Healthy Teeth Collaboration (HTC)

Declaration on Application for Transport Subsidy

(Applicable to the transport receipts without the name of the service user)

Name of the HTC service user: _____

Date of use of transport service: _____
(Applicable to the transport receipts without the display of the service user's name)

I confirm that, in order to attend the dental visit(s) for treatment under the HTC program, the above-named service user had used the transport service mentioned in the attached receipt(s) on which the name of the service user was not displayed. With these receipt(s), I am applying for the transport subsidy by the Department of Health, HKSARG. I hereby declare that the above information is true and correct.

Applicant's signature: _____ Applicant name: _____

For rehabilitation service unit, please place the official stamp and print the name of the responsible staff.

Relation between the applicant and servicer user:

☐ Applicant himself/herself

☐ Agent (Please circle the relationship: parent / grandparent / brother or sister / spouse)

☐ Legal guardian

☐ Rehabilitation service unit for persons with intellectual disability

Date: _____