115 年 4 月 13 日制定
Established on April 13, 2026

長期照顧服務申請書
Long-Term Care Services Application Form

申請日期：_____年_____月_____日
Application Date: _____/_____/_____ (YYYY/MM/DD)

一、 需要服務者基本資料
I. Basic Information of the Person Requiring Services

【＊為必填欄位，其餘部分可由各縣市自行依需要酌予調整或修改】
[Fields marked with * are mandatory. Other items may be adjusted or modified by each city or county as necessary.]

＊1. 姓名：_____ **＊2.** 生日：民國(□前/□國)____年___月___日
＊1. Name: _____ ***2.** Date of Birth: _____/_____/_____ (YYYY/MM/DD)
＊3. 國民身分證統一編號：_____ **＊4.**電話：_____
＊3. National ID Number: _____ ***4.** Telephone: _____
＊5. 是否為原住民：□否 □是
＊5. Indigenous Status: □ No □ Yes
＊6. 性別：□男 □女 □其他
＊6. Gender: □ Male □ Female □other
＊7. 目前之居住狀況：□獨居 □固定與他人同住 □輪流與他人同住 □其他____
＊7. Current Living Arrangement: □ Living alone □ Living with others on a regular basis □ Alternating residence with others □ Other: _____
＊8. 通訊地址：
_____縣/市_____市/鄉/鎮/區_____村/里_____鄰
_____路/街____段____巷_____弄_____號_____樓
＊8. Correspondence Address: Floor ____, No. ____, Alley ____, Lane ____, Section ____, _____ Road/Street, Neighborhood _____, Village/Borough_____, _____ City/Township/District, _____County/City.
9. 戶籍地址：□同上
_____縣/市_____市/鄉/鎮/區_____村/里_____鄰
_____路/街____段____巷_____弄_____號_____樓
9. Registered (Household) Address: □ Same as above
Floor ____, No. ____, Alley ____, Lane ____, Section ____, _____ Road/Street, Neighborhood _____, Village/Borough_____, _____ City/Township/District, _____County/City.
10. 常用語言：□國語 □台語 □客語 □原住民語 □其他語言：_____
10. Primary Language Used: □ Mandarin □ Taiwanese □ Hakka □ Indigenous language □ Other: _____
11. 目前是否領有身心障礙證明：□否 □是，第_____類
障礙程度：□極重度 □重度 □中度 □輕度
11. Currently Holding a Disability Certificate: □ No □ Yes, Category No. _____
Level of Disability: □ Extremely Severe □ Severe □ Moderate □ Mild
12. 社會福利身分別：□一般戶 □中低收入戶 □低收入戶 □其他_____
12. Social Welfare Status: □ General household □ Middle- to low-income household □ Low-income household □ Other: _____
13. 目前是否領有政府提供之其它照顧補助費用：□否 □是_____
13. Currently Receiving Other Government Care Subsidies: □ No □ Yes
14. 目前是否住在住宿式機構：□否；□是，機構名稱：_____
14. Currently Residing in a Residential Institution: □ No □ Yes, Institution Name: _____
15. 是否在最近三個月內有住院（含急診經驗）：
□否 □是(□住院中/□曾經住院/□急診)，原因：_____
15. Hospitalization Within the Past Three Months (including emergency visits):_____
□ No □ Yes (□ Currently hospitalized / □ Previously hospitalized / □ Emergency visit) Reason: _____
16. 目前是否聘請看護幫忙照顧：

□否 □是(□本籍/□外籍) □申請中(□本籍/□外籍)

16. Currently Employing a Caregiver:
□ No □ Yes (□ Domestic / □ Foreign) □ Application in progress (□ Domestic / □ Foreign)
17. 是否罹患疾病：□否 □是，疾病名稱：_____
17. Diagnosed Disease(s): □ No □ Yes, Disease name(s): _____
18. 欲申請服務種類：
18. Type(s) of Service Requested:
□ 1.居家照顧服務 □2.日間照顧服務 □3.家庭托顧服務 □4.專業服務
□ 1. Home Care Services □ 2. Day Care Services □ 3. Family Foster Care Services □ 4. Professional Services
□ 5.交通接送服務 □6.輔具服務 □7.居家無障礙環境改善服務
□ 5. Transportation Services □ 6. Assistive Device Services □ 7. Home barrier-free environment improvement services
□ 8.喘息服務 □9.老人營養餐飲服務 □10.住宿式機構服務
□ 8. Respite Care Services □ 9. Senior Nutrition and Meal Services □ 10. Residential Institutional Care Services
□ 11.其他_____
□ 11. Other: _____

二、 代理人基本資料
II. Basic Information of the Agent

1. 姓名：_____ 2.國民身分證統一編號：_____
1. Name: _____ 2. National ID Number: _____
3. 電話：(家)_____ (公)_____ 手機 _____
3. Telephone: (Home) _____ (Office) _____ Mobile _____
4. 與需要服務者的關係或身分：
4. Relationship or Status with the Person Requiring Services: _____
5. 通訊地址：□同申請人
縣/市_____市/鄉/鎮/區_____村/里_____鄰
_____路/街____段____巷_____弄_____號_____樓
5. Correspondence Address: □ Same as Applicant
Floor ____, No. ____, Alley ____, Lane ____, Section ____, _____ Road/Street,
Neighborhood _____, Village/Borough_____, _____ City/Township/District, _____County/City.

三、 主要聯絡人 □同代理人
III. Primary Contact Person □ Same as Agent

1. 姓名：_____
1. Name: _____
2. 電話：(家)_____ (公)_____ 手機_____
2. Telephone: (Home) _____ (Office) _____ Mobile _____
3. 與需要服務者的關係或身分：_____
3. Relationship or Status with the Person Requiring Services: _____
4. 通訊地址：□同申請人 □同代理人
_____縣/市_____市/鄉/鎮/區_____村/里_____鄰
_____路/街____段____巷_____弄_____號_____樓
4. Correspondence Address: □ Same as Applicant □ Same as Agent
Floor ____, No. ____, Alley ____, Lane ____, Section ____, _____ Road/Street,
Neighborhood _____, Village/Borough_____, _____ City/Township/District, _____County/City.

◎ 最後煩請您再詳細檢視上述所填之資料是否完全屬實。
如經查證以詐欺或其他不正當行為或虛偽之證明申請補助費用者，應負一切法律責任，並返還已支付之服務補助經費。

◎ **Please carefully review the information provided above and ensure that all details are complete and accurate.**
If, upon verification, <u>any application for subsidy is found to involve fraud</u>, other improper conduct, or false documentation, the applicant shall bear full legal responsibility and <u>shall be required to repay all service subsidy funds already disbursed</u>.

申請人（或代理人）簽名：_____
Signature of Applicant (or Agent): _____

是否符合收案條件： Eligibility Status:	□ 1.符合 □ 1. Eligible □ 2.不符合，原因：_____ □ 2. Not eligible, Reason: _____ □ 3.其他，_____ □ 3. Other: _____
受理申請單位： Receiving Agency: 承辦人： Case Officer: 電話： Telephone: 傳真： Fax: 備註： Notes:	