

## **Free Delivery Service Provided by Supermarkets for People with Disabilities**

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### **Notes to Applicants**

1. Background and Purpose

As stated in the “Government Response to the Consumer Council’s Report on the Supermarket Industry” published by the Trade and Industry Bureau, local major supermarket operators had initially accepted the Hong Kong Council of Social Service’s (HKCSS) proposal of providing free delivery service (the service) for people with disabilities. In following up this proposal, the Labour and Welfare Bureau (LWB) has obtained consent from Park’N Shop Limited (Park’N Shop) and Wellcome Company Limited (Wellcome) to provide the service on a trial basis.

2. Terms and Conditions

Leaflets on the service provided by Park’N Shop and Wellcome respectively are attached for your reference. The contents are subject to amendments as announced by the two supermarket operators.

3. Eligibility

The following four groups of people with disabilities and their families/carers are eligible for the service:

- (1) severely physically handicapped people (including those suffering from cerebral palsy/using wheelchairs or walking aids);
- (2) blind people or severely visually impaired people;
- (3) severely mentally handicapped people (IQ 40 or below); and
- (4) autistic people.

4. Application Forms

Application Forms are obtainable at:

- 4.1 Rehabilitation service units and special schools that provide services for the four groups of people mentioned in paragraph 3 above;

- 4.2 Social Security Field Units and Family Service Centres of the Social Welfare Department; or
- 4.3 Park’N Shop or Wellcome supermarkets.

5. Application Procedures

- 5.1 Applicants must be people with disabilities or their family members/ carers. They are required to complete Parts A and C of the Application Form. Applicants who are family members or carers of people with disabilities are required to complete Part B as well. If an order is placed by the family members or carers of people with disabilities, the delivery address should be the same as the residential address indicated in Part A of the Application Form.
- 5.2 People with disabilities who are receiving rehabilitation services such as those provided by special schools, day activity centres and residential homes should ask the officers-in-charge of the respective agencies to complete the “Letter of Certification” at Annex I for the purpose of certifying the information given in the Application Form.
- 5.3 People with disabilities who are not receiving any rehabilitation services should:
  - 5.3.1 complete the “Letter of Authorization” at Annex II to authorize the Rehabilitation Team of theLWB to verify the information provided in Part A of the Application Form, and attach to the Application Form photocopies of their personal identification and relevant supporting documents as listed in Part A of the Application Form and the “Letter of Authorization” respectively; or
  - 5.3.2 attach to the Application Form photocopies of the personal identification listed in Part A of the form, and a valid medical certificate<sup>1</sup> to prove that the person indicated in Part A belongs to one of the four groups of people mentioned in paragraph 3 above.

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<sup>1</sup> There is no standard format for medical certificates. The sample in Annex III may be used as reference.

- 5.4 The Application Form together with the documents listed in 5.2 or 5.3 above should be mailed to the following address :

Rehabilitation Team,  
Labour and Welfare Bureau,  
11/F, West Wing, Central Government Offices,  
2 Tim Mei Avenue, Tamar, Hong Kong.

6. Rights and Responsibilities

- 6.1 The Rehabilitation Team of the LWB will examine and verify the applications and refer eligible applications to the respective supermarket operators for further action. The LWB reserves the right to reject any application in case the applicant provides any false or incorrect information, or in case the eligibility of the applicant is in doubt.
- 6.2 Successful applicants must strictly observe the terms and conditions laid down by the respective supermarket operators for the use of the service.
- 6.3 Free delivery service will be provided by the supermarkets, but the operators reserve the right to amend the terms and conditions relating to the service.

7. Enquiries

- 7.1 On application procedures: please call the Rehabilitation Team of the LWB at 2810 3859.
- 7.2 On terms and conditions: please refer to the telephone numbers as shown on the leaflets issued by the supermarket operators concerned.

Rehabilitation Team,  
Labour and Welfare Bureau

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**Application Form**

**Part A: Personal Particulars of the Person with Disabilities (This part must be completed.)**

Name : (in Chinese) \_\_\_\_\_ (in English) \_\_\_\_\_

Residential

Address : (in Chinese) \_\_\_\_\_

\_\_\_\_\_

(in English) \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Sex : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

# Personal

Identification :  Hong Kong Identity Card No. : \_\_\_\_\_

Exemption Certificate No. : \_\_\_\_\_

Birth Certificate No. : \_\_\_\_\_  
(applicable to persons under the age of 11)

# Type of

Disability :  Severe physical handicap (including people suffering  
from cerebral palsy/using wheelchairs or walking aids)

Blindness or severe visual impairment

Severe mental handicap (IQ 40 or below)

Autism

**Part B : Personal Particulars of Family Member/Carer (please complete this part if applicable)**

Name : (in Chinese) \_\_\_\_\_ (in English) \_\_\_\_\_

Hong Kong Identity Card No. : \_\_\_\_\_ Telephone No. : \_\_\_\_\_

# Relationship with the person with disabilities indicated in Part A:

family member                       carer

**Part C : Declaration**

I\* hereby declare that the information given in this Application Form is true and correct, and consent to the information being registered with the Central Registry for Rehabilitation under the Labour and Welfare Bureau (“the Registry”) and to the information being forwarded from the Registry to Park’N Shop and Wellcome so that I can receive free delivery service provided by # Park’N Shop/ Wellcome respectively. (You may tick more than one box.) I understand that the information, other than being used for the above purpose, will be kept confidential. I am also fully aware of the objectives and intention (details shown overleaf) of the Registry in collecting the information.

Signature of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_

Name: (in Chinese) \_\_\_\_\_ (in English) \_\_\_\_\_

# Please tick as appropriate.

\* Referring to the same person as indicated in Part A or B of this Application Form.

**Function of the Central Registry for Rehabilitation**

The Central Registry for Rehabilitation collects and compiles data on people with disabilities in Hong Kong with a view to providing statistics on disability to Government and non-governmental organisations for the planning of rehabilitation services and research purposes. Personal information will be kept confidential and will not be disclosed to other persons or organisations except in the form of summary statistics.

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**Letter of Certification**

(To be completed by rehabilitation service units for people with disabilities who *are receiving* rehabilitation services or their family members/carers.)

I hereby certify that the information about \_\_\_\_\_ (name of the person with disabilities) given in the Application Form is true and correct.

Signature of officer-in-charge

of the rehabilitation service

Unit : \_\_\_\_\_ Date : \_\_\_\_\_

Name : \_\_\_\_\_ Post Title : \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name and seal of the rehabilitation service unit:

\_\_\_\_\_

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**Letter of Authorization**

(To be completed by people with disabilities who are *not receiving* rehabilitation services or their family members/carers.)

I\* hereby attach a photocopy of the personal identification document indicated in Part A of the Application Form and provide information on one of the following items. I also authorize the Rehabilitation Division of the Labour and Welfare Bureau to verify the information given in Part A of the form:

#  Information on disability allowance

The person indicated in Part A of the Application Form is a recipient of disability allowance, whose reference number is \_\_\_\_\_. Attached is a photocopy of a \*\*notification of successful application for disability allowance / notification of revision of assistance issued by the Social Welfare Department.

Information on Comprehensive Social Security Assistance (CSSA)

The person indicated in Part A of the Application Form is a recipient of CSSA payment, whose reference number is \_\_\_\_\_. Attached is a photocopy of a \*\*notification of successful application for CSSA payment / notification of revision of assistance issued by the Social Welfare Department.

Loss of the notification of successful application for disability allowance / CSSA payment

The \*\*disability allowance / CSSA payment reference number of the person indicated in Part A of the Application Form is \_\_\_\_\_. However, since the \*\*notification of successful application for disability allowance / CSSA payment issued by the Social Welfare Department has been lost, the Rehabilitation Division of the Labour and Welfare Bureau is requested to verify direct with the Social Welfare Department the information about the person with disabilities indicated in the Application Form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: (in Chinese) \_\_\_\_\_ (in English) \_\_\_\_\_

\* Referring to the same person as indicated in Part A or B of the Application Form.

# Please tick as appropriate.

\*\* Delete as appropriate.

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**Sample of Medical Certificate**

This is to certify that \_\_\_\_\_ is suffering from one of the following types of disabilities:

- #  Severe physical handicap (including people suffering from cerebral palsy /using wheelchairs or walking aids)
  
- Blindness or severe visual impairment
  
- Severe mental handicap (IQ 40 or below)
  
- Autism

Signature: \_\_\_\_\_

Name of doctor: \_\_\_\_\_

Clinic/Hospital Name & chop: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Date: \_\_\_\_\_

# Please tick as appropriate.