



香港糖尿病聯會 Diabetes Hongkong

九龍長沙灣道 928-930 號時代中心 20 樓 2001-02 室

Rooms 2001-02, 20/F, Times Tower, 928 - 930 Cheung Sha Wan Road, Kowloon

電話 Tel : (852) 2723 2087 傳真 Fax : (852) 2723 2207 網頁 Website : www.diabetes-hk.org

Emergency Blood Glucose Monitoring Assistance Program for the Unemployed

Diabetes Hongkong (DHK) received donation HK\$80,000 from Sun Life to support the captioned program

Aims :

To mitigate the financial pressure faced by diabetic patients so that they can continue to manage their condition through self-monitoring of blood glucose, thereby avoiding or reducing the incidence of complications

Application Criteria

- Person with diabetes or his/her direct family member
- Member of DHK (free membership subscription)
- Holder of HK Permanent ID card
- Not receiving any other subsidy on test strip
- Having financial pressure to purchase test strip to conduct Self-Monitoring of Blood Glucose due to unemployment

Has been unemployed more than 1 month;

or

- Direct family member(s) becomes unemployed and the average monthly household income in the past 6 months must not exceed the following limits

Household size	Monthly household income limit (HK\$)
1	15,100
2	22,000
3	26,800
4	33,500
5	40,200*
6 or Above	42,900*

(** The monthly household income limit is set with reference to the MMDHI published in the Report on General Household Survey 2019.)

Subsidy Amount :

Eligible diabetic patient will receive a cash coupon of HK\$500 for the purchase of diabetic test strips and lancets.

Application Period :

Starting from 1st November 2021 (on a first-come-first-served basis until the funding is used up)

Application & Approval Procedure :

Please refer to application form

Enquiries : 2723 2087 (Diabetes Hongkong)



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Emergency Blood Glucose Monitoring Assistance Program for the Unemployed Application Form

(1) Information of Applicant who have been affected by unemployment

Name (English) _____

Sex: F M Birth: _____ HK Permanent ID Card No. _____ ()

Relationship with the beneficiary (person with diabetes)

(please leave it blank if applicant and

beneficiary is the same person) _____
Mobile No.: _____ (for receiving SMS messages of application result) (must be immediate family member)

Education : Primary Secondary Matriculated Tertiary Postgraduate

(2) Applicant's employment and financial status

• Last Industry of employment : _____

• Company / Organization Details _____ No. of _____
Name : _____ Post : _____ years served : _____

Address : _____

_____ Tel : _____

• Average monthly income in last 3 months (HK\$): _____

• I have been unemployed starting from _____ (Month / Year) for _____ months.

• Any other subsidy on test strip : Yes No

• Have financial difficulty : Yes No

(3) Unemployed Declaration (If no supporting documentation provided)

I _____ (Mr/Ms) declare that all the information given in this application form is correct. I have been employed within 6 months or less before the date of application and has been unemployed more than 1 month / financial difficulty due to unemployment*.

*Please delete as appropriate

Applicant's Signature : _____



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(4) Declaration of Applicant

I solemnly and sincerely declare that :

1. I confirm that I have read through this application form, and understand the contents.
2. I hereby declare that the information provided is true and correct. I also understand that any willful dishonesty may render for refusal of this application or immediate return the funding and the dishonesty may constitute criminal consequences.
3. I promised that I will inform DHK in case of any changes to the information provided for reviewing the application. I also understand I am entitled to update and correct the above information
4. I understand and agree that DHK would use the information provided to review this application. I understand that I provide the information voluntarily, failure to provide the required information to DHK may result in significant processing delays and/or the denial of your application.
5. I understand and agree that DHK has the right to accept or reject the application without any explanation and all the submitted documents will not be returned.
6. I understand that DHK would handle the information provided in accordance with the requirements of the Personal Data (Privacy) Ordinance.
7. I understand that DHK reserves the final decision on application approval.

Applicant's Signature : _____

(5) Personal Information Collection Statement

The information provided by you will be used for communication, survey, application and marketing purposes. Apart from personnel duly authorized by the organization, no one will be given access to your personal information. in accordance with the Personal Data (Privacy) Ordinance, you have a right to request access to and correction of your personal data provided. Request for personal data access and correction should be addressed to DHK in writing.

- I agree and understand that DHK would use my personal data for the communication in the Emergency Blood Glucose Monitoring Assistance Program for the Unemployed.

Applicant's Signature : _____ Date : _____

If you do not put a "✓" in the box, but sign on this form, it means that you have no objection (that is, agree) to be added to the contact list. Therefore, you must carefully read this form before signing.

Diabetes Hongkong (DHK)
Application Form for membership and
SMBG Test Strip Subsidized Project
(Updated: 1 January 2020)



Aims:

- To promulgate the importance of SMBG in diabetes care management
- To encourage diabetic patients' acceptance and usage of SMBG in their daily diabetes care
- To support and enhance SMBG usage amongst diabetic patients by financial subsidy

Application Criteria

- Patient with diabetes
- Member of DHK (free membership subscription)
- Holder of HK Permanent ID card
- Not receiving any other subsidy on test strip

Important Notes

- Only one application from each applicant will be considered on a yearly basis. Approved application is valid for one year.
- Eligible applicant is entitled to buy only one product brand with quota every year. Please refer to [page 3 for product details and prices.](#)
- Project recipient must be provide relevant supporting documents for verification.
- DHK has the right to change any term and condition of the scheme, goods and price without any notification.
- DHK reserves the right to make the final decision for approval, declination and cancellation on application.
- Suppliers take full responsibility on safety and quality assurance of products as well as after-sales support and maintenance service. Please contact related supplier for any enquiry and problem on the products.
- DHK will not be responsible for giving training / demonstration / instructions on use and application of products. Please check with DHK's staff for the details of demo class.

Patient's Information (Please filled in ALL items.)

Name: _____ **Sex:** Female Male **Birth:** _____

HK Permanent ID Card No: _____ **Tel. no.:(1)** _____ **(2)** _____

Email Address (if any) : _____ **Occupation:** _____

Mailing Address: _____

Education: Primary Secondary Matriculated Tertiary Postgraduate

Medical History

Year of DM diagnosis: _____ **Type of diabetes:** Type 1 Type 2 gestational

Treatment: Oral Medication Insulin Injection Oral Medication + Insulin Injection Not on Medication

Name of Hospital / Clinic having follow-up: _____

HA DM center HA Specialty HA GOPC Private clinic / Hospital Others

**If there is any change in information provided, please inform DHK when you reorder the product.*

Personal Information Collection Statement

The information provided by you will be used for communication, survey, application and marketing purposes. Apart from personnel duly authorized by the organization, no one will be given access to your personal information. in accordance with the Personal Data (Privacy) Ordinance , you have a right to request access to and correction of your personal data provided. Request for personal data access and correction should be addressed to DHK in writing.

Declaration of Applicant

(1) For applicant aged 18 or above

I, the undersigned, declare that I fully understand the terms and conditions of the scheme, and confirm that I meet the application criteria. All information given in this application is correct and complete to the best of my knowledge and belief. I agree to provide relevant documents for verification by requirement of DHK. I have also read, fully understand and accept the above "Personal Information Collection Statement".

Approval and

Signature of applicant: _____ **Date of application:** _____

(2) For parent / legal guardian of applicant aged under 18

I, the undersigned, declare that the applicant in this application meets the application criteria, and all information given in this application is correct and complete to the best of my knowledge and belief. I agree to provide relevant documents for verification by requirement of DHK. I have also read, fully understand and accept the above "Personal Information Collection Statement".

Name of applicant's parent / guardian: _____

Signature of applicant's parent / legal guardian: _____ **Date of application:** _____

Application Procedure

Applicant to send completed application and diabetes supporting documents form by fax / email / post to DHK

within 5
working days

Approval of application by DHK via telephone call

buying goods date
upon receipt of
collection notice

Applicant to bring along original copy of application form, HKID Card and cash to buy upon receipt of collection notice. *(If an authorized person is appointed to collect the order, PHOTOCOPY of the applicant's HKID and cash must be presented.)*







Please note that we will not provide bags. Please bring your own bag.

Reorder Notice

For re-ordering, please either: (a) complete and return this page only; or (b) call 2778 2126

Name: _____ Tel. no.:(1) _____ (2) _____

Product Details and Price {Maximum number of boxes per order is **15** (50pcs/box) / **30** (25pcs/box)}

Product Brand	Free Gift (●This offer is limited to ONE per patient.)	Quota (boxes)		Unit Price (per box)	Brand To be buy
		Insulin Treatment	Non-Insulin Treatment		
1.1 ABBOTT FreeStyle Freedom Lite Test Strip	● Buy 2 boxes of test strips get 1 free glucometer and lancet device. 	30	12	HK\$164 (50 pcs/box)	
1.2 ABBOTT FreeStyle Freedom Lite Lancet		15	6	HK\$50 (100pcs/box)	
2.1 ASCENSIA Contour Plus Test Strip	● Buy 4 boxes of test strips get 1 free glucometer and lancet device. 	60	24	HK\$95 (25 pcs/box)	
2.2 ASCENSIA Contour Plus Lancet		15	6	HK\$65 (100pcs/box)	
3.1 i-SENS CareSens N NFC Test Strip	● Buy 2 boxes of test strips get 1 free glucometer and lancet device. ^ Buy 2 boxes of test strips get 100 free lancets 	30	12	HK\$160 (50 pcs/box)	
3.2 i-SENS CareSens 28G Lancet		15	6	HK\$48 (100pcs/box)	
4.1 MediCons VivaChek BGMS Test Strip (Individual Packing)	● Buy 2 boxes of test strips get 1 free glucometer and lancet device. ^ Buy 2 boxes of test strips get 100 free lancets 	30	12	HK\$163 (50 pcs/box) (Individual Packing)	
4.2 MediCons VivaChek BGMS Lancet		15	6	HK\$45 (100pcs/box)	
5.1 OneTouch Select Plus Test Strip	● Buy 2 boxes of test strips plus 1 box of lancets get 1 free Glucometer and lancet device. 	30	12	HK\$202 (50 pcs/box)	
5.2 OneTouch Delica Lancet		15	6	HK\$65 (100pcs/box)	
6.1 ROCHE Accu-Chek Guide Test Strip	● Buy 2 boxes of test strips plus 1 box of lancets get 1 free Glucometer and lancet device. 	30	12	HK\$210 (50 pcs/box)	
6.2 ROCHE Accu-Chek Fastclix Lancet		15	6	HK\$120 (100pcs/box)	

Diabetes Hongkong Contact Information

Tel No. : 2778 2126 Fax No. : 2723 2207 E-mail : smbg@diabetes-hk.org Website : www.diabetes-hk.org

Address: Rooms 2001-02, 20/F, Times Tower, 928-930 Cheung Sha Wan Road, Kowloon

Service Hours: **Mon-Fri** (9:30am – 12:30pm & 1:30pm- 5:30pm) **Sat** (9:30am-12:30pm)

Closed on Sundays and Public Holidays

In case of tropical cyclone warning signal No.8 or above is hoisted, our centre will be closed. We will resume our service if the typhoon signal is lowered to No.3 or below on or before 3pm.

In accordance with the Personal Data (Privacy) Ordinance, data collected will be used for purposes mentioned in page 2.

Applicants requesting access to or correction of personal data should write to DHK.



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Check List

Please add "✓" in the appropriate box and submit this checklist together with the application form, other applicable forms and supporting documents required:

Application Form: (All application forms must be completed and signed, and relevant supporting documents must be submitted)

Emergency Blood Glucose Monitoring Assistance Program for the Unemployed	Self-Monitoring of Blood Glucose Test Strip Subsidized Project
<input type="checkbox"/> Emergency Blood Glucose Monitoring Assistance Program for the Unemployed Application Form – 2 pages	<input type="checkbox"/> Self-Monitoring of Blood Glucose Application Form – 3 pages
<input type="checkbox"/> Copy of HKID card	<input type="checkbox"/> Diabetes supporting documents
<input type="checkbox"/> Supporting documents for unemployment	
<input type="checkbox"/> Others Please specify : _____ _____	

Please mail or submit the above documents in person to Diabetes Hongkong (Rooms 2001-02, 20/F, Times Tower, 928-930 Cheung Sha Wan Road, Kowloon)

Enquires: 2723 2087

The applications (with relevant supporting documents) would be examined and approved within 14 working days.

- Applicants who are approved will receive a call from DHK ◦
- Applications that are not approved will be notified via SMS.