

「殘疾人士登記證」申請表

編號：
 No.:
 (供有關部門填寫 Official Use Only)

Application for "Registration Card for People with Disabilities"

備註：本證是發給自願提供個人資料的人士，申請人如未能提供所需的個人資料，本申請表可能不獲受理。

Note: Provision of personal data in this form is entirely voluntary. Your application may not be considered if you fail to provide the personal data required.

個人資料 Personal Particulars	
姓名(中文) 姓名先行 Surname first (姓名以下述的香港身份證 / 出生證明書 / 其他身份證明文件所載為準) (Enter the same name as appearing on your Hong Kong Identity Card / Birth Certificate / other document(s) of identity shown below)	Name (English) (英文姓名) Surname first (Enter the same name as appearing on your Hong Kong Identity Card / Birth Certificate / other document(s) of identity shown below)
香港身份證 / 護照 / 出生證明書*號碼 (請提供有關身份證明文件的副本) Hong Kong Identity Card / Passport / Birth Certificate* No. (Please provide a copy of the relevant document of identity)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ()
或其他身份證明文件 (請註明) Other document(s) of identity (Please specify)	<input type="text"/>
性別 Sex	男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/> 出生日期 Date of Birth
	日 Day <input type="text"/> <input type="text"/> 月 Month <input type="text"/> <input type="text"/> 年 Year <input type="text"/> <input type="text"/>
住址 Address (為方便紀錄，請盡量提供英文地址)(Please enter in block letters)	
Flat/Room 室 <input type="text"/> <input type="text"/> <input type="text"/> Floor 樓 <input type="text"/> <input type="text"/> <input type="text"/> Block 座 <input type="text"/> <input type="text"/> <input type="text"/>	
Building 大廈 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Road/Street No., Road/ Street/ Housing Estate 街道號碼, 街道/屋 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
District/Area 區 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 <input type="checkbox"/>
通訊地址 Correspondence Address (如與上址不同) (If different from the address given above)	
	HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 <input type="checkbox"/>
聯絡電話號碼 Tel. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	傳真號碼 Fax. No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
供有關部門填寫 Official use only <input type="checkbox"/> PE <input type="checkbox"/> TM (EDate: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
殘疾類別 Type(s) of Disability	
(申請人必須提供每類殘疾的證明文件，有關文件要求，請參閱申請指引註1。如屬多類殘疾人士，可選「✓」兩個或以上方格。) (Please attach documentary evidence for each reported disability. Please refer to Note 1 of the Guidance Notes regarding the requirement of the documentary evidence on disability. May select 「✓」 two or more boxes, if applicable.)	
1. 聽障 Hearing impairment	<input type="checkbox"/> 聽力損失 > 70 分貝 Hearing loss > 70dB <input type="checkbox"/> 聽力損失 41-70 分貝 Hearing loss 41-70dB <input type="checkbox"/> 聽力損失 26-40 分貝 Hearing loss 26-40dB
2. 視障 Visual impairment	<input type="checkbox"/> 嚴重低視力至全盲 Severe low vision to totally blind <input type="checkbox"/> 中度低視力 Moderate low vision <input type="checkbox"/> 輕度低視力 Mild low vision
3. 肢體傷殘 Physical disability	<input type="checkbox"/> 嚴重 Severe <input type="checkbox"/> 中度 Moderate <input type="checkbox"/> 輕度 Mild
4. 言語障礙 Speech impairment	<input type="checkbox"/>
5. 智障 Intellectual disability	<input type="checkbox"/> 極度嚴重 Profound <input type="checkbox"/> 嚴重 Severe <input type="checkbox"/> 中度 Moderate <input type="checkbox"/> 輕度 Mild
6. 精神病 Mental illness	<input type="checkbox"/> 精神病 Psychosis <input type="checkbox"/> 神經官能病 Neurosis <input type="checkbox"/> 其他心理失常 Other mental disorders
7. 自閉症 Autism	<input type="checkbox"/>
8. 器官殘障/長期病患 Visceral disability/Chronic illness	<input type="checkbox"/> 請註明： Please specify: <input type="text"/>
9. 注意力不足/過度活躍症 Attention Deficit/Hyperactivity Disorder	<input type="checkbox"/>
10. 特殊學習困難 Specific Learning Difficulties	<input type="checkbox"/>

@ 相片規定可參閱申請指引註2 Please see Note 2 of the Guidance Notes for photograph requirement.

本人現 首次申請 / 換領 / 補領# 「殘疾人士登記證」，並授權「康復服務中央檔案室」使用本人的個人資料，包括殘疾類別，作為發證及其他在「殘疾人士登記證申請指引」中所述的用途。

I wish to apply for a new / renewal / replacement# issue of the Registration Card for People with Disabilities and authorise the Central Registry for Rehabilitation to use my personal data including type(s) of disability for the purpose of issuing the Registration Card, and other purposes and functions as specified in the Guidance Notes on Application for the Registration Card for People with Disabilities.

簽署： _____ 日期： _____
Signature: _____ Date: _____

姓名 (正楷)： _____ * 先生 / 小姐 / 女士 / 太太
Name (Block letters): * Mr / Miss / Ms / Mrs _____

香港身份證號碼： _____ 聯絡電話號碼： _____
HK ID Card No.: _____ () Tel. No.: _____

如屬代申請人申領登記證者，請填報此欄 (代申請人必須為申請人的父母或合法監護人，請提交與申請者關係的證明文件副本)。

Please complete this column if you are the parent or legal guardian of the applicant and apply on behalf of the applicant (Please submit a copy of documentary evidence on the relationship with the applicant).

本人代表 (申請人姓名) _____，香港身份證號碼： _____ () 首次申請 / 換領 / 補領# 「殘疾人士登記證」，並已經取得上述申請人的同意授權「康復服務中央檔案室」使用他/她的個人資料，包括殘疾類別，作為發證及其他在「殘疾人士登記證申請指引」中所述的用途。

I, on behalf of (applicant's name) _____, HK ID Card No. _____ () wish to apply for a new / renewal / replacement# issue of the Registration Card for People with Disabilities, and have sought the consent of the applicant to authorise the Central Registry for Rehabilitation to use his/her personal data including type(s) of disability for the purpose of issuing the Registration Card, and other purposes and functions as specified in the Guidance Notes on Application for the Registration Card for People with Disabilities.

簽署： _____ 日期： _____
Signature: _____ Date: _____

姓名 (正楷)： _____ * 先生 / 小姐 / 女士 / 太太
Name (Block letters): * Mr / Miss / Ms / Mrs _____ *先生 / 小姐 / 女士 / 太太

香港身份證號碼： _____ 聯絡電話號碼： _____
HK ID Card No.: _____ () Tel. No.: _____

與申請者關係 (父母或合法監護人)： _____
Relationship with applicant (parent or legal guardian): _____

機構名稱 (如適用)： _____
Name of Agency (if applicable): _____

* 請刪去不適用者 Delete where appropriate

請先參閱指引第IV(c)段有關補領登記證的須知。Please refer to Section IV(c) of the Guidance Notes for details of replacement.

查閱個人資料 Access to Personal Data

根據個人資料 (私隱) 條例第 18 和 22 條以及該條例附表一有關保障資料第六原則的規定，你有權要求查閱和修改康復服務中央檔案室所保存關於你的個人資料。在繳交費用後，便可索取你個人資料的副本。如欲查詢有關個人資料的管理，包括要求查閱或修改你的個人資料，請聯絡本檔案室：

You have a right to request access to and correction of your personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data kept in the Central Registry for Rehabilitation subject to payment of a fee. Enquiries on the management of personal data, including making of access and correction to your personal data, should be addressed to:

香港添馬添美道 2 號
政府總部西翼 11 樓
勞工及福利局
康復服務中央檔案室
電話: 2810 3859 / 2810 3861
傳真: 2543 0486

Central Registry for Rehabilitation
Labour and Welfare Bureau
11/F, West Wing, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
Tel.: 2810 3859 / 2810 3861
Fax: 2543 0486

致康復服務中央檔案室主管（請遞交本文件正本）：

Officer-in-charge, Central Registry for Rehabilitation, (please submit this **original copy**),

殘疾人士登記證—傷殘類別證明書 (CRR4)

Certification of Disability Type for Registration Card for People with Disabilities

姓名： _____ 性別： 男 女
Name: _____ Sex: M F

身份證明文件及號碼： _____
Document of Identity and No. _____

謹此證明上述人士**不符合**殘疾人士登記證申請指引第 II 段內所述的申請資格。
This is to certify that the above-named person **does not meet** the eligibility criteria as set out in Section II of the Guidance Notes on Application for the Registration Card for People with Disabilities.

謹此證明上述人士**符合**殘疾人士登記證申請指引第 II 段內所述的申請資格，其殘疾類別為：
This is to certify that the above-named person **meets** the eligibility criteria as set out in Section II of the Guidance Notes on Application for the Registration Card for People with Disabilities. The above-named person suffers from the following type(s) of disability:
(如屬多類殘疾人士，可選「✓」兩個或以上方格。 May select 「✓」 two or more boxes, if applicable.)

1. 聽障 Hearing impairment	<input type="checkbox"/> 聽力損失 > 70 分貝 Hearing loss > 70dB	<input type="checkbox"/> 聽力損失 41-70 分貝 Hearing loss 41-70dB	<input type="checkbox"/> 聽力損失 26-40 分貝 Hearing loss 26-40dB	
2. 視障 Visual impairment	<input type="checkbox"/> 嚴重低視力至全盲 Severe low vision to totally blind	<input type="checkbox"/> 中度低視力 Moderate low vision	<input type="checkbox"/> 輕度低視力 Mild low vision	
3. 肢體傷殘 Physical disability	<input type="checkbox"/> 嚴重 Severe	<input type="checkbox"/> 中度 Moderate	<input type="checkbox"/> 輕度 Mild	
4. 言語障礙 Speech impairment	<input type="checkbox"/>			
5. 智障 Intellectual disability	<input type="checkbox"/> 極度嚴重 Profound	<input type="checkbox"/> 嚴重 Severe	<input type="checkbox"/> 中度 Moderate	<input type="checkbox"/> 輕度 Mild
6. 精神病 Mental illness	<input type="checkbox"/> 精神病 Psychosis	<input type="checkbox"/> 神經官能病 Neurosis	<input type="checkbox"/> 其他心理失常 Other mental disorders	
7. 自閉症 Autism	<input type="checkbox"/>			
8. 器官殘障/長期病患 Visceral disability/ Chronic illness	<input type="checkbox"/> 請註明： Please specify: _____			
9. 注意力不足/過度活躍症 Attention Deficit/ Hyperactivity Disorder	<input type="checkbox"/>			
10. 特殊學習困難 Specific Learning Difficulties	<input type="checkbox"/>			

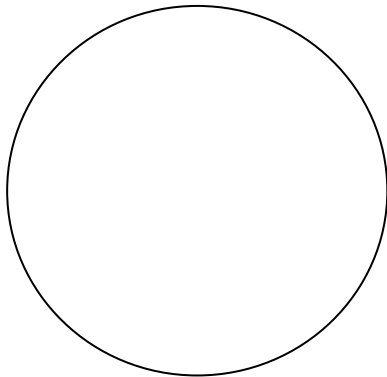
根據 (日期) _____ 的評估，上述的殘疾狀況有可能持續：

According to the assessment conducted on (date) _____, the disabling condition is likely to last for:

少於或等於 12 個月
less than or equal to 12 months

多於 12 個月但少於或等於 24 個月
more than 12 months but less than or equal to 24 months

多於 24 個月
more than 24 months



醫生簽名： _____ Signature of Doctor
醫生正楷姓名： _____ Name of Doctor (Block Letter)

機構負責人 / 專業醫療人員* 簽名： _____
Signature of Allied Health Professional / Office-in-charge*

機構負責人 / 專業醫療人員* 正楷姓名： _____
Name of Allied Health Professional / Office-in-charge* (Block Letter)

請列明所屬專業： _____
Please specify field

機構 / 醫院* 名稱： _____
Name of Organisation / Hospital

聯絡電話號碼： _____
Tel. No.

機構 / 醫院* 蓋印 (必須)
Organisation / Hospital* Chop (is required)

日期： _____
Date

「殘疾人士登記證」申請指引

I. 引言

殘疾人士登記證（下稱「登記證」）的簽發對象是身體機能永久傷殘或暫時受損的人士。發出此證的目的，是讓持證人在有需要時出示登記證以證明其本身的殘疾身份及類別。登記證並非一張優惠證或信用咭，亦不得轉讓或出售予他人。

自 2005 年 7 月起簽發的登記證，附有持證人的照片，並註明有效日期（只適用於身體機能暫時受損及／或年齡少於 11 歲的兒童和少於 18 歲的青少年持證人）。所有於 2005 年 7 月前發出的登記證（舊證）已經無效。如需換領新證，申請手續與下文第 IV（a）段所述安排相同。

II. 申請資格

各類殘疾人士，包括聽障、視障、言語障礙、肢體傷殘、自閉症、精神病、智障、器官殘障／長期病患、注意力不足／過度活躍症及特殊學習困難，如殘疾情況會影響其日常生活、參與經濟和社會活動的能力，及／或令其行動不便，而且需要較長時間才能康復，均可申領登記證。

III. 可提出申請的人士

殘疾人士本人可提出申請，或由其父母或合法監護人代為提出申請。如代申請人申領登記證，請提交與申請者關係的證明文件。

IV. 簽發登記證

(a) **新證** – 申請人須填妥申請表（CRR3），連同證明每類殘疾的文件（註 1），以及申請人的身份證明文件影印本及一張彩色近照（註 2），一併寄交下列地址：

香港添馬添美道 2 號
政府總部西翼 11 樓
勞工及福利局
康復服務中央檔案室

登記證載有持證人姓名、性別、照片和殘疾類別，是為方便識別持證人的身份及防止他人濫用該證。

申請表格可向康復服務中央檔案室、勞工處展能就業科各區辦事處、社會福利署區福利辦事處、各有關的非政府康復機構或各區民政事務處索取，亦可從勞工及福利局網頁（<http://www.lwb.gov.hk>）下載。在申請表上提供個人資料，純屬自願性質。然而，倘若申請人未能提供所需的個人資料和有效的殘疾證明文件，則康復服務中央檔案室可能因而未能處理有關申請。

(b) **續證** – 只有身體機能暫時受損（**註 3**）及其登記證上註有有效日期的人士，才須續領新證。一般而言，這類登記證的有效期限為兩年，由康復服務中央檔案室收悉持證人的殘疾證明文件日期起計算。持證人須於該證有效日期屆滿前兩個月內，提出續證申請，否則該證件到期後便會自動失效。申請人須填妥申請表格（**CRR3**），連同有效的殘疾證明文件（**註 1 及 註 4**），一併寄回 IV（a）段所述地址。如持證人於該證有效日期屆滿前兩個月前提出續證申請，除了須提交上述文件，亦須退回有效登記證的正本及附上一封陳述提前續證理由的信件。

續證的規定同樣適用於年滿 11 歲的兒童和年滿 18 歲的人士。有關人士須分別於年滿 11 歲和 18 歲後的兩個月內，提出續證申請，提出申請時須遞交彩色近照一張（**註 2**）及最新的身份證明文件副本。

(c) **補領失證** – 持證人須填妥並交回申請表格（**CRR3**），以及附上一封陳述補領理由的信件，一併寄回。

(d) **更改登記證上的個人資料／殘疾類別** – 持證人須以書面提出要求，並填妥申請表格（**CRR3**），連同有效的登記證正本和有效的身份證明文件副本（適用於更改個人資料）／有效的殘疾證明文件（適用於更改殘疾類別）（**註 1**），一併寄回。

倘若申請人符合以上的簽發條件，登記證便會以郵遞方式發出。康復服務中央檔案室保留向申請人簽發、註銷及收回登記證的權利。

V. 收費

首次簽發新證或續領登記證，均無須繳費。

至於補領失證或要求更改登記證上的個人資料，則須繳交港幣 58 元補領費，收費會按時調整。請用支票或本票繳付費用，抬頭請註明「香港特別行政區政府」，請勿郵寄現金。

申請補領失證或要求更改登記證上個人資料的持證人，如有經濟困難及／或其他合理原因（例如殘疾情況有所改變），可申請豁免補領費用。申請人須以書面說明申請豁免補領費用的原因及提交有關證明文件（例如由社會福利署向綜援受助人發出的有效醫療費用豁免證明書的副本）。

VI. 註銷

持證人如欲註銷有效的登記證，須以書面提出要求，並退回該證的正本予康復服務中央檔案室。

VII. 康復服務中央檔案室搜集資料所作用途

勞工及福利局康復服務中央檔案室為政府及非政府機構搜集及整理有關本港殘疾人士的統計數據，以供策劃及研究康復服務之用。所有個人

資料將會按照《個人資料（私隱）條例》的有關條文保密處理，不會向其他人士或機構透露，而向外披露的資料僅為一些綜合統計數字。

只有在持證人清楚表明同意向授權的機構或組織提供其個人資料（包括其殘疾類別）的情況下，康復服務中央檔案室才會向有關機構發放有關資料。

VIII. 查詢

如對有關簽發登記證事宜有任何疑問，請致電 2810 3859、2810 3861、3655 4777 或 2810 3841 查詢。

政府總部
勞工及福利局
康復分科
2016年1月

註：

1. 有關殘疾證明文件必須於最近 6 個月內所簽發，並列明申請人的殘疾類別、殘疾程度及有關殘疾情況可能持續的時間。有關殘疾證明文件舉例如下：
 - (i) 由香港註冊的醫生或專業醫療人員簽發的殘疾證明；
 - (ii) 由香港註冊的醫生或專業醫療人員簽發的「傷殘類別證明書（CRR4）」正本（表格已夾附於本申請表內）；
 - (iii) 由教育局資助的特殊學校、社會福利署資助的康復機構或職業訓練局轄下展亮技能發展中心的主管簽發的「傷殘類別證明書（CRR4）」正本（表格已夾附於本申請表內）；
 - (iv) 由運輸署簽發的殘疾駕駛人士證明；或
 - (v) 由社會福利署簽發的殘疾人士證明（如申請人為傷殘津貼受惠人或喪失 100% 謀生能力的綜合社會保障援助計劃（綜援）受助人等，可填寫夾附於本申請表內的授權書（CRR/SWD1），以授權康復服務中央檔案室向社會福利署查核申請人的殘疾資料）。

以上例子可能未完全涵蓋可用作申領登記證的殘疾證明文件。如有進一步查詢，申請人可與康復服務中央檔案室聯絡（查詢電話：2810 3859、2810 3861、3655 4777 或 2810 3841）。

2. 照片的背景應無任何裝飾，照片的要求與申請特區護照的類同。
3. 為求識別永久傷殘和身體機能暫時受損，除非另有醫生證明，否則器官殘障／長期病患及肢體傷殘人士（不包括永久傷殘的輪椅使用者）會被分類為身體機能「暫時」受損人士，並須定期提供有效證明文件（註 1），以定期覆核持證人的身體機能受損情況。

在判斷器官殘障／長期病患或肢體傷殘類別時，取決因素在於受損程度而非診斷結果，釐定準則如下 –

- (i) 就器官殘障／長期病患而言，釐定準則是着重於殘疾的嚴重程度，是否足以影響個人的基本生活，例如參與社會及經濟活動的能力，包括就業能力、社交活動、日常生活起居和個人的行動，以及需要較長的康復期；及
- (ii) 就肢體傷殘而言，釐定準則是着重於是否有暫時性中軸骨骼和四肢機能障礙，因而引致行動不便的問題。

基於以上的定義，中風、肢體癱瘓、風濕性關節炎、腰背痛、多發性硬化病、肌肉萎縮症、脊髓小腦性共濟失調及脊柱裂，將被分類為肢體傷殘而非長期病患。

4. 如持證人在首次申請登記證時已提交有效的永久殘疾證明文件，可獲豁免重新遞交殘疾證明文件。

Guidance Notes on Application for the “Registration Card for People with Disabilities”

I. INTRODUCTION

The Registration Card for People with Disabilities (“the Card”) is issued to persons who have been found to have suffered from a disability(ies) which is permanent in nature, or of a temporary nature. The purpose of the Card is to enable the cardholder to produce, when necessary, as a documentary proof of his/her disability status. The Card is non-transferable and non-saleable to third parties. It is **NOT** a privilege card or a credit card.

Since July 2005, a new card bearing the photograph of the cardholder and an expiry date has been introduced (applicable only to cardholders whose disability is temporary in nature and/or children/juveniles below the age of 11 & 18 respectively). The Cards issued prior to this date are invalid. For renewal, please refer to the application procedure in Section IV(a) below.

II. WHO CAN APPLY

Any person who has been found to suffer from a disability, including Hearing Impairment, Visual Impairment, Speech Impairment, Physical Disability, Autism, Mental Illness, Intellectual Disability, Visceral Disability/Chronic Illness, Attention Deficit/Hyperactivity Disorder, and Specific Learning Difficulties, and the severity of the disability affects one’s major life activities, participation in economic and social activities, and/or mobility, and which takes significantly longer than normal to rehabilitate, may apply for the Card.

III. APPLICATION

Applications may be made by the persons with disabilities themselves or by their parent or legal guardian on their behalf. In the case of applying on behalf of applicants, please submit documentary evidence on the relationship with the applicant.

IV. CARD ISSUE

(a) **For new issue** – Applicant is required to complete and return the application form (CRR3) together with relevant document(s) certifying his/her disability(ies) (Note 1); a copy of his/her document of identity and a recent colour photograph (Note 2) to the following address –

**Central Registry for Rehabilitation (CRR)
Labour and Welfare Bureau
11/F, West Wing, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong**

The purpose of printing the name, sex, photograph and type(s) of disability of the cardholder on the Card is to facilitate correct identification of the cardholder and to prevent abuse of the Card by persons other than the cardholder.

The application form can be obtained from the CRR, District Offices of the Selective Placement Division of the Labour Department, District Offices of the Social Welfare Department, relevant non-governmental organisations on rehabilitation or District Offices of the Home Affairs Department, etc. It can also be downloaded from the Labour and Welfare Bureau’s homepage (<http://www.lwb.gov.hk>). Provision of personal data in the form is entirely voluntary. However, the CRR may not be able to process an application if any of the necessary personal data or valid disability proof is not provided.

(b) **For renewal** – This is only required of cardholders whose disability condition is of a temporary nature (**Note 3**) and their Cards bear an expiry date. Normally, upon first issue, a validity period of two years is allowed for cardholders suffering from non-permanent disability, counting from the date of the relevant documentary evidence is received by the CRR. A cardholder is required to submit his/her application for renewal within two months before the expiry date as shown on his/her Card, or else his/her Card will be invalidated automatically. Applicant is required to complete and return the application form together with the valid documentary evidence certifying his/her disability(ies) (**Note 1 and Note 4**).

If a cardholder submit his/her application for renewal more than two months before the expiry date as shown on his/her Card, he/she is required to return the original copy of his/her valid Card together with a letter stating the reasons for early renewal application in addition to the submission of the aforesaid documents.

The renewal mechanism is also applicable to children/juveniles upon attaining the age of 11 and 18 respectively. The concerned child/juvenile is required to submit his/her renewal request together with a recent colour photograph (**Note 2**) and a copy of his/her most recent document of identity within 2 months after his/her 11th and 18th birthday respectively.

(c) **For replacement of lost cards** – A cardholder is required to complete and return the application form (CRR3) together with a letter stating the reasons for the replacement.

(d) **Change of personal data/disability type(s) printed on the Card** – A cardholder is required to submit the request in writing and return the completed application form (CRR3) together with the original copy of his/her valid Card along with a copy of his/her document of identity (applicable to change of personal data)/valid documentary evidence certifying his/her disability(ies) (applicable to change of disability type(s)) (**Note 1**).

Subject to meeting the issuing criteria as detailed above, the Card will be sent to the successful applicants by post. The CRR reserves the right to issue, cancel and reclaim the Card from applicants.

V. FEES

No fee is charged for new issue and renewal of the Card upon expiry.

For replacement of lost cards and change of personal data printed on the Card, a replacement fee of HK\$58, which is subject to adjustment, has to be paid by cheque. Please send in the **cheque payable to “HKSAR Government”** together with the completed application form. Please do not send cash by post.

Cardholders applying for a replacement card or change of personal data printed on the Card may apply for waiver of the replacement charge on financial or other legitimate grounds (e.g. change of conditions in disability). Applicant is required to submit the application in writing stating the reasons for waiver with supporting documents (e.g. copy of the valid Certificate of CSSA Recipients for Medical Waivers issued by SWD).

VI. CANCELLATION

If a cardholder would like to cancel the Card before the expiry date as shown on his/her Card, he/she is required to submit the request in writing and return the original copy of the Card to the CRR.

VII. PURPOSES AND FUNCTIONS OF THE DATA COLLECTED BY CRR

The CRR of the Labour and Welfare Bureau collects and compiles data on persons with disabilities in Hong Kong with a view to providing statistics on disability to government departments and non-governmental organisations for planning rehabilitation services and research purposes. The personal data provided will be handled in confidence and in accordance with the relevant provisions of the “Personal Data (Privacy) Ordinance”, and will not be disclosed to any other persons or organisations except in the form of summary statistics.

Upon the express agreement of a cardholder, his/her own data, including type(s) of disability, may be released to a third party or organisations authorised by the cardholder concerned.

VIII. ENQUIRIES

Enquiries on matters relating to the Card can be made at telephone numbers 2810 3859, 2810 3861, 3655 4777 or 2810 3841.

Rehabilitation Division
Labour and Welfare Bureau
Government Secretariat
January 2016

Notes:

1. Documentary proof on disability(ies) should be issued in the last 6 months and specify the type(s) of the applicant's disability, the degree of severity and duration of his/her disabling condition. Such documentary proof on disability(ies) may include –
 - (i) certificates issued by doctors or allied health personnel registered in Hong Kong;
 - (ii) original copy of the “Certification of Disability Type for Registration Card for People with Disabilities (CRR4)”(as attached to the application form) issued by doctors or allied health personnel registered in Hong Kong;
 - (iii) original copy of the “Certification of Disability Type for Registration Card for People with Disabilities (CRR4)”(as attached to the application form) issued by Officer-in-charge of special schools subvented by the Education Bureau; relevant non-governmental organisations on rehabilitation subvented by the Social Welfare Department; or VTC Shine Skills Centres;
 - (iv) disability proof issued by the Transport Department for drivers with disabilities; or
 - (v) disability proof issued by the Social Welfare Department (applicants who are recipients of Disability Allowance or Comprehensive Social Security Assistance (CSSA) with 100% loss of earning capacity, etc. may make use of the consent form attached to the application form (CRR/SWD1) to authorise the CRR to verify their disability-related information with the Social Welfare Department).

Examples of documentary proof on the applicants' disability(ies) as listed above may not cover all acceptable documents for the purpose of applying for the Registration Card for People with Disabilities. For further enquiries, applicants may contact the Central Registry for Rehabilitation (enquiry telephone numbers: 2810 3859, 2810 3861, 3655 4777 or 2810 3841).

2. The photograph should have a plain background with requirements similar to that for the application of the HKSAR Passport.
3. For the purpose of classification, except proved otherwise medically, Visceral Disability (VD)/Chronic Illness (CI) and Physical Disability (PD) (except those wheelchair users whose disabling condition has been certified as “permanent”) will be categorised as “temporary”, subject to periodic review upon production of valid documentary evidence (**Note 1**).

In determining VD/CI or PD, the deciding factor will be the degree of impairment rather than the diagnosis per se, as follows –

- (i) For VD/CI, the focus will be on the degree of severity of the disease, which should be significant enough to affect major life activities such as participation in social and economic activities e.g. employment, social functions, daily life maintenance, mobility, and the condition should take significantly longer than normal to rehabilitate; and
- (ii) For PD, the focus will be on the disabling physical condition, which is caused by temporary dysfunction of axial skeleton and extremities leading to mobility problems.

On the basis of the above definition, stroke, paralysis of limb, rheumatoid arthritis, low back pain and Multiple Sclerosis, Progressive Neuro-muscular Disease, Spino-cerebellar Ataxia and Spina Bifida, will be classified as PD rather than CI.

4. A cardholder applying for Card Renewal may be exempt from submitting a fresh documentary evidence on disability if his/her disability(ies) has/have already been duly certified as permanent in nature by recognized authorities on his/her previous application for the Card.

(供現正接受／輪候社署津貼或服務的申請人使用)

(For applicants receiving/being waitlisted for allowances or rehabilitation services from SWD)

授權向社會福利署(社署)查核資料同意書

Consent Form – authorization for data checking from Social Welfare Department (SWD)

本人
I, _____ (姓名 Name)
(身份證號碼
Hong Kong Identity Card No. : _____ ())

為(請選以下一項) am (Please choose one of the following) :

- 傷殘津貼受惠人[#]; 或
a recipient of Disability Allowance (DA)[#]; or
- 喪失 100% 謀生能力的綜合社會保障援助計劃受助人[#]; 或
a recipient of Comprehensive Social Security Assistance (CSSA) with 100% loss of earning capacity[#]; or
- 正輪候或使用社署康復服務[@]的人士。
admitted to the Central Referral System for Rehabilitation Services[@]/a user of Rehabilitation Service[@] arranged by the SWD.

現同意授權康復服務中央檔案室向社署查核本人及與殘疾類別有關的資料，以便申請「殘疾人士登記證」之用，本人明白並同意有關安排。

I now authorise the Central Registry for Rehabilitation (CRR) to check with the SWD for my personal and disability-related information. I fully understand and agree to this arrangement.

授權人簽署 Signature : _____ 聯絡電話 Tel. No. : _____

姓名 Name : _____ 日期 Date : _____

[#] 備註：①如希望康復服務中央檔案室核實資料的傷殘津貼受惠人／綜援受助人，請預留約一個月進行查核，因為檔案室與社署的資料查核，將每月進行一次。

②授權向社署查核的殘疾資料，以社署所提供為準，其他不在社署證明之內的殘疾類別，請另行提供證明文件。

[#] Remarks: ① For DA/CSSA recipients who consent to CRR verifying information with SWD, please note that it requires about 1-month processing time as the data verification will be scheduled once every month.

② Authorisation for checking disability related information will be **subjected to verification result by SWD**. Other supporting documents should be provided for disabilities not verified by SWD.

[@]接受社署轉介的康復單位 List of Rehabilitation Service Units accepting referrals from SWD

- 展能中心 Day Activity Centres
- 庇護工場 Sheltered Workshops
- 長期護理院 Long Stay Care Homes
- 嚴重殘疾人士護理院 Care and Attention Homes for Severely Disabled Persons
- 嚴重弱智人士宿舍 Hostels for Severely Mentally Handicapped Persons
- 中度弱智人士宿舍(暨庇護工場或綜合職業康復服務中心) Hostels for Moderately Mentally Handicapped Persons (paired up with Sheltered Workshops or Integrated Vocational Rehabilitation Services Centres)
- 嚴重肢體傷殘人士宿舍(暨庇護工場或綜合職業康復服務中心) Hostels for Severely Physically Handicapped Persons (paired up with Sheltered Workshops or Integrated Vocational Rehabilitation Services Centres)
- 綜合職業康復服務中心 Integrated Vocational Rehabilitation Services Centres
- 輔助宿舍 Supported Hostels
- 盲人護理安老院 Care and Attention Homes for the Aged Blind
- 輕度弱智兒童之家 Small Group Homes for Mildly Mentally Handicapped Children
- 輔助就業服務 Supported Employment Service
- 特殊幼兒中心 Special Child Care Centres
- 中途宿舍 Halfway Houses