**【One-month 1 on 1 Intensive ABA Treatment】**

**Application Form**

**Personal Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s name  Surname: |  | Given name: |  | Sex: |  |
| Date of Birth: |  | Age: |  | Place of Birth: |  |
| Name of School/Institute: |  | Class: |  | | |
| Name of Applicant: |  | Relationship to the child: | Father/ Mother/ Guardian/ Others: | | |
| Mailing/Home Address: |  | | | | |
|  |  | | | | |
| E-Mail Address: |  | | | | |
| Name of Father: |  | Occupation: |  | Contact Number: |  |
| Name of Mother: |  | Occupation: |  | Contact Number: |  |
| **Other Immediate Family Members:** | | | | | |
| Immediate family members excluding parents | | | | | |
|  | Name | Age | Sex | Relationship to the child | |
| Member 1 |  |  |  |  | |
| Member 2 |  |  |  |  | |
| Member 3 |  |  |  |  | |
| Member 4 |  |  |  |  | |

**Further Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. a. Has the child ever received a diagnosis of ASD from doctor(s) or psychologist(s)? | | No | Yes (Please provide a copy of the report) | | |
| 1. Institute(s) providing the diagnosis: | |  | | | |
| 1. Date of issuing the diagnosis: | |  | | | |
| 1. Any record(s) of chronic disease(s)? 󠆠 | | No　󠆠 | Yes, please specify: | |  |
| 2. Current training/therapy being received  (excluding those from school): | | No　󠆠 | Yes, please specify: | |  |
| 1. Content of the training/therapy: | |  | | | |
| 1. Service providing institute: | |  | | | |
| 1. Period of the training/therapy: | | From­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 1. Number of days receiving therapy: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day(s) | | | |
| 3. Please select available time slot(s) for training session (Training sessions would be arranged based on actual demand, we would make our best effort but could not guarantee to schedule in selected time slot) | | | | | |
| 9:15a.m.- 11:45a.m. | | 12:45p.m- 3:15 p.m.  3:30p.m.- 6:00p.m. | | | |
| 4. How did you hear about us: (could choose more than one) | | | | | |
| Website󠆠 | Facebook 󠆠 | Relatives/Friends | | Others: \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 5. Are you willing to receive updated information and activity notifications from us through email/letter/ mobile application? | | | | | |
| Yes | | No | | | |

**Self-written Income Statement (Monthly)**

|  |  |
| --- | --- |
| Name of declarant: | Name of the child: |
| Job post : |  |
| Full / Part-time : |  |
| Employer : |  |
| Working place : |  |
| Working period : |  |

Income details (recent three months, self-employed income included)

|  |  |  |
| --- | --- | --- |
| Month :  Cheque : $  Transfer : $  Cash : $ | Month :  Cheque : $  Transfer : $  Cash : $ | Month :  Cheque : $  Transfer : $  Cash : $ |

Other income, please state

Double pay/ bonus : $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allowance

1. Comprehensive Social Security Assistance (CSSA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Old Age Living Allowance : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Other allowance, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others (e.g. rental income, alimony), please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Monthly Income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

\*Please submit the form together with proof, e.g. payslip, bank statement, tax invoice, contract, CSSA document, etc.

\*Please fill in the form separately if more than one person in the family work

**Household Assets Declaration Form**

Name of the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill in the household net asset value (omitting decimal places, if any, to the nearest HK dollar) as at the day of application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | Household Member (1) | Household Member (2) | Household Member (3) |
| Name | |  |  |  |
| **(1) Deposits, Cash and Loans to others total value** | | $ | $ | $ |
| **(2) Investments total value** | | $ | $ | $ |
| **(3) Business Undertakings net asset value** | | $ | $ | $ |
| i | Name and nature of business |  |  |  |
| ii | Percentage of interest | % | % | % |
| **(4) Vehicles net value** | | $ | $ | $ |
| **(5) Taxi/Public Light Bus Licenses (including vehicles) net value** | | $ | $ | $ |
| **(6) Landed Properties net value** | | $ | $ | $ |
| i | Type |  |  |  |
| ii | Self-occupied / Rent-out / Vacant / Others |  |  |  |
| iii | Estimated properties value as at the day of assessment | $ | $ | $ |
| iv | Outstanding mortgage loan | $ | $ | $ |
| v | Percentage of interest | % | % | % |
| **(7) Lands net value** | | $ | $ | $ |
| i | Type |  |  |  |
| ii | Self-occupied / Rent-out / Vacant / Others |  |  |  |
| iii | Estimated land value as at the day of assessment | $ | $ | $ |
| iv | Outstanding mortgage loan | $ | $ | $ |
| v | Percentage of Interest | % | % | % |
| **Sub-total asset value of individuals** | | $ | $ | $ |
| **Total asset value of Household：** | | $ | | |
| Signature | |  |  |  |

By signing this form, I/We hereby confirm the information provided by me/us is true, accurate and complete.

|  |  |
| --- | --- |
| **Attention:** | **(1) Household members can choose to declare their assets separately.** |
|  | **(2) All household members aged 18 or above listed are required to sign above.** |
|  | **(3) If there is insufficient space, an additional form may be used.** |
|  | **(4) If any family member declares ownership of residential property, APF will consider the application based on whether the property is self-occupied, rented, or vacant.** |
|  | **(5) Please submit this form with supporting documents, e.g. bank passbooks (showing updated balance), bank statements, time deposit receipts, etc.** |

**Terms and Conditions**

|  |  |
| --- | --- |
| A. | **All information provided by the applicants (parents or guardians of the child) must be true and correct, in the case of providing misleading or false information, Autism Partnership Foundation (APF) has the right to terminate the application process and request for the service fees of HKD 30,000 to be made by the child who already received the service.** |
| B. | Treatment sessions will be recorded in the forms of video and photo **for the purpose of service evaluation, internal training, seminars, workshops and/or promotion of APF’s services.** |
| C. | Applicants are required to complete the evaluation form before and at the end of the treatment, in order to improve our services. |
| D. | In addition to the application form, applicants are required to submit the child’s assessment record, proof of family income and household assets declaration form. If supplementary documents are required, applicants are required to provide them within 2 months from the notice date to avoid re-application. |
| E. | Our staff will confirm the treatment arrangement via phone or email after reviewing the documents. Applicants will receive a phone message/ email confirmation on the treatment. After confirmation, our staff will inform the pre-treatment (phone) interview or evaluation arrangements. |
| F. | The one-month intensive Applied Behaviour Analysis treatment is comprised of a 20-day treatment session (excluding Saturdays, Sundays and Public Holidays). If the child is not available to attend the pre-scheduled session, it is required to contact our staff 5 days prior to the session date. Should the applicants miss the pre-service phone interview, evaluation, or fail to pay the enrollment deposit and service fee, the scheduled treatment will be cancelled. |
| G. | The **deposit** and **service fee (if applicable)** should be paid on the probe lesson day. |
| H. | APF reserves the right to request applicants to **make an oath** at the Home Affairs Department to declare the authenticity of the information provided. |
| I. | APF reserves the right to request additional documents from applicants. |
| J. | For special circumstances, APF reserves the right to amend all service-related arrangements. |
| K. | APF reserves the right to all admission decisions. |

**Deposit**

|  |  |
| --- | --- |
| A. | Applicants are required to pay an enrollment deposit of **HKD 2,000** by cheque on the probe lesson day. |
| B. | To avoid misuse of resources, **an attendance of 90% is required** (attending at least 45 hours out of the 50 hours treatment session) in order to **get a full refund of the enrollment deposit**. |
| C. | A medical certificate is required if the child is absent due to medical reasons. In such case, the child is exempted from the 90% attendance rule. |
| D. | With the compliance to all related regulations, APF will refund deposit to service users on the last treatment day. |
| E. | All treatment sessions will take place according to the scheduled date and time, except when Typhoon Signal No. 8 or above is hoisted and Black Rainstorm Warning is in force. |
| F. | There will be **no compensation classes** under any circumstances, unless otherwise announced by APF due to staff training or arrangement. |

**Service Fee**

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| --- |
| APF will calculate the service fee according to the proof of income submitted with the application form (for details, please refer to our website). |

**Participant - Undertaking and Declarations**

|  |  |
| --- | --- |
| 1. | **I understand that APF will use the personal information provided by me (including the service user’s and my name, phone number, email, and address) as well as visual materials (including pictures, videos, text, photographs, images, or audio) for the purposes of communication, statistics, fundraising, collecting feedback, and promoting services/activities. These may be publish on the channels of the Foundation and its partners, including but not limited to printed publications, electronic publications, websites, promotional materials, social media, and educational materials.** |
| 2. | I have read and fully understood for the above terms and conditions. I understand that I should abide and agree the above terms and conditions. |
| 3. | I declare that the information provided in this application form is factually correct. |
| 4. | I have read this consent (including these Undertaking and Declarations) carefully and fully understood my obligations and liability under these Undertaking and Declarations. |

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Autism Partnership Foundation (APF) processes your personal data strictly in accordance with the Data Protection Act; and your data will be used by APF and their service providers only for communications between you and APF. If you do not like to receive any promotional materials from APF, please tick the box.

|  |
| --- |
| For Internal Use Only |
| 🞏 Accept |
| Reason: |
| 🞏 Pending Outstanding documents: |
| - Monthly household income (as at \_\_\_\_\_\_\_\_\_\_\_): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  - Household assets value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  - Family members: \_\_\_\_\_\_\_\_\_\_  - Monthly median income in HK: \_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞏 $2000 Deposit 🞏 Service fees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞏 $2000 Deposit 🞏 Service fees\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (deduction \_\_\_\_\_\_\_\_%) |
| Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Endorsed by: \_\_\_\_\_\_\_\_\_\_ Approved by: \_\_\_\_\_\_\_\_\_\_  Ref no.: \_\_\_\_\_\_\_\_\_\_ Received on: \_\_\_\_\_\_\_\_\_\_ |