**112年住宿式服務機構使用者補助方案機構代送清冊**

（機構名稱）

| **編號** | **住民姓名** | **身份證字號** | **申請書** | **契約書** | **收據** | **身分證/**  **存摺影本** | **長照等級或**  **身障證明** |
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| 範例 | 王小明 | A123456789 | ˇ | ˇ | ˇ | ˇ | ˇ |
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表格不敷使用，請自行列印 (機構簽名(職稱)/聯絡電話)

\*已送件至衛生局(長期照護科)以打ˇ方式作記號，其餘的有告知家屬卻未辦理。