Address: _____

Contact Telephone No.: _____ (Home or Office) _____ (Mobile Phone) _____

Email Address (if applicable): _____

Part II(C) Information of Representative of Rehabilitation Service Unit

(The representative of rehabilitation service unit is not authorised to give consent to dental care services for the applicant under the Project.)

Name of Rehabilitation Service Unit which the applicant is currently receiving services:

Representative of Rehabilitation Service Unit: _____ Contact Telephone No.: _____

Address of Rehabilitation Service Unit: _____

Email Address (if applicable): _____

Chop of Rehabilitation Service Unit: _____

Part III Declaration and Undertaking by Applicant / Legal Guardian / Agent / Rehabilitation Service Unit

1. I have read and fully understand the Appendix I "Guidance Notes" of this application form and agree to its contents.
2. I have read the Appendix II "Personal Information Collection Statement" of this application form and fully understand its contents.
3. I declare that all information provided in this application form and other information submitted/to be submitted under the Project is true and correct. I understand that if I knowingly or wilfully make any false statement or withhold any information or otherwise mislead the Department of Health, for the purpose of obtaining subsidised dental services under the Project, it will render me liable to prosecution. I understand that the deliberate provision of false information or omission of information in order to obtain financial assistance under the Project by deception is a criminal offence. I may be liable to prosecution and on conviction to imprisonment for a maximum of 14 years under the Theft Ordinance (Cap. 210).

Signature of Applicant/
representative of Part II: _____

Name (in block letters): _____ Date: _____

Please present the original copy of the following documents to the non-governmental organisation dental clinic when submitting application form:

Applicable to all applicants

- Completed Part I to Part III of the application form;
- Hong Kong Identity Card of the applicant;
- One of the following documents certifying the disability category as "intellectual disability" or "mental handicap":
 - Valid Registration Card for People with Disabilities issued by the Labour and Welfare Bureau; or
 - Medical certificate or "Certificate of Disability Type for Healthy Teeth Collaboration (HTC01E)"(as attached to the application form) issued by a doctor registered in Hong Kong ; or
 - "Certificate of Disability Type for Healthy Teeth Collaboration (HTC01E)"(as attached to the application form) issued by the person-in-charge of a rehabilitation service unit under the designated types of rehabilitation services #

#Designated types of rehabilitation services include Care and Attention Home for Severely Disabled Persons, Hostel for Severely Mentally Handicapped Persons, Hostel for Moderately Mentally Handicapped Persons, Supported Hostel, Integrated Vocational Training Centre (Residential Service), Day Activity Centre, Sheltered Workshop, Integrated Vocational Rehabilitation Services Centre, Integrated Vocational Training Centre (Day Service), District Support Centre for Persons with Disabilities and Day Care Service for Persons with Severe Disabilities as listed in Social Welfare Department's site at www.swd.gov.hk/en/index/site_pubsvc/page_rehab/sub_listofserv/id_sermentalhandi/.

Applicable to legal guardian or agent

- Hong Kong Identity Card of the legal guardian or agent (A copy of the Hong Kong Identity Card can be provided for verification if the legal guardian or agent cannot accompany the applicant in person); and
- Guardianship order issued by the Guardianship Board (applicable to a person who applies for the Project by a legal guardian appointed by the Guardianship Board); or
- Proof of relationship, e.g. applicant's birth certificate, marriage certificate of the agent and the applicant, statutory declaration or self-declaration stating the relationship between the agent and the applicant (applicable to a person who applies for the Project by an agent)

Part IV Eligibility of Applicant (For Dental Clinic Use)

Registration No. (Please call DH for the no.):

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Check the application form

Part I to Part III of the application form have been completed.

Check the original Hong Kong Identity Card of the applicant

The information on applicant's Hong Kong Identity Card tallies with Part I of the application form.

Check the original of one of the following documents certifying the disability category as "intellectual disability" or "mental handicap":

Valid Registration Card for People with Disabilities issued by the Labour and Welfare Bureau

Permanent

Valid until: _____(yyyy) _____(mm)

Medical certificate or "Certificate of Disability Type for Healthy Teeth Collaboration (HTC01E)" issued by a doctor registered in Hong Kong

"Certificate of Disability Type for Healthy Teeth Collaboration (HTC01E)" issued by the person-in-charge of a rehabilitation service unit under the designated types of rehabilitation services #.

Designated types of rehabilitation services include Care and Attention Home for Severely Disabled Persons, Hostel for Severely Mentally Handicapped Persons, Hostel for Moderately Mentally Handicapped Persons, Supported Hostel, Integrated Vocational Training Centre (Residential Service), Day Activity Centre, Sheltered Workshop, Integrated Vocational Rehabilitation Services Centre, Integrated Vocational Training Centre (Day Service), District Support Centre for Persons with Disabilities and Day Care Service for Persons with Severe Disabilities as listed in Social Welfare Department's site at www.swd.gov.hk/en/index/site_pubsvc/page_rehab/sub_listofserv/id_sermentalhandi/.

Check the original (if he / she attends the appointment with the applicant) or copy of the documentary proof of legal guardian / agent

Information in Part II of the application form should tally with the Hong Kong Identity Card of the legal guardian / agent.

Part II (A): Legal Guardian

Check the guardianship order issued by the Guardianship Board

The information on the guardianship order tallies with the information of the applicant and legal guardian in the form

Part II (B): Agent

One of the following relationship proofs:

- Birth certificate of the applicant; or
- Marriage certificate of the applicant and representative of Part II; or
- Statutory declaration stating the relationship between the applicant and representative of Part II (if the above relationship proof cannot be provided)
- Self-declaration; or
- Others: _____

Result of Eligibility:

- The applicant of Part I is **eligible** to apply for the services under the Project.
- The applicant of Part I is **not eligible** to apply for the services under the Project.

Name of Dental Clinic Staff

Signature of Dental Clinic Staff

Date: _____(yyyy) _____(mm) _____(dd)

Chop of Dental Clinic

Certificate of Disability Type for Healthy Teeth Collaboration (HTC)

Name of the HTC applicant: _____

Sex: M F

HK Identity Card No.: _____

<p><i>To be completed by the doctor</i></p> <p><input type="checkbox"/> This is to certify the above named HTC applicant is a person with intellectual disability</p>	<p><i>To be completed by the person-in-charge of the rehabilitation service unit under the designated types of rehabilitation services[#]</i></p> <p><input type="checkbox"/> This is to certify the above named HTC applicant is a person with intellectual disability and is a service user of our rehabilitation service unit under the following type of rehabilitation services[#]:</p> <ul style="list-style-type: none"><input type="checkbox"/> Care and Attention Home for Severely Disabled Persons<input type="checkbox"/> Hostel for Severely Mentally Handicapped Persons<input type="checkbox"/> Hostel for Moderately Mentally Handicapped Persons<input type="checkbox"/> Supported Hostel<input type="checkbox"/> Integrated Vocational Training Centre (Residential Service)<input type="checkbox"/> Day Activity Centre<input type="checkbox"/> Sheltered Workshop<input type="checkbox"/> Integrated Vocational Rehabilitation Services Centre<input type="checkbox"/> Integrated Vocational Training Centre (Day Service)<input type="checkbox"/> District Support Centre for Persons with Disabilities<input type="checkbox"/> Day Care Service for Persons with Severe Disabilities
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[#] Designated types of rehabilitation services include Care and Attention Home for Severely Disabled Persons, Hostel for Severely Mentally Handicapped Persons, Hostel for Moderately Mentally Handicapped Persons, Supported Hostel, Integrated Vocational Training Centre (Residential Service), Day Activity Centre, Sheltered Workshop, Integrated Vocational Rehabilitation Services Centre, Integrated Vocational Training Centre (Day Service), District Support Centre for Persons with Disabilities and Day Care Service for Persons with Severe Disabilities as listed in Social Welfare Department's site at www.swd.gov.hk/en/index/site_pubsvc/page_rehab/sub_listofserv/id_sermentalhandi/.

Signature: _____

Name of Doctor / Person-in-charge of the
Rehabilitation Service Unit: _____

Name of Clinic /
Rehabilitation Service Unit: _____

Chop of Clinic /
Rehabilitation Service Unit: _____

Date : _____

Healthy Teeth Collaboration - Appendix I

Guidance Notes

1. **Healthy Teeth Collaboration (“the Project”) of the Department of Health:**

Under the Project, the Department of Health subsidises participating non-governmental organisations (NGOs) to provide dental services to eligible adults with intellectual disability.

2. **Eligibility criteria:**

- (a) To apply for the dental services, persons with intellectual disability (“the applicant”) must be aged 18 or above;
- (b) Holding one of the following documents certifying the disability category as “intellectual disability” or “mental handicap”:
 - (i) Valid Registration Card for People with Disabilities issued by the Labour and Welfare Bureau; or
 - (ii) Medical certificate or “Certificate of Disability Type for Healthy Teeth Collaboration (HTC01E)” issued by a doctor registered in Hong Kong; or
 - (iii) “Certificate of Disability Type for Healthy Teeth Collaboration (HTC01E)” issued by the person-in-charge of a rehabilitation service unit under the designated types of rehabilitation services[#].

[#] Designated types of rehabilitation services include Care and Attention Home for Severely Disabled Persons, Hostel for Severely Mentally Handicapped Persons, Hostel for Moderately Mentally Handicapped Persons, Supported Hostel, Integrated Vocational Training Centre (Residential Service), Day Activity Centre, Sheltered Workshop, Integrated Vocational Rehabilitation Services Centre, Integrated Vocational Training Centre (Day Service), District Support Centre for Persons with Disabilities and Day Care Service for Persons with Severe Disabilities as listed in Social Welfare Department’s site at www.swd.gov.hk/en/index/site_pubsvc/page_rehab/sub_listofserv/id_sermenthandi/.

3. **Persons who can apply for the Project on behalf of the applicant:**

- (a) The Guardianship Board appoints legal guardian of the person with intellectual disability under the Mental Health Ordinance (Cap. 136). The guardianship order gives the legal guardian the power to give consent to dental care services for the applicant under the Project. By signing on Part III of the application form, the legal guardian agrees the applicant to receive the initial oral check-up and oral care plan provided under the Project.
- (b) If the applicant does not have a legal guardian, applicant’s parent / grandparent / brother / sister / spouse or representative of rehabilitation service unit may submit application on behalf of the applicant by filling in Part II(B) or Part II(C) of the application form respectively. The representative in Part II(B) or Part II(C) of the application form is not authorised to give consent to receive the initial oral check-up under the Project on behalf of the applicant. However, dentists may provide initial check-up and formulate oral care plan in accordance with Part IVC of the Mental Health Ordinance (Cap. 136).
- (c) If the applicant is considered in need of further dental treatment after the check-up, the dentist is required to provide further dental treatment under Part IVC of the Mental Health Ordinance (Cap. 136).

4. **Completing the application form and submitting application:**

- (a) The applicant or the representative in Part II of the application form must fill in all the required information in the application form and sign. If the applicant or the representative in Part II of the application form fails to provide the required information, the participating NGO dental clinic will not be able to process the application.
- (b) Each applicant or the representative in Part II of the application form can only submit one application form on behalf of the applicant and he/she should ensure the information provided is true and correct. Duplicate submissions (including submission of application to more than one NGO dental clinic) or change of information after submission may delay the processing of application and the receiving of dental services.

5. Processing of application:

By signing on Part III of the application form, the applicant or the representative in Part II of the application form agrees to the following:

- (a) The participating NGO dental clinics will check the information submitted by the applicant and his/her eligibility when processing the application. The participating NGOs and dental clinics may contact the applicant or the representative in Part II of the application form to clarify the information or request supplementary information when necessary. If the information is incomplete or the applicant is ineligible, subsidised dental service under the Project will not be obtained.
- (b) The Department of Health will carry out random checks on some cases and may require the applicant or the representative in Part II of the application form to provide supplementary information for verification when necessary. The applicant or the representative in Part II of the application form must fully cooperate with the Department of Health, including providing the Department of Health with detailed information of himself/herself and/or the applicant for checking, otherwise the Department of Health reserves the right to reject the applicant's application.
- (c) If the information of the case is found to be inaccurate or there are other problems after checking, the Department of Health reserves the right to refer the case to the Police for follow-up action.
- (d) The Department of Health (including its agents / collaborating organisations / participating NGOs / dental clinics, etc.), collaborating private hospitals and the relevant Government bureaux and departments of the Hong Kong Special Administrative Region will use the information of the representative in Part II of the application form and / or the applicant, including the personal data of the representative in Part II of the application form and / or the applicant, the information reported in the application form and other information that has been / may be submitted for the Project by the representative in Part II of the application form and / or the applicant for processing the applicant's application for the Project (including ascertaining the applicant's eligibility for the Project) and matters relating to dental services and any other purposes directly related to such purposes. The relevant bureaux / departments include, but are not limited to, the Food and Health Bureau, the Social Welfare Department, and other relevant government offices involved in the administration and operation of the Project.
- (e) The Department of Health (including its agents / collaborating organisations / participating NGOs / dental clinics, etc.), collaborating private hospitals and the relevant Government bureaux and departments of the Hong Kong Special Administrative Region will use the information of the representative in Part II of the application form and / or the applicant for any checking and / or investigation relating to the applicant's application for the Project and the receiving of dental services, and disclose the information of the representative in Part II of the application form and/or the applicant to other relevant parties if the disclosure is necessary for such checking and / or investigation.
- (f) Dentists may take photos on the applicant's oral cavity during dental treatment and the record will only serve as a patient treatment record, a reference material for dental training and a supporting document for clinic to apply for subsidies of dental treatment.
- (g) Each applicant can apply to only one NGO dental clinic for the service at the same time.

6. Details of subsidisation:

- (a) Under the Project, the participating NGOs will only receive subsidies from the Department of Health and will not charge directly to the representative in Part II of the application form and / or the applicant.
- (b) Under the Project, escort and transport subsidies are provided to the applicant. If escort and / or transportation subsidy is required, applications should be submitted to the NGO dental clinic for follow up.
- (c) The escort and transport subsidies provided under the Project are subsidiary which may not cover the costs of escort and transport in full. The applicant or the representative in Part II

of the application form should arrange for payment of any difference.

- (d) Dentists from the participating NGOs will strive to provide the services under the Project to the applicant. However, whether the applicant is suitable for receiving dental services depends on the applicant's oral and health conditions. Dentists can refuse to provide dental services to the applicant based on professional judgment or reasons.

7. **Enquiries:**

Please call the participating NGO dental clinics for details of the Project.

Name of dental clinic	Phone number	Address
Christian Family Service Centre Tokwawan Dental Clinic	3590 9449	Shop 144, Block G, Lok Man Sun Chuen, Kowloon
Haven of Hope S K Yee Hang Hau Clinic	2706 0522	G/F, 8 Pui Shing Lane, Hang Hau, Tseung Kwan O, N.T.
Loving Smiles Special Care Dental Centre	2370 2669 (WhatsApp: 5406 3928/ 9020 0392)	Shops E13-15, G/F, and A202-208, 2/F, Cho Yiu Centre, Cho Yiu Chuen, Kwai Chung, N.T.
The Hong Kong Tuberculosis Association Rusy M. Shroff Oral Health Services Limited	3553 3535	5/F, Tang Shiu Kin Hospital Community Ambulatory Care Centre, 282 Queen's Road East, Wan Chai, H.K.
TWGHs Ho Yuk Ching Community Dental Clinic	2581 0221	8/F, Tung Lee Commercial Building, 95 Jervois Street, Sheung Wan, H.K.

Healthy Teeth Collaboration - Appendix II

Personal Information Collection Statement

Purpose of Collection

- Participating NGO dental clinics will use the personal and medical data collected (“the data”) under Healthy Teeth Collaboration (“the Project”) for the following or other related purposes:
 - (a) processing the application submitted on behalf of the person with intellectual disability (“the applicant”) and the matter of receiving dental services (if applicable) under the Project (including but not limited to the procedures described in the application form), and communicating with the applicant or the representative in Part II of the application form when necessary;
 - (b) follow-up treatment and medical record purpose;
 - (c) communication or follow-up enquiries and complaints; and
 - (d) other purposes as required, authorised or permitted by Law.

- Participating NGO dental clinics will transfer the data to the Department of Health to apply for subsidies under the Project. The Department of Health may use the data for the following or other related purposes:
 - (a) Conducting data matching with relevant government departments (including but not limited to the Social Welfare Department) to check the eligibility of the applicant under the Project;
 - (b) for statistics purposes on the condition that the resulting statistics will not be made available in a form that identifies the data subjects or persons with intellectual disability.
 - (c) communication or follow-up enquiries and complaints; and
 - (d) other purposes as required, authorised or permitted by Law.

2. The provision of personal data is voluntary. However, if the applicant or the representative in Part II of the application form fails to provide sufficient and accurate data, the participating NGO dental clinic may not be able to process the application of the applicant and eventually reject the applicant’s application.

Classes of persons to whom the data may be transferred

3. The Department of Health and / or its agents / collaborating organisations (including but not limited to participating NGOs / dental clinics / collaborating private hospitals) may transfer the data of the representative in Part II of the application form and the applicant to the relevant government bureaux / departments, including but not limited to the Food and Health Bureau, the Social Welfare Department and other transferees or any other parties as stipulated in Part II of the application form.

Access to Personal Data

4. Except where there is an exemption provided under the Personal Data (Privacy) Ordinance (Cap. 486), the applicant or the representative in Part II of the application form has the right to request access to and correction of the data when they have not been erased or to obtain a copy of the personal data of the applicant or the representative in Part II of the application form. A fee may be charged by the participating NGO dental clinic to the applicant or the representative in Part II of the application form.

5. If the applicant or the representative in Part II of the application form wishes to request access to the personal data of himself/herself and/or the applicant or enquire about the personal data privacy policy and request for correction of data obtained from a data access request, please contact the relevant NGO dental clinic.