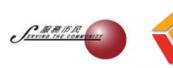
2022/23 Student Financial Assistance for Pre-primary Students

在職家庭及學生資助事務處 學生資助處 Working Family and Student Financial Assistance Agency Student Finance Office



在職家庭及學生資助事務處 Working Family and Student Financial Assistance Agency

## Fee Assistance



Kindergarten and Child Care Centre Fee Remission Scheme (KCFRS)

 To cover pre-primary students' school fee Grant for School-related Expenses for Kindergarten Students (Grant-KG)

• To cover kindergarten (KG) students' schoolrelated expenses

- Applicants are encouraged to submit electronic application via SFO E-link (<u>https://ess.wfsfaa.gov.hk/</u>).
- Application forms are also available on WFSFAA's website (<u>https://ww.wfsfaa.gov.hk/sfo</u>), and can be obtained from KGs, SFO, Regional Education Offices of EDB and District Offices of HAD, in July.



## 1) Kindergarten and Child Care Centre Fee Remission Scheme (KCFRS)

- Means-tested
- Needy families who require financial assistance may apply for fee remission.
- Students (at 2 years & 8 months old or above on 31.8.2022) attending KGs under the KG education scheme of EDB / children receiving whole-day child care services (aged 0-3) in child care centres (CCC) under SWD, are eligible for the 2022/23 application. CCC student-applicants should also pass "social needs" assessment.
- Three levels of fee remission (full, ¾ and half) are available under KCFRS.
- Fee remission ceilings under KCFRS for 2022/23 school year will be promulgated on WFSFAA's website in September 2022.



# 2) Grant for School-related Expenses for Kindergarten Students (Grant-KG)

Target beneficiaries:

- 1. Passing means test
- 2. Eligible for the KCFRS
- 3. Attending KGs under the KG education scheme of EDB (i.e. CCC students aged 0-3 not eligible)



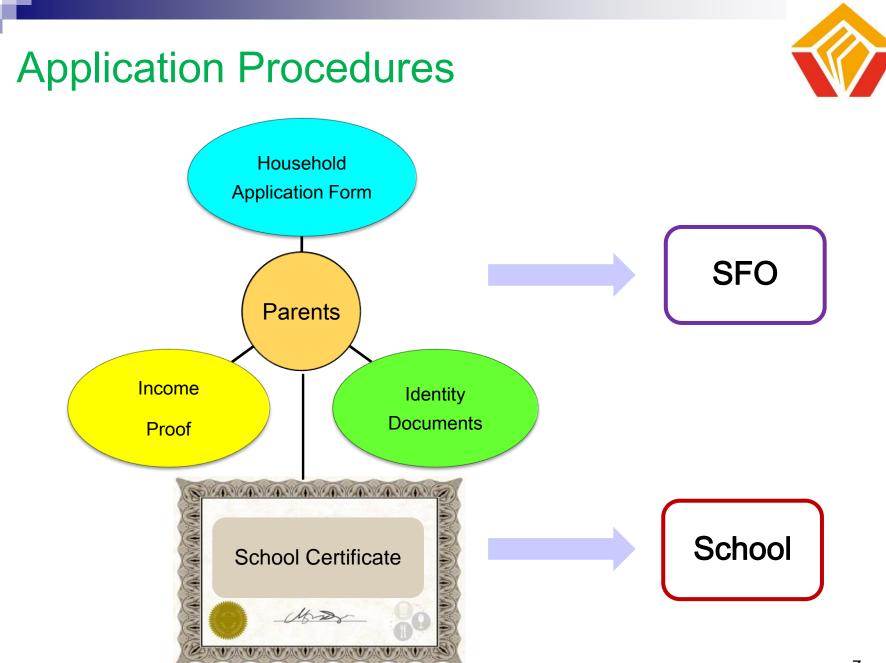
# 2) Grant for School-related Expenses for Kindergarten Students (Grant-KG)

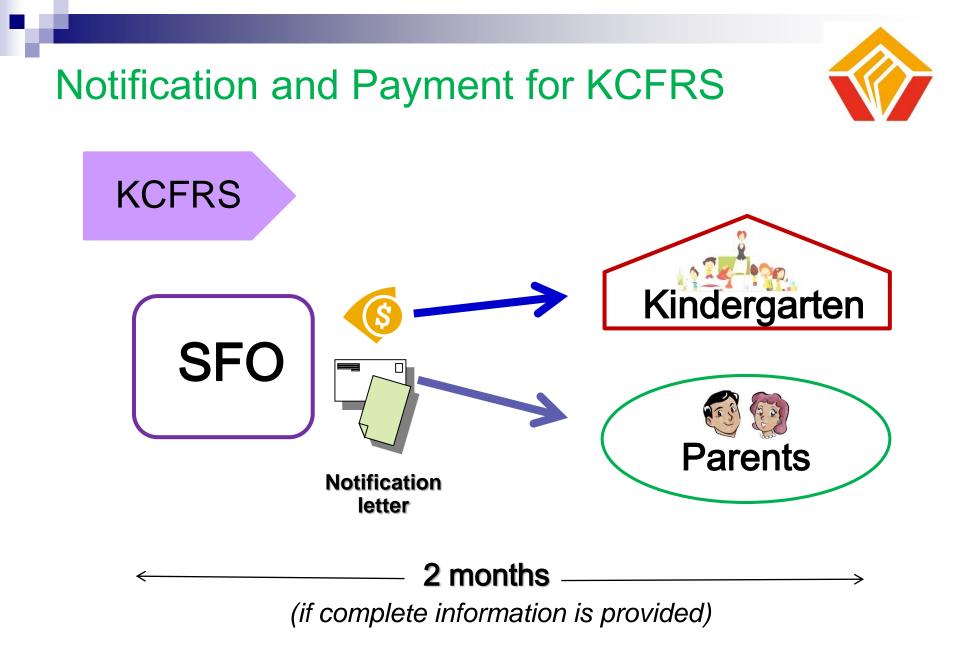
The rates for Grant-KG for 2022/23 school year are listed in the table below -

|            | Eligible KG Students |
|------------|----------------------|
| Full grant | \$4,270              |
| 3/4 grant  | \$3,203              |
| 1/2 grant  | \$2,135              |

# Household Application for Student Financial Assistance Schemes

- Family-based application form
- New applicants of KCFRS/Grant-KG may complete e-form on SFO E-link starting from July; paperbased household application forms will also be distributed through schools for new students.
- "School Certificate" should be submitted to schools as soon as possible.



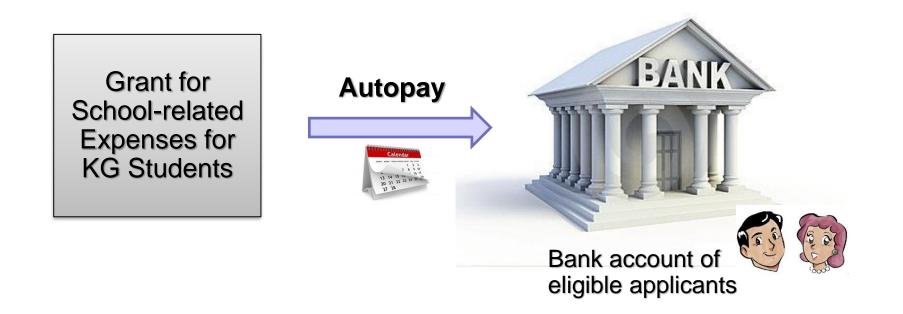




## Notification and Payment for Grant-KG



## Disbursement arrangement:



## How to Complete Household Application Form (e-from)

|                 |                      | $\frown$                   |                 |                       |                            |                             |        |
|-----------------|----------------------|----------------------------|-----------------|-----------------------|----------------------------|-----------------------------|--------|
| Part I Particu  | lars of the Applic   | ant Part II Pa             | ticulars of Fam | nily Members and Fina | ncial Assistance Schemes   | s being Applied for         |        |
| art III Reside  | ential Address       | Part IV Family In          | icome Par       | t V Medical Expenses  | Incurred by Family Memb    | ber(s) with Chronic Illness |        |
| art VI Appli    | cant's Bank Acco     | unt for Payment of         | f Assistance    | Part VII Applicant's  | Supplementary Informati    | ion Part VIII Declarati     | on     |
| . Spouse        | B. Student-app       | blicant 1 / Unmarri        | ed child residi | ing with the family 1 | C. Subsidy for Internet    | t Access Charges (SIA)      |        |
| D. Depender     | nt Parent            |                            |                 |                       |                            |                             |        |
|                 |                      |                            |                 |                       |                            |                             |        |
| art II Par      | ticulars of Fa       | amily Membe                | ers and Fir     | nancial Assistan      | ce Schemes being           | Applied for                 |        |
| Spouse          |                      |                            |                 |                       |                            |                             |        |
| Name in Chir    | nese                 |                            |                 |                       |                            |                             |        |
|                 |                      |                            |                 |                       |                            |                             |        |
| Name in Eng     | lish *               |                            |                 |                       |                            |                             |        |
|                 |                      |                            |                 |                       |                            |                             |        |
| Year of Birth*  |                      |                            |                 |                       |                            |                             |        |
|                 |                      |                            |                 |                       |                            |                             |        |
| HKID Card N     | o. *                 |                            |                 |                       |                            |                             |        |
|                 |                      |                            |                 |                       |                            |                             |        |
| HKID Card N     | lo. is not available | e, please provide <u>O</u> | ther Identity D | Document No. with cop | y of relevant proof.)      |                             |        |
| ther Identity [ | Document Type*       | (Please refer to par       | ragraph 2.1 of  | "Notes on How to Con  | nplete and Return Electron | nic Household Application   | Form") |
|                 |                      |                            |                 |                       |                            |                             |        |
| ther Identity [ | Document No.*        |                            |                 |                       |                            |                             |        |
|                 |                      |                            |                 |                       |                            |                             |        |
| HK Mobile Pl    | hone No.@            |                            |                 |                       |                            |                             |        |
|                 |                      |                            |                 |                       |                            |                             |        |
|                 |                      |                            |                 |                       |                            |                             |        |
|                 |                      |                            |                 |                       | Previous P                 | age Next F                  | Page   |

| d Financial Assistance Schemes being Applied for        |  |
|---|--|
| enses Incurred by Family Member(s) with Chronic Illness |  |
| cant's Supplementary Information Part VIII Declaration  |  |
| ily 1 C. Subsidy for Internet Access Charges (SIA)      |  |
| ,<br>gest child.)                                       |  |
|   |  |
|   |  |
|   |  |

### Part II :

Particulars of Family members (A) Spouse (if applicable)

**(B)** Student-applicant and Unmarried children residing with the family

→ otherwise, they will not be counted as 'family members' under the Adjusted Family Income (AFI) mechanism.

| 7. 2022-23Class level#   |  |
|--|--|
|  |  |
| 8. Mode of study#<br>A. Whole-day B. Half-da   | ay (A.M. session) 🛛 C. Half-day (P.M. session) 📄 D. Part-time              |
| 9. Apply for schemes (On student basis and you may   |  |
|  | Need Do not need   |
| tindergarten & below levels#   |  |
| (1 KCFRS + (2)Grant-KG^  |  |
| Grant-KG only applicable to KG students (K1-K3   |  |
|  |  |
|  | d care services (N1-N2) should complete the "Social Needs" Assessment Form |
| Applicants with children receiving whole-day chil<br>below and submit together with the supporting o               |  |
| below and submit together with the supporting d  |  |
|  |  |
| below and submit together with the supporting of<br>Primary & secondary levels or equivalent#                      |  |
| below and submit together with the supporting d  |  |
| below and submit together with the supporting of<br>Primary & secondary levels or equivalent#                      |  |
| below and submit together with the supporting of<br>Primary & secondary levels or equivalent#<br>(3) TA<br>(4) STS |  |

Part I Particulars of the Applican

Part III Residential Address

D. Dependent Parent

1. Name in Chinese

3. Date of Birth (DD/MM/YYYY)\*

If not available, please provide:

Other Identity Document No.

5. Status for 2021-22 #

4. HKID Card No./ Birth Certificate No.\*

Part VI App

A. Spou

Part II Paticulars of Family Members a

Part V Medical Exp

VVVV

Other Identity Document Type \*(Please refer to paragraph 2.1 of "Notes on How to Complete and Return Electronic Household Application Form")

Part VII Appl

Frany Income

Bank Account for Payment of Assistance

B. Student-applicants and unmarried children residing with the family (If more than one child, please fill out this part starting from the youn; Student-applicant 1 / Unmarried child residing with the family 1

MM

B. S<sup>1</sup> Ident-applicant 1 / Unmarried child residing with the fat

Part

| Applic  | to Complete Hous<br>cation Form (pape  | r-based)   |  |
|---|--|--|--|
| <ul> <li>A. Spouse<br/>Name in Chinese</li> <li>2 Name in English</li> <li>3 Year of Birth</li> <li>4 HKID Card No.</li> <li>5 HK Mobile Phone N</li> </ul> | Other Identity Document No.:   | <u>cument No.</u> with copy of relevant proof.)<br>1.1 of "Notes on How to Complete and Return Household Application Form")  | Part II :<br>Particulars of<br>Family members<br>(A) Spouse (if<br>applicable) |
| B. Student-applicant<br>from the younges  | ts and unmarried children residing with the family (If<br>st child.)<br>Student-applicant 1 /<br>Unmarried child residing with the family 1  | more than one child, please fill out this part starting Student-applicant 2 / Unmarried child residing with the family 2   |  |
| 1 Name in Chinese<br>2 Name in English<br>3 Date of Birth   |  |  | (B) Student-applicant<br>and Unmarried   |
| 4 HKID Card No. /<br>Birth Certificate No.<br>If not available, please provid<br>Other Identity Document Typ<br>Other Identity Document No.                 | pe (Please refer to paragraph 1.1 of "Notes on How to Complete and<br>Return Household Application Form")  | (Please refer to paragraph 1.1 of "Notes on How to Complete and<br>Return Household Application Form")   | children residing with<br>the family<br>→ otherwise, they                      |
| 5 Status for 2021-22<br>6 Name of School /<br>Institution in 2022/23<br>7 Class level in 2022/23  | # A. Under education B. In employment<br>C. Unemployed D. Other  | # A. Under education B. In employment<br>C. Unemployed D. Other  | will not be counted<br>as 'family members'<br>under the Adjusted               |
| <ol> <li>8 Mode of study</li> <li>9 Apply for schemes<br/>(On student basis and you<br/>may choose more than</li> </ol>                                     | #       A. Whole-day       B. Half-day (A.M. session)         C. Half-day (P.M. session)       D. Part-time         #       Need       Do not need         #       Kindergarten & below levels:       (1)KCFRS + (2)Grant-K         (^Grant-KG only approximation to KG studients (KI-K3)) | #       A. Whole-day       B. Half-day (A.M. session)         C. Half-day (P.M. session)       D. Part-time         #       Need       Do not need         #       Kindergarten & below levels:       (1)KCFRS + (2)Grant-KG^         (^Grant-KG only applicable to KG students (KI-K3)) | Family Income (AFI)<br>mechanism.  |
| I item, if applicable)  | # Primary & secondary levels or equivalent:           (3) TA         (4) STS           (5) DYJFR         (6) FR(FAEAEC)  | # Primary & secondary levels or equivalent:           (3) TA         (4) STS           (5) DYJFR         (6) FR(FAEAEC)  |  |

## How to complete Household Application Form (e-form)



| Part I Particulars of the Applicant Part II Particulars of Family Members and Financial Assistance Schemes being Applied for  |                          |
|---|--------------------------|
| Part III Residential Address Part IV Family Income Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness  |                          |
| Part VI Applicant's Bank Account for Payment of Assistance Part VII Applicant's Supplementary Information Part VIII Declaration   |                          |
| A. Spouse B. Student-applicant 1 / Unmarried child residing with the family 1 C. Subsidy for Internet Access Charges (SIA)  |                          |
| D. Dependent Parent   |                          |
| D. Dependent Parent   |                          |
| (If Applicant of his/her spouse have no dependent parent, please do not fill out the spaces below.)   |                          |
| Is / are the dependent parent(s) (i) currently in receipt of the Comprehensive Social Security Assistance (CSSA) and/or (ii) under employment   |                          |
| during the assessment period?#  |                          |
| ) Yes 🔷 No<br>f yes, please skip Part 'D'. If no, please continue to complete Part 'D'and refer to Paragraph 3.3 of "Notes on How to Complete and Return  |                          |
| yes, please skip part D. If no, please continue to complete part D and effect to paragraph 3.5 of Notes on How to Complete and Return<br>ectronic Household Application Form" for definition of "Dependent Parent". House also provide supporting documents for dependence of the |                          |
| arents including tenancy agreement, residential address proof or receipt of the home in the elderly, etc.)  |                          |
| Dependent Parent 1  |                          |
| Name in Chinese   |                          |
|   | Part II (D):             |
| Name in English   |                          |
| HKID Card No.*  |                          |
| IND Card No.*   | -Dependent Parent        |
|   |                          |
| ther Identity Document Type * (Please refer to paragraph 2.1 of "Notes on How to Complete and Return Electronic Household Application Form")  | (parents of applicant or |
| v   |                          |
| Other Identity Document No. *   | spouse)                  |
|   |                          |
| /ear of Birth   |                          |
|   | -Dependency status       |
| Dependency Status (at past 6 months during 1.4.2021 to 31.3.2022)   |                          |
| lease select one of the following dependency status   |                          |
| Resided with the applicant's family   |                          |
| Resided in premises owned or rented by the applicant or his/her spouse<br>Resided in premises owned or rented by the applicant or his/her spouse<br>Resided in a relativity the rent the complexity of the applicant or his/her spouse  |                          |
| Resided in an elderly home and the expenses were fully paid by the applicant or his/her spouse <u>OR</u> totally supported by the applicant or his/her spouse   |                          |
|   |                          |

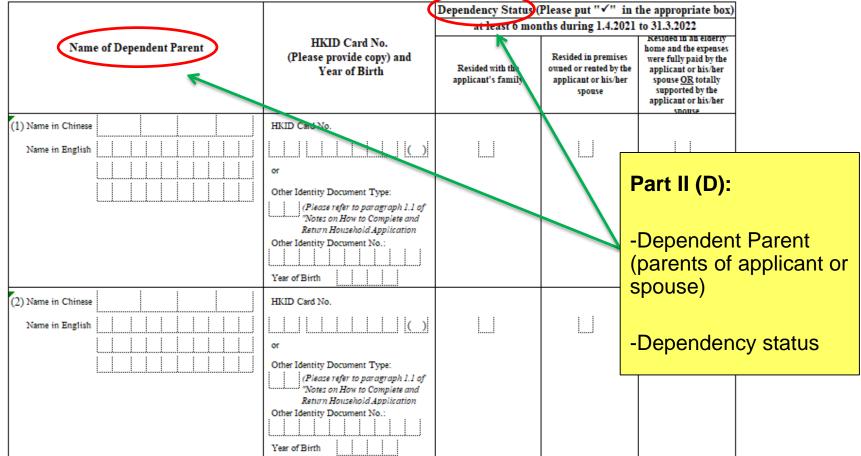
## How to complete Household Application Form (paper-based)



#### D. Dependent Parent

(i) Currently in receipt of the Comprehensive Social Security Assistance (CSSA) and/or (ii) under employment during the assessment period?

 #
 Yes (Need not complete Part 'D')
 No (Continue to complete Part 'D' and refer to Paragraph 2.3 of 'Notes on How to Complete and Return Household Application Form' on the definition of 'Dependency')



## How to complete Household Application Form (e-form)

 Part I Particulars of the Applicant
 Part II Particulars of Family Members and Financial Assistance Schemes being Applied for

 Part III Residential Address
 Part IV Family Income
 Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness

 Part VI Applicant's Bank Account for Payment of Assistance
 Part VI Applicant's Supplementary Information
 Part VII Declaration

#### Part IV Family Income

Presse provide information on your position and relevant actual income (including part-time income and no need to fill in decimal places) and those of your family member(s) during the period from 1 April 2021 to 31 March 2022 (please refer to Paragraph 13.4(v) of "Notes on How to Complete and Return Blectronic Household Application Form" (Notes). If you / your family member(s) was a housewife, was unemployed or has retired during the period, please specify the status and relevant duration. Additional sheet may be added if there is insufficient space to provide the information. For self-employed persons, please provide the relevant income proof (e.g. receipt for services rendered, profit and loss account (please refer to Sample II of the "Notes" or Personal Assessment Notice issued by the Inland Revenue Department). The SFO may make adjustment and apply benchmark figures on the basis of statistical information provided by relevant government departments (e.g. Census and Statistics Department) to assess your income and those of your family member(s) if you are unable to provide income proof or detailed calculation of income earned during the assessment period.

#### 1. Applicant

Mode of employment Full-time Part-time Position \* (Please specify period if it is not a whole year)

Total Annual Income (\$) Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee)

Salary (\$) \*

Business profit (\$) \*(If you did not carry on any business, please input "0" in this field.)

#### 2. Spouse

Mode of employment Full-time Part-time Position (Please specify period if it is not a whole year)\*

\_\_\_\_\_

Total Annual Income (\$)

Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee)

Salary (\$) \*

Business profit (\$) \* (If you did not carry on any business, please input "0" in this field.)

Part IV: Breakdown of total Family Income





## How to complete Household Application Form (paper-based)

### Part IV Family Income

Please provide information on your position and relevant actual income (including part-time income and no need to fill in decimal places) and those of your family member(s) during the period from 1 April 2021 to 31 March 2022 (please refer to Paragraph 9.2(v) of "Notes on How to Complete and Return Household Application Form" (Notes)). If you / your family member(s) was a housewife, was unemployed or has retired during the period, please specify the status and relevant duration. Additional sheet may be added if there is insufficient space to provide the information. For self-employed persons, please provide the relevant income proof (e.g. receipt for services rendered, profit and loss account (please refer to the enclosed Sample II) or Personal Assessment Notice issued by the Inland Revenue Department). The SFO may make adjustment and apply benchmark figures on the basis of statistical information provided by relevant government departments (e.g. Census and Statistics Department) to assess your income and those of your family member(s) if you are unable to provide income proof or detailed calculation of income earned during the assessment period.

|   | Applicant and Family Member  | Mode of<br>employment (Please spe   | Position<br>cify period if it is not a whole ye                        | (Including bonus / allow<br>ear) (excluding Mandatory | al Income (\$)<br>wance / part-time income<br>Provident Fund (MPF) /<br>ribution by employee)) |   | For Off | ïce Use            |       |
|---|--|---|--|---|--|---|---------|--------------------|-------|
| ( | D Applicant  | # Full-time<br># Part-time  |  | Salary (\$)<br>Business profit (\$)                   |  |   |         | Part IV            | :     |
| ( |  | # Full-time<br># Part-time  |  | Salary (\$)<br>Business profit (\$)                   |  |   |         | Breakd<br>of total | -     |
| ( | Name:  | # Full-time<br># Part-time  |  | Salary (\$)<br>Business profit (\$)                   |  | l |         | Family             |       |
| ( | <ul> <li>Unmarried child residing with<br/>the family (if applicable)<br/>Name:</li> </ul> | # Full-time<br># Part-time  |  | Salary (\$)<br>Business profit (\$)                   |  |   |         |                    | ·<br> |
|   |  | Contribution from children not<br>residing together, relatives or<br>friends (\$) | Rental income of property,<br>land, carpark, vehicle or vessel<br>(\$) | Interests from investments,<br>fixed deposit (\$)     | Alimony (\$)   |   |         |                    |       |
|   | 5 Other income (if applicable)   |   |  |   |  |   |         |                    |       |
| ľ |  | Pension (excluding<br>lump sum retirement gratuity)<br>(\$)                       | Widow's & Children's<br>Compensation (\$)                              | Other   | s (\$)   |   |         |                    |       |
|   |  |   |  | L   |  |   |         |                    |       |
|   |  |   | Total =  |   |  |   |         |                    | 15    |

## How to complete Household Application Form (e-form)

#### HOUSEHOLD APPLICATION FORM FOR STUDENT FINANCIAL ASSISTANCE SCHEMES

|   | n Fee Reimbursement (DYJFR)  | TA), Student Travel Subsidy Scheme (STS), Subsidy<br>and Fee Reimbursement (Financial Assistance Sche |                       |
|---|--|---|-----------------------|
| (# Please select the appropria  | te item,* are mandatory items an   | d @ are optional items.)  |                       |
| Application Progress  |  |   |                       |
|   | 50%  |   |                       |
| Save Application  | Upload Saved Form  | n   |                       |
|   |  |   |                       |
| Part I Particulars of the App   | licant Part II Particulars of Fa   | mily Members and Financial Assistance Schemes bein  | g Applied for         |
| Part III Residential Address  | Part IV Family Income Pa   | art V Medical Expenses Incurred by Family Member(s)   | with Chronic Illness  |
|   |  |   |                       |
| Part VI Applicant's Bank Ac   | count for Payment of Assistance  | Part VII Applicant's Supplementary Information  | Part VIII Declaration |
|   |  |   | Part VIII Declaration |
| Part VI pplicant's B  | ank Account for Payme  | nt of Assistance  |                       |
| Part VI pplicant's B  | ank Account for Payme  |   |                       |
| Part VI pplicant's B  | ank Account for Payme<br>er the applicant's name and p                               | nt of Assistance  |                       |
| Part VI pplicant's B  | ank Account for Payme<br>er the applicant's name and p                               | nt of Assistance  |                       |
| Part VI pplicant's B  | ank Account for Payme<br>er the applicant's name and p<br>lish *                     | nt of Assistance  |                       |
| Account holder's name in Eng  | ank Account for Payme<br>er the applicant's name and p<br>lish *                     | nt of Assistance<br>lease provide copy of the bank statement / first                                  |                       |
| Account holder's name in Eng  | ank Account for Payme<br>er the applicant's name and p<br>lish *                     | nt of Assistance<br>lease provide copy of the bank statement / first                                  |                       |
| Part VI ppplicant's B<br>rme account must be under<br>Account holder's name in Eng<br>Applicant's bank account no.<br>Bank Code <sup>*</sup>                                    | ank Account for Payme<br>er the applicant's name and p<br>lish *                     | nt of Assistance<br>lease provide copy of the bank statement / first                                  |                       |
| Part VI ppplicant's B<br>rme account must be under<br>Account holder's name in Eng<br>Applicant's bank account no.<br>Bank Code <sup>*</sup>                                    | ank Account for Payme<br>er the applicant's name and p<br>lish *<br>Bank Account Nur | nt of Assistance<br>lease provide copy of the bank statement / first                                  |                       |
| Part VI ppplicant's B<br>crite account must be under<br>Account holder's name in Eng<br>Applicant's bank account no.<br>Bank Code <sup>*</sup><br>(e.g. Standard Chartered Bank | ank Account for Payme<br>er the applicant's name and p<br>lish *<br>Bank Account Nur | nt of Assistance<br>lease provide copy of the bank statement / first                                  |                       |
| Part VI ppplicant's B<br>crite account must be under<br>Account holder's name in Eng<br>Applicant's bank account no.<br>Bank Code <sup>*</sup><br>(e.g. Standard Chartered Bank | ank Account for Payme<br>er the applicant's name and p<br>lish *<br>Bank Account Nur | nt of Assistance<br>lease provide copy of the bank statement / first                                  |                       |



### Part VI:

Since the Grant-KG will be disbursed to the bank account of the eligible applicants through <u>autopay</u>, the applicant must provide a valid bank account and supporting proof to SFO.

## How to complete Household Application Form (paper-based)



| Part VI Applicant's Bank Account for Payment of Assistance<br>(The account must be under the applicant's name and please provide copy of the bank statement / first page of bank book) |  |  |  |  |
|--|--|--|--|--|
| Account holder's name in English<br>Applicant's bank account no.:  |  |  |  |  |
| Bank name:   |  |  |  |  |

## Part VI:

Since the Grant-KG will be disbursed to the bank account of the eligible applicants through <u>autopay</u>, the applicant must <u>provide a valid bank</u> <u>account and supporting proof</u> to SFO.



# Overview of Financial Assistance for pre-primary students for 2022/23

Kindergarten and Child Care Centre Fee Remission Scheme (KCFRS) Grant for School-related Expenses for Kindergarten Students (Grant-KG)

Fee remission

School-related expenses



## **Electronic Application Form**



- Applicants are encouraged to use electronic form (e-form) to submit application online.
- Completed "School Certificate" in paper format should be submitted to schools.
- If applicants have submitted an e-form online, they need NOT submit the paper-based form to SFO.



## Leaflet on Household Application for Student Financial Assistance Schemes



Leaflets on household application for student financial assistance schemes in eight languages including Hindi, Indonesian, Nepali, Tagalog, Thai, Urdu, Punjabi(Indian) and Vietnamese can be obtained from the following places –

### SFO

- Kindergartens
- District Offices of HAD
- District Social Welfare Offices of the SWD
- Regional Education Offices of the EDB
- Various support service centres for people of diverse race

They are also available at WFSFAA's website at <u>https://www.wfsfaa.gov.hk/sfo</u>.

## Enquiry





## SFO Hotline : 2802 2345





# Enquiry

- Office: 12/F, One Mong Kok Road Commercial Centre,1 Mong Kok Road, Kowloon
- You may approach services centres for people of diverse race for assistance.









# ਤੁਹਾਡਾ ਧੰਨਵਾਦ Thank you ਧੰਨਵਾਦ Terima kasih Cảm ơn bạn أب كا شكريم Salamat