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| 案 號： |  | | | | | | | | | | | | | | | 申請日期： | | | | | |  | | | | | | | | | | |
| 轉介單位 |  | | | | | | | | | | | | | | | 轉介日期 | | | | | |  | | | | | 年 | |  | 月 |  | 日 |
| 轉介人員 |  | | | | | | | | | | | | | | | 聯絡電話 | | | | | |  | | | | | | | | | | |
| 電子信箱 |  | | | | | | | | | | | | | | | 傳真電話 | | | | | |  | | | | | | | | | | |
| 回覆方式 | □1.無須回覆 □2.電話回覆 □3.mail回覆 □4.傳真回覆 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | 性別 | | | | □男 | | | | □女 | | | | | | 出生日期 | | | | | | |  | | | | 年 | |  | 月 |  | 日 |
| 身分證字號 |  | 聯絡電話 | | | |  | | | | | | | | | | 手機 | | | | | | |  | | | | | | | | | |
| 地址 | 戶籍地址： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通訊地址： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 聯絡人（一） |  | 關 係 | | | | |  | | | | | | | | | 聯絡電話 | | | | | | | | |  | | | | | | | |
| 聯絡人（二） |  | 關 係 | | | | |  | | | | | | | | | 聯絡電話 | | | | | | | | |  | | | | | | | |
| 障礙類別 | □第一類  (神經、心智、自閉) | | □第二類  (眼耳、感官) | | | | | | | | | | | | | | □第三類  (聲音、言語) | | | | | | | | | | | □第四類  (循環、造血、免疫、呼吸) | | | | |
| □第五類  (消化、新陳代謝與內分泌) | | □第六類  (泌尿與生殖) | | | | | | | | | | | | | | □第七類  (神經、肌肉、骨骼) | | | | | | | | | | | □第八類  (皮膚) | | | | |
| 身障證明有效期限： | |  | | 年 | | | |  | | 月 | | | |  | | | 日 | | 【說明】： | | | | | | | | | | | | |
| 障礙等級 | □1.輕度 | | □2.中度 | | | | | | | | | | □3.重度 | | | | | | | | | | | | | □4.極重度 | | | | | | |
| 重大傷病 | □1.否 | | □2.是，說明：（請填寫疾病代碼、名稱及有效期限） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身分別 | □1.一般戶 | | □2.達最低生活費1.5-2.5倍 | | | | | | | | | | | | | | | | | | □3.未達最低生活費1.5倍 | | | | | | | | | | | |
| □4.低收入戶， | | 第 |  | | | | 款 | | | | □5.榮民/眷 | | | | | | | | | □6.中低收入戶 | | | | | | | | | | | |
| □7.原住民 | | □8.其他 | | | | | | | | | | | 【說明】： | | | | | | | | | | | | | | | | | | |
| 個人/家庭描述 | (請盡可能填寫完整資訊，包括家系生態圖、身心障礙者狀況、家庭狀況等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受案單位 | 財團法人私立天主教中華聖母社會福利慈善事業基金會-樸仔島作 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 單位地址 | 嘉義縣朴子市山通路106號2樓 | | | | | | | | | | | | | | | | | | 電子信箱 | | | | | workshop.puzi@gmail.com | | | | | | | | |
| 聯絡電話 | 05-3701610 | | | | | | | | | | | | | | | | | | 傳真電話 | | | | | 05-3701069 | | | | | | | | |
| 受案社工員 | 施冠伶 社工員 | | | | | | | | | | | | | | | | | | 單位主管 | | | | | 廖怡貞 社福主任 | | | | | | | | |
| 備 註 | 請傳真或E-mail至本會，並來電確認；本會將於完成評估後回覆結果。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |