

二零一五年七月三十日  
葵青區議會  
社區健康服務工作小組  
第二次會議(二零一五年)

社區健康服務工作計劃

目的

本文件旨在向各委員簡介兩間合作機構(仁濟醫院(下稱「仁濟」)及葵青安全社區及健康城市協會(下稱「協會」)於 2015 至 2016 年度的工作計劃，並就協會最新修訂之計劃書及財政預算以及牙科護理服務分配諮詢委員意見。

背景

2. 兩間合作機構之 2015 至 2016 年度計劃書及財政預算已於本年三月十六日舉行的工作小組會議獲得通過。其後，協會就計劃書及財政預算中的部分項目作出修訂。有關修訂建議現載於下文第 4 段至第 7 段。

3. 仁濟就牙科護理服務的籌備工作亦按計劃順利進行，按目前的工作進度，牙科護理服務預計可於 2016 年首季推出。葵青民政處計劃以抽籤的方式分配牙科護理服務。有關工作計劃現載於下文第 8 段。

協會工作計劃

4. 由協會提供的眼睛健康護理服務、社區健康資源中心、外展服務及健康教育已按工作計劃順利開展（有關進度見社區健康服務文件第 4/2015 號）。至於流感疫苗注射，將按計劃於 2015 年 10 月推出。協會正就服務邀請合資格的服務機構提交計劃書及報價以及進行有關籌

備工作。

5. 至於流動健康站，基於營運及成本效益等方面的考慮，協會現建議擱置取消購置流動車輛的計劃。原訂於流動健康站提供的服務以及有關財政預算載於附件一。取消購置流動車輛主要考慮如下：

(i) 購置及改裝車輛的成本較預期中為高。再者，各項經常性開支如燃油費、牌照費、車輛維修及保養費以及保險費用等開支佔營運成本相當大的比例。協會經過仔細的分析，認為營運流動健康站的成本效益值得商榷。

(ii) 聽取專家意見及經過詳細考慮後，協會認為建議中流動健康站將提供的服務項目（即健康評估、健康輔導及藥物諮詢服務等）更適合於社區健康資源中心內提供。除上述服務，社區健康資源中心現提供的其他服務如病人小組、護士診所和復康班可以更全面地配合使用者的需要。此外，註社區健康資源中心的職員包括護士、社工、中醫師、物理治療師、健康護理員可為使用者提供多方面的專業意見及支援。再者，提高社區健康資源中心的服務目標可以提高其成本效益。

(iii) 於新修訂的計劃書中，協會建議增加驗配矯視眼鏡服務配額，以及調低痛症診所及眼科醫生診症的診金。以上建議能更有效地善用項目的資源，直接令居民受惠。

6. 基於上述考慮，協會建議擱置購置流動車輛的計劃，並將原用於設置流動健康站的資源（包括購置車輛和器材、營運費以及護士、項目助理及司機薪酬）合共約 370 萬元投放於其他服務項目及增加人手以應付營運需要。修訂之項目內容及相關財政預算載於附件二。

7. 協會就作出上述建議增加之服務配額及/或收費調整已參考社區重點項目推出以來就有關服務需求以及使用者的意見，另建議加強人手以支援社區健康資源中心新增的服務，以及加強中央行政辦公室的行政支援和監察（例如單據的核實）。另因應市場建議就行政及支援人員之薪金作出百分之五之調整。

### 牙科護理服務分配

8. 為配合牙科護理服務的開展日期（預計為 2016 年 3 月），現建議於 2015 年 11 月 30 日（星期一）開始接受申請，並將此第一階段申請的截止日期定於 2015 年 12 月 31 日（星期四）。是次抽籤將於 2016 年 1 月進行，將會抽出 2,700 名(首 6 個月之服務配額)中籤者及其中籤次序，而下一輪抽籤暫定於 6 個月後（即 2016 年 7 月）再次進行。相關的申請安排及準則參考視光/眼睛檢查服務，詳情請見擬定的〈牙科護理及視光/眼睛檢查服務〉之申請表格及申請須知（見附件三及四）。

9. 歡迎各委員就協會之計劃書及財政預算修訂建議及牙科護理服務分配建議提出意見。

社區健康服務工作小組秘書處

二零一五年七月

葵青安全社區及健康城市協會  
流動健康站原訂之服務目標及財政預算

服務目標

項目	服務目標(人次)
健康評估	60,000
健康輔導	30,000
簡單眼睛檢查	30,000
藥物諮詢服務	15,000

財政預算

支出項目	金額 (萬元)
購置車輛、器材及電腦	107
購置醫療設備	11
營運費(包括燃油費、牌照費、車輛維修及保養費及保險費)	52
護士、項目助理及司機薪酬	200
<b>總金額</b>	<b>370</b>

**葵青安全社區及健康城市協會  
工作計劃及財政預算修訂建議**

	項目內容	預計人數	金額 (萬元)
<b>眼睛健康護理服務</b>			
(i)	眼科醫生診症的診金由 100 元調整至 40 元[即每次診症額外資助 60 元] (建議由 2015 年 10 月起生效)	1,800	11
(ii)	增加驗配矯視眼鏡服務配額	1,500	60
<b>社區健康資源中心</b>			
(iii)	痛症診所的診金由 100 元調整至 40 元 [即每次診症額外資助 60 元] (建議由 2015 年 10 月起生效)	5,400	32
(iv)	聘請護士及項目助理(各 26 個月)以支援社區健康資源中心提供以下服務: ➤ 健康評估(60,000 人次) ➤ 健康輔導(30,000 人次) ➤ 簡單眼睛檢查(30,000 人次) ➤ 藥物諮詢服務(15,000 人次)	-	125
<b>中央行政辦公室及其他</b>			
(v)	加強財政部之人手、延長財政主任及總經理的合約期(各延長一年)以及行政及支援人員之薪酬調整(5%)	-	127
(vi)	額外審計費用	-	5
(vii)	儲備金		10
<b>總金額</b>			<b>370</b>

請將居住地址證明副本在此  
Staple a copy of proof  
of residential address here



葵青區議會  
KWAI TSING DISTRICT COUNCIL



FOR OFFICE USE ONLY	
Receipt Date	
Ref. No.	
Verified by	

葵青社區重點項目—加強社區健康服務  
Kwai Tsing Signature Project Scheme – Enhancement of Community Healthcare

附件三

牙科護理服務及視光/眼睛檢查服務  
Dental Care Service and Optometric/Ocular Examination Service  
申請表格  
Application form

注意事項 Notice

- 申請人只可就每項服務遞交一次申請表格。填寫本表格前，請細閱〈申請須知〉。  
Each person is allowed to submit only one application form for each service. Please read “Notes for Applicants” carefully before completing this form.
- 申請人必須年滿 60 歲及於葵青區居住（詳見〈申請須知〉第 3 至 4 項）。  
Applicants must be aged 60 or above and reside in Kwai Tsing (Please refer to Notes 3 & 4).
- 〈申請須知〉第 4(ii)項所列明之資助項目的現有受惠人，不符合此項服務的申請資格。該些資助項目開列如下：  
Current beneficiary of subsidy schemes listed in Note 4(ii) is NOT eligible for the Service. These subsidy schemes are set out below:  
(1) 綜合社會保障援助 Comprehensive Social Security Assistance Scheme;  
(2) 《公務員事務規例》所列明的公務員醫療及牙科福利  
Civil Service Medical and Dental Benefits as set out in Civil Service Regulations  
(3) 關愛基金長者牙科服務 Community Care Fund Elderly Dental Assistance Programme
- 遞交申請表格時必須附上載有申請人姓名的居住地址證明副本，如：電費單、差餉單、銀行月結單、選民登記通知書及公屋租約等（除公屋租約外，有關文件須於最近兩個月內發出）。  
Applicants are required to submit a copy of proof of residential address bearing their names, such as electricity bill, rates bill, bank statement, voter registration notification, public rental housing tenancy agreement (The documentary proof must be issued within recent two months except for public rental housing tenancy agreement).
- 每個階段的截止申請日期請見〈申請須知〉第 4(vii)項。  
For the respective application deadline of each phase, please refer to Note 4(vii).
- 如申請人欲收取〈認收通知書〉，必須於遞交表格時連同一個貼上港幣 1.70 元郵票並寫上回郵地址的信封（詳見〈申請須知〉第 4(vi)項）。  
Applicants requiring an “Acknowledgement of Receipt” should return the application form, together with one self-addressed stamped (HK\$1.70) envelope (Please refer to Note 4 (vi)).
- 請以中文或英文正楷填寫所有項目，並在適當方格內加上「✓」。  
This form must be completed in Chinese or English in BLOCK letters. Please tick the box(es) as appropriate.

本人欲申請之服務 I would like to apply for the following service(s):-

- 牙科護理服務 Dental Care Service  視光/眼睛檢查服務 Optometric/Ocular Examination Service  
(可選多於一個 You can choose more than one option)

甲部 Section A. 申請人資料 Particulars of Applicant (須與香港身份證上資料相同 as stated on Hong Kong Identity Card)

中文姓名 Chinese Name : \_\_\_\_\_ 英文姓名 English Name : \_\_\_\_\_

出生日期 Date of Birth :           性別 Sex :  男 Male  女 Female  
DD MM YYYY

香港身份證號碼 HK Identity Card No. :       ( ) 聯絡電話 Contact No. : \_\_\_\_\_  
(所填寫的電話號碼將作預約之用。可填寫多於一個。)  
(For appointment booking only. You can fill in more than one number.)

居住地址 Residential Address : \_\_\_\_\_ (室 Flat/Room) \_\_\_\_\_ (樓 Floor) \_\_\_\_\_ (座 Block)

請夾附地址證明副本  
A copy of proof of residential  
address must be enclosed

(大廈 Building)  
 葵涌 Kwai Chung  
Street/Estate/Village  青衣 Tsing Yi

## 乙部 Section B. 申請人聲明 Declaration by Applicant

本人已閱讀〈申請須知〉，並明白及同意與此申請有關的安排如審核程序、預約服務及應診安排等。就此申請，本人承諾及保證會遵從在〈申請須知〉內列出的所有規定，並謹此聲明：I have read “Notes for Applicants”. I understand and agree to the arrangements in relation to the application such as vetting procedures, appointment booking and attendance rules, etc. I hereby undertake and warrant that I shall comply with all requirements set out in the “Notes for Applicants” in making this application, and declare the following:

(一) 本人並非〈申請須知〉第4(ii)項所列明之資助項目的現有受惠人。該些資助項目開列如下:-  
I am not a current beneficiary of the subsidy schemes listed in Note 4(ii) as set out below:-

(1) 綜合社會保障援助 Comprehensive Social Security Assistance Scheme;

(2) 《公務員事務規例》所列明的公務員醫療及牙科福利

Civil Service Medical and Dental Benefits as set out in Civil Service Regulations

(3) 關愛基金長者牙科服務 Community Care Fund Elderly Dental Assistance Programme

(二) 本人在本表格內所填報的資料，均屬真確無訛。本人明白蓄意隱瞞、漏報或虛報資料，以圖令本人取得本項目的服務或資助，可能屬刑事行為。除會導致本人喪失申請資格外，本人更可能因觸犯盜竊罪條例(香港法例第210章)或其他有關法例而被起訴。

The information provided in this form is true and correct. I understand that knowingly or willfully making any false statement or withholding any information for the purpose of obtaining service or subsidy under the Scheme may be a criminal act. Such act not only may cause myself ineligible for the Service(s), I may also be liable to prosecution under the Theft Ordinance (Cap. 210 of the Laws of Hong Kong) or any other relevant Ordinances.

(三) 本人授權及同意葵青民政事務處(『民政處』)根據〈申請須知〉第7項處理及使用本人的資料，進行與本人就此項目遞交的申請有關的用途包括作出審核，並同意民政處在處理本申請時，在有需要必須披露本人資料的情況下，可向其他各方(包括社會福利署、公務員事務局、其他政府決策局/部門及/或有關機構及其授權人員)披露本人的個人資料，以處理本人就此項目遞交的申請。本人明白處理申請的審核程序包括確定本人是否符合〈申請須知〉第4(ii)項列明的受惠資格，並同意上述決策局/部門(包括社會福利署及公務員事務局)/機構/授權人員可向民政處披露本人是否符合上述受惠資格(例如本人是否綜合社會保障援助及/或《公務員事務規例》所列明的公務員醫療及牙科福利的現有受惠人)；如本人不符合資格，將不得接受此項目的服務。

I hereby authorize and give consent to Kwai Tsing District Office (“the District Office”) to handle and use my data in accordance with Note 7 for the purposes of the application submitted by me including the conduct of checking. I consent to the disclosure of my personal data by the District Office to any other parties (including Social Welfare Department, Civil Service Bureau, other relevant government bureaux/departments and/or relevant organizations and their authorized officers) in relation to the application submitted by me if the disclosure is necessary for processing of my application. I understand the processing of my application would include the conduct of checking procedure for ascertaining whether I am eligible under the Scheme as stated in Note 4(ii) and consent to the disclosure of the eligibility (such as whether I am current beneficiary of Comprehensive Social Security Assistance Scheme and/or Civil Service Medical and Dental Benefits as set out in Civil Service Regulations) by the aforesaid government bureaux/departments (including Social Welfare Department and Civil Service Bureau) /organizations/authorized officers to the District Office. I understand that I may not receive service under the Scheme in case I am ineligible.

申請人/監護人簽署:

Signature of Applicant/Guardian: \_\_\_\_\_

日期 Date: \_\_\_\_\_

(如申請人不會讀寫，請印下指模  
or a finger print if Applicant is illiterate)

**如申請人精神上有行為能力但不會讀寫，見證人須填寫此欄**

**Complete by Witness only if Applicant has mental capacity but is illiterate.**

本人見證這份表格已在申請人面前朗讀及解釋 This document has been read and explained to the applicant in my presence.

見證人姓名 Name of witness : \_\_\_\_\_ 香港身份證號碼

HK Identity Card No. : \_\_\_\_\_

見證人簽署 Signature of witness : \_\_\_\_\_ 日期 Date : \_\_\_\_\_

**如申請人是精神上無行為能力人士而申請是由監護人代其作出，監護人須填寫此欄**

**Complete by Guardian only if the application is made on behalf of Applicant who is mentally incapacitated**

監護人姓名 Name of guardian : \_\_\_\_\_ 香港身份證號碼

HK Identity Card No. : \_\_\_\_\_



1. 申請表格可於葵青民政事務處諮詢服務中心索取，亦可於 [www.kwaitsingsps.org.hk/application/form](http://www.kwaitsingsps.org.hk/application/form) 下載。申請人亦可自行影印表格填寫。  
Application form can be obtained at Kwai Tsing District Office - Public Enquiry Service Centre or download at [www.kwaitsingsps.org.hk/application/form](http://www.kwaitsingsps.org.hk/application/form). Applicants can also make photocopy of the form for use.
2. 乙部須由申請人親自簽署，如申請人不會讀寫，則只需在一名成年人見證下印上指模。如申請人是精神上無行為能力人士，可由監護人簽署乙部。見證人或監護人須在乙部寫上姓名、香港身份證號碼及簽署。  
Section B must be signed by the applicant personally. If the applicant is illiterate, a finger print on the signature section may be put by the applicant in the presence of an adult witness. For applicants who are mentally incapacitated, Section B may be signed by their guardian. Witness or guardian must put his name, Hong Kong Identity Card number and sign in Section B.
3. 葵青區包括葵興、青衣、石蔭、大窩口及荔景等地區。地區界線圖請瀏覽：  
[www.elections.gov.hk/dc2011/maps/dc2011s.pdf](http://www.elections.gov.hk/dc2011/maps/dc2011s.pdf)  
Kwai Tsing District includes Kwai Hing, Tsing Yi, Shek Yam, Tai Wo Hau & Lai King. For Electoral Boundary Map, please browse: [www.elections.gov.hk/dc2011/maps/dc2011s.pdf](http://www.elections.gov.hk/dc2011/maps/dc2011s.pdf)
4. 遞交申請 Submission of Application
  - i. 於遞交服務申請表格當日，申請人必須為年滿60歲及於葵青區居住。  
To be eligible for the Service, applicants must be aged 60 or above and reside in Kwai Tsing on the day of application.
  - ii. 以下任何一項資助的現有受惠人 不符合 本服務的申請資格：  
Current beneficiary of the following subsidies is NOT eligible for the Service:
    - (1) 綜合社會保障援助 Comprehensive Social Security Assistance Scheme;
    - (2) 《公務員事務規例》所列明的公務員醫療及牙科福利  
Civil Service Medical and Dental Benefits as set out in Civil Service Regulations
    - (3) 關愛基金長者牙科服務資助 Community Care Fund Elderly Dental Assistance Programme
  - iii. 申請人須把填妥之表格（連同居住地址證明副本）以下列方式遞交：  
Applicants should complete and submit the form, together with a copy of proof of residential address:
    - (1) 郵寄（信封面須註明：「葵青社區重點項目」申請表格）到：  
by post to (Please mark on the envelope "Application for Kwai Tsing Signature Project Scheme"):
      - ◆ 新界葵涌興芳路166-174號葵興政府合署10樓葵青民政事務處  
Kwai Tsing District Office, 10/F, Kwai Hing Government Offices, 166-174 Hing Fong Road, Kwai Chung, New Territories.
      - (2) 或 投進位於以下地點的收集箱  
or into the drop-in boxes located at:
        - ◆ 新界葵涌興芳路166-174號葵興政府合署2樓葵青民政事務處諮詢服務中心  
Kwai Tsing District Office - Public Enquiry Service Centre, 2/F, Kwai Hing Government Offices Building, 166-174 Hing Fong Road, Kwai Chung, New Territories.



- ◆ 新界青衣担杆山路6號長發邨社區中心1樓葵青民政事務處青衣分處  
Tsing Yi Sub-office, Kwai Tsing District Office, 1/F, Cheung Fat Estate Community Centre, Cheung Fat Estate, 6 Tam Kon Shan Road, Tsing Yi, New Territories.
- ◆ 新界荃灣仁濟街7-11號仁濟醫院C座10樓董事局辦事處發展部  
Development Department, Board Office, 10/F, Block C, Yan Chai Hospital, 7-11 Yan Chai Street, Tsuen Wan, New Territories.
- ◆ 新界葵涌荔景邨仰景樓7-10號地下葵青安全社區及健康城市協會  
Kwai Tsing Safe Community and Healthy City Association, Ground Floor, No. 7-10, Yeung King House, Lai King Estate, Kwai Chung, New Territories.

iv. 非公屋居民如未能出示居住地址證明，可透過宣誓證明所屬居住地址。

For applicants not residing in public housing who are unable to present their proof of residential address, they may make a declaration at Home Affairs Department with regard to their residential address.

v. 申請人只可就每項服務遞交一份申請表格。如有填報資料不齊者，申請恕不受理。

Each person is allowed to submit one application form only. Applications with incomplete information will **NOT BE PROCESSED**.

vi. 如申請人欲收取〈認收通知書〉，必須於遞交表格時連同一個貼上港幣1.70郵票並寫上回郵地址的信封。葵青民政事務處(「民政處」)將於有關申請收妥後的15個工作天內以郵寄方式寄出〈認收通知書〉，以通知申請人有關申請表格及所需文件已經收妥。

Applicants requiring “Acknowledgement of Receipt” should return the application form, together with one self-addressed stamped (HK\$1.70) envelope. Kwai Tsing District Office (“the District Office”) will issue an “Acknowledgement of Receipt” by post within 15 working days upon receipt of the application, notifying the applicant that the form and the required document have been received.

服務類別 Category of Service	截止日期* Application Deadline	服務期 Service Period (由from – 至to)
牙科護理服務 Dental Care Service	2015/12/31	2016年3至8月 Mar - Aug 2016
	2016/6/30	2016年9月至2017年2月 Sep 2016- Feb 2017
視光/眼睛檢查服務 Optometric/Ocular Examination Service	2015/4/30	2015年7至12月 Jul to Dec 2015
	2015/10/31	2016年1至6月 Jan to Jun 2016
	2016/4/30	2016年7至12月 Jul to Dec 2016
*郵遞申請以郵戳日期為準 postmarked date on the envelope will be regarded as the date of application		

## 5. 抽籤及結果公佈 Ballot and Announcement of Result

i. 民政處的職員將於每個申請階段的抽籤截止日期後，以電腦隨機抽樣的方式，抽出約2700名牙科護理服務及1,500名視光/眼睛檢查服務的中籤者及其中籤次序。

The balloting will be performed by the staff of the District Office after each application deadline. A list of around 2700 selected applicants for Dental Care Service and a list of around 1,500 selected applicants for Optometric/ Ocular Examination Service with respective priority numbers will be drawn up randomly through a computer system.

ii. 抽籤結果將於每階段的抽籤截止日期後三十個工作天內，張貼於民政處及區內九個社區中心/社區會堂的報告板以及網頁上([www.kwaitsingsps.org.hk](http://www.kwaitsingsps.org.hk))，供申請人查閱。

Within 30 working days after each application deadline, a balloting result will be announced via the boards at the District Office and nine Community Centres/ Community Halls, as well as on the official website ([www.kwaitsingsps.org.hk](http://www.kwaitsingsps.org.hk)).

- iii. 未被選中的申請人將自動撥入下一輪抽籤，申請人無須重新遞交申請表格。  
Applicants not selected will be automatically brought forward to the subsequent application phase without the need to submit fresh applications.

#### 6. 預約服務及應診安排 Appointment Booking and Attendance Rules

- i. 所有服務必須預約。Prior appointment is required for all services.
- ii. 中籤者將於抽籤結果公佈後三個月內收到電話通知。  
The appointment booking for the selected applicants will be arranged through telephone within 3 months after the announcement of result.
- iii. 中籤者須於應診前出示香港身分證及簽署《服務聲明及同意書》。  
The selected applicant must produce his/her original Hong Kong Identity Card and sign a consent form before attending the appointment.
- iv. 如中籤者未能出示所需帶備的文件，或遲到或缺席，該診症服務或會被取消。  
Any failure to produce the required supporting documents, to turn up on time or to attend the appointment may result in cancellation of the appointment.
- v. 「視光/眼睛檢查」是由社區結合保健中心內香港理工大學眼科視光學院的實習眼科視光師(視光學院學生)在及其臨床導師(註冊眼科視光師)的督導下提供服務。  
Optometric/Ocular Examination Service is provided by student optometrists of School of Optometry, The Hong Kong Polytechnic University, and under the supervision of their clinical instructors (registered optometrists).
- vi. 服務費用必須在診症當日即時以現金繳付。  
Users must settle the service fee by cash on the day of appointment.
- vii. 如因惡劣天氣(紅色及黑色暴雨警告信號或三號或以上熱帶氣旋警告信號生效時)或其他特殊情況(如：器材或場地須進行緊急維修等)而需取消診症，職員將盡快通知受影響的市民有關改期安排。  
If an appointment was cancelled due to inclement weather (e.g. a Red/Black Rainstorm Warning, Typhoon Signal No. 3 or above) or special circumstances (e.g. emergency maintenance of equipment/venues, etc.), the applicants will be notified of the re-scheduling arrangement as soon as possible.

#### 7. 收集個人資料聲明 Personal Information Collection Statement

- i. 在本表格內提供的個人資料乃屬自願性質。但若未能提供所需資料，本申請可未能作出處理。根據《個人資料(私隱)條例》，在本表格所填寫的個人資料，只會用作處理葵青區議會社區重點項目之相關事宜，包括核實申請人身份、受惠資格、公佈申請結果、安排預約服務、統計及服務意見調查(其所得的統計數字及研究結果，不會以能辨識任何資料當事人或其中任何人身分的形式顯示)，亦只限授權人員方可查閱有關資料作前述目的之用。

The provision of personal data in this application form is voluntary, but the application may not be processed if the required personal data is not provided. In accordance with the Personal Data (Privacy) Ordinance, the personal data provided in the application form will be used by the District Office for the purposes of handling matters related to Kwai Tsing District Council Signature Project Scheme, including verifying applicants' identity, eligibility, result notification, appointment booking, statistical and research purposes (The resulting statistics and research findings will not be made available in a form to identify the data subjects or any of them). It will only be accessible to authorized officers for the said purposes.

ii. 民政處可因應上文第7(i)節所提及的用途，或在申請人同意下，或在法例授權或規定須予披露的情況下，向包括社會福利署及公務員事務局在內的其他政府決策局/部門及/或有關機構及其授權人員披露其個人資料(包括申請人姓名及身份證號碼)。民政處亦會就這項申請聯絡上述決策局/部門/機構/授權人員，以核實申請人是否符合上文第4(ii)項列明的受惠資格之用。

The personal data (including the name and HK Identity card no.) of applicants provided for the application may be disclosed to the relevant government bureaux/departments including the Social Welfare Department, Civil Service Bureau and/or relevant organizations and their authorized officers for the purposes stated in Note 7(i) above; or where the applicant concerned has given consent to such disclosure; or where such disclosure is authorized or required by law. The District Office may also contact the aforesaid government bureaux/departments/organizations/authorized officers for ascertaining whether the applicant is eligible under the Scheme or not as stated in Note 4(ii) above.

iii. 申請人如欲查閱或更改其個人資料，請聯絡葵青民政事務處 (電話：3622 2130)。  
Enquiries concerning the personal data collected by means of this form, including the making of access and corrections, should be addressed to the District Office (Tel.: 3622 2130).

8. 如有任何疑問，歡迎瀏覽網頁[www.kwaitsingsps.org.hk](http://www.kwaitsingsps.org.hk)參閱服務詳情，或向以下團體查詢：  
For further details, please browse [www.kwaitsingsps.org.hk](http://www.kwaitsingsps.org.hk) or contact the following correspondence:

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| i. 一般查詢<br>General Enquiry                               | : 葵青民政事務處<br>Kwai Tsing District Office  | 電話 Tel. no.: 3622 2130 / 3622 2136<br>電郵 Email: <a href="mailto:info@kwaitsingsps.org.hk">info@kwaitsingsps.org.hk</a> |
| ii. 牙科護理<br>Dental Care Service                          | : 仁濟醫院<br>Yan Chai Hospital  | 電話 Tel. no.: 2452 9597<br>電郵 Email: <a href="mailto:dental@yanchai.org.hk">dental@yanchai.org.hk</a>                   |
| iii. 視光/眼睛檢查<br>Optometric/Ocular<br>Examination Service | : 葵青安全社區及健康城市<br>協會<br>Kwai Tsing Safe Community<br>and Healthy City Association | 電話 Tel. no.: 8118 2299<br>電郵 Email: <a href="mailto:info@ktschca.org.hk">info@ktschca.org.hk</a>                       |