

Community Inclusion and Harmony Programme Application Form

☐ New case

☐ Past case

Serial no. of application : _____ (written by the organization for follow-up)

Address : _____

Telephone no. : (home) _____ (mobile) _____ Total no. of persons living together : _____

Total income of family : \$ _____ (Including: **working salary, FSS old-age pension, FSS disability pension, pension, etc.**)

Owner-occupied property/rental expenses \$ _____ Medical expenses \$ _____

Types : ☐ Single parent ☐ Chronic patients (Currently undergoing consultations at hospitals in Macao : ☐ Yes ☐ No)

☐ Disability

(must explain the status _____)

Please read the instructions and guidelines for applicants : No.4

***If necessary, the above descriptions of the instructions and guidelines can be supplemented by the organization of applicant**

Applicant Occupation: _____ Monthly income: \$ _____ Relationship: _____ Occupation: _____ Monthly income: \$ _____
Student : study at _____ School _____ Grade Student : study at _____ School _____ Grade

Please attach a copy of **valid Macao identity card** here

(Please make sure all copies are clear)

①

(not including Exit/Entry Permit for Travelling to and from Hong Kong and Macao, identity card or passport of Chinese Mainland, etc.)

Remarks : must be the same person who submits the bank account

Please attach a copy of **valid Macao identity card** here

(Please make sure all copies are clear)

②

Family members who live together (not including Exit/Entry Permit for Travelling to and from Hong Kong and Macao, identity card or passport of Chinese Mainland, etc.)

Relationship: _____ Occupation: _____ Monthly income: \$ _____ Relationship: _____ Occupation: _____ Monthly income: \$ _____
Student : study at _____ School _____ Grade Student : study at _____ School _____ Grade

Please attach a copy of **valid Macao identity card** here

(Please make sure all copies are clear)

③

Family members who live together (not including Exit/Entry Permit for Travelling to and from Hong Kong and Macao, identity card or passport of Chinese Mainland, etc.)

Please attach a copy of **valid Macao identity card** here

(Please make sure all copies are clear)

④

Family members who live together (not including Exit/Entry Permit for Travelling to and from Hong Kong and Macao, identity card or passport of Chinese Mainland, etc.)

Relationship:____ Occupation:____ Monthly income:\$____ Relationship:____ Occupation:____ Monthly income:\$____
Student : study at _____School____Grade Student : study at _____School____Grade

Please attach a copy of **valid Macao identity card** here

(Please make sure all copies are clear)

⑤

**Family members who live together
(not including Exit/Entry Permit for Travelling to
and from Hong Kong and Macao, identity card or
passport of Chinese Mainland, etc.)**

Please attach a copy of **valid Macao identity card** here

(Please make sure all copies are clear)

⑥

**Family members who live together
(not including Exit/Entry Permit for
Travelling to and from Hong Kong and
Macao, identity card or passport of Chinese
Mainland, etc.)**

Statement for receipt or return of the Community Inclusion and Harmony Programme allowance

I _____, holding Macao Resident Identity Card number: _____ is the applicant of this year's Community Inclusion and Harmony Programme. I consent to receive or return the relevant allowance via my _____personal MOP bank account (account number _____).

Delegate Statement

(This part is to be filled when the applicant needs to entrust someone else to assist in collecting the allowance on behalf of the applicant, and the allowance will only be paid in cash)

I _____, holding Macao Resident Identity Card number: _____, is the applicant of this year's Community Inclusion and Harmony Programme. Due to (reason)_____, Name: _____, Relation: _____, holding Macao Identity Card / Others: _____ (ID number: _____) is hereby entrusted to collect all the allowance granted by the first/second phase of the "Community Inclusion and Harmony Programme" allowance of this year.

Declaration of Residence Status in Macao

I and my family members are living in the Macao Special Administrative Region continuously for the past 18 months.

☐ Yes

☐ No (Reason: _____)

Status of social service use

I- I and my family members are currently participating in the services/activities provided by social service organisations

☐ Yes ☐ No

II- I agree that the Social Welfare Bureau (IAS) can provide me with information on social services/activities in the future.

☐ Yes ☐ No

Signature of applicant: _____

(Must be an adult aged 18 or above and signed in accordance with the identity card)

Date : _____Year____Month____Day

This application form is checked up by _____ (name of the staff in organization), Tel: _____

Date : _____Year____Month____Day

Organization seal: _____

Community Inclusion and Harmony Programme

Instructions and guidelines for applicants

- (1) Fill in the application form of the "Community Inclusion and Harmony Programme" clearly and ensure that all the information is correct; sign in accordance with the Macao Resident Identity Card in the signature column of the application form;
- (2) Submit the documents required for the application in accordance with Article 6, paragraph 4 of the approval No. 24/2022 "Regulation on the Community Inclusion and Harmony Programme" approved by the Secretary for Social Affairs and Culture, Macao SAR;
- (3) If there are more than six family members of the residential group, photocopy it on another page of the application form;
- (4) Fill in the reasons in the column "issues that must be stated", including the "**marital status**" or "**scope of illness**" or "**scope of disability**" of the family member. Please add "★asterisk" next to the identity card copy of the said family member for identification;
- (5) For school children who are members of the family group, it is required to fill in the name of the school and grade in the "Student" column of the form, if the children are studying in Macao;
- (6) Please attach a photocopy of the applicant's personal MOP bank account (please provide a clear cover of the passbook and the front page [with name and account number]);
- (7) In order to ensure the authenticity of the information, the Social Welfare Bureau will conduct random inspections and home visits. If the information is found to be inconsistent, the application will be cancelled and the Social Welfare Bureau reserves the right to pursue the information;
- (8) In the event of erroneous payment or repayment of allowance, the Social Welfare Bureau has the right to request the assistance of the relevant bank to recover the amount that should not be collected;
- (9) I acknowledge and agree to the "Personal Information Collection Statement" of the Social Welfare Bureau. The information and document submitted for myself and the family members is only for this application.

Signature of applicant: _____

(Must be an adult aged 18 or above and signed in accordance with the identity card)

Date : _____Year_____Month_____Day

Authorization for accessing and obtaining personal data

In compliance with the provisions of Law no 8/2005(the Personal Data Protection Act), before providing your personal information to the Social Welfare Bureau (herein referred to as SWB), read carefully the following conditions:

1. Processing personal data by SWB - Aims and methods

Personal data will be provided depending on the specific need and requirement of the request and used only for follow-up purpose regarding the request submitted to the SWB.

2. Purpose/Use of personal data

Personal data is used for the evaluation and follow-up of the request as well as for SWB statistical and research purposes to improve the performance of its services.

3. Personal data transfer to other entities

Under current law, SWB may disclose personal data to entities / units when needed. In this context, the applicant must give consent for disclosure of personal data to the SWB, in order to assess the request requirements. If not, the SWB may not proceed with the request.

4. Access, change and removal of personal data

The applicant may send a completed application form to the SWB requesting to access, correct, amend or cancel his/her personal data. However, this right does not cover data already deleted after being used for appropriate purposes; the request for removal of personal data may interfere negatively in the provision of the requested services.

5. Retention Period

The retention period of collected data should comply with the ordinance n. ° 73/89 / M, Decree-Law n. ° 73/89 / M (Article 12) and the Law no. 8/2005 (paragraph 5 of n° 1 of the Article 5). It can be changed by any future legislation.

6. Other

All members of the family should be informed and give their consent regarding the disclosure of their personal data (its aim and purpose) before the applicant submits the application form requesting for services of related departments.

7. Should there be any unforeseen situation in this document, one should refer to the Law no. 8/2005 that applies to Personal Data Protection.

Signature of Applicant : _____

(Must be an adult aged over 18 years old and sign in accordance with the I.D. card)

Date : _____Year____Month____Day