**生涯轉銜計畫表(ICTP)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 填表日期： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | 年 |  | | | | | 月 | | |  | | | 日 | |
| 案 號 | 區年月流水號(○○○○○○-○○○) | | | | | | | | | | | | | | | | | | | | | | 開案日期 | | | | | | | | | |  | | | 年 |  | | | | | 月 | | |  | | | 日 | |
| 受理轉銜  單 位 |  | | | | | | | | | | | | | | | | | | | | | | 聯絡人 | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 聯絡電話 | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 聯絡傳真 | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 轉銜原因 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 需求評估 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **壹、服務使用者基本資料** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | | 性 別 | | | | | | | | | □男 □女 | | | | | | | | 出生日期 | | | | | | | | | |  | | | 年 |  | | | | | 月 | | |  | | | 日 | |
| 身份證  字號 |  | | | | | 電子信箱 | | | | | | | | |  | | | | | | | | | | | | | | | | | | 聯絡電話 | | | （室內電話、手機、傳真…等） | | | | | | | | | | | | | |
| 地址 | 通訊地址： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 戶籍地址：□同通訊地址 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 聯絡人 |  | | | | | 關 係 | | | | | | | | |  | | | | | | | | 聯絡電話 | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 聯絡地址 | □同通訊地址 □同戶籍地址 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 障礙類別 | □無手冊： | | | | | ○疑似 | | | | | | | | | | ○鑑定中，說明： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □第一大類： | | | | | □6.智能障礙 | | | | | | | | | | | □9.植物人 | | | | | | | | | | | | | | □10.失智症 | | | | | □11.自閉症 | | | | | | | | | | | | | |
|  | | | | | □12.慢性精神疾病 | | | | | | | | | | | | | | | | □14.頑性癲癇症 | | | | | | | | | | | | | | □0.其他 | | | | | | | | | | | | | |
| □第二大類： | | | | | □1.視覺障礙 | | | | | | | | | | | □2.聽覺障礙 | | | | | | | | | | | | | | □3.平衡機能障礙 | | | | | | | | | □0.其他 | | | | | | | | | |
| □第三大類： | | | | | □4.聲音或語言機能障礙 | | | | | | | | | | | | | | | | | | | | | | | | | □0.其他 | | | | | | | | | | | | | | | | | | |
| □第四大類： | | | | | □7.重要器官失去功能：（□心臟 □造血機能 □呼吸器官） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | □0.其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □第五大類： | | | | | □7.重要器官失去功能：（□吞嚥機能 □胃 □腸道 □肝臟） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | □0.其他 | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| □第六大類： | | | | | □7.重要器官失去功能：（□腎臟 □膀胱） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □0.其他 | | | | | | | | | | | | | |
| □第七大類： | | | | | □5.肢體障礙：（□上肢 □下肢 □軀幹 □四肢 ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □0.其他 | | | | | | | | | |
| □第八大類： | | | | | □8.顏面損傷 | | | | | | | | | | | | □0.其他 | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| □13.多重障礙（限無細項類別者勾選） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| □15.罕見疾病： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
| □16.先天代謝異常 | | | | | | | | | | | | | | □17.染色體異常 | | | | | | | | | | | | | | | | | | □18.其他先天性缺陷 | | | | | | | | | | | | | | | | |
| 障礙等級 | □輕度 □中度 □重度 □極重度 | | | | | | | | | | | | | | | | | | | | | | | 手冊核發  日期 | | | | | | | | |  | | | 年 |  | | | | | 月 | | |  | | | 日 | |
| 重大傷病 | □否 □是，說明：（代碼、名稱、有效期限） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 致障原因 | □先天（出生即有） | | | | | | | | | □後天疾病 | | | | | | | | | | | | | | □老年退化 | | | | | | | | | | | | □交通事故 | | | | | | | | | | | | | |
| □職業傷害 | | | | | | | | | □其他事故傷害 | | | | | | | | | | | | | | □家庭或社會環境因素(例如：自殺、家暴) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 致障時間 |  | | | 年 | |  | | | | | 月 | | |  | | | | | 日 | | | | | | | 後續鑑定  日期 | | | | | | | |  | | 年 | |  | | | 月 | | |  | | | 日 | | |
| 教育程度 | □不識字 | | | □小學 | | | | | | □國中 | | | | | | □高中（職） | | | | | | | | | | | | □專科 | | | | | □大學 | | | □碩士（含以上） | | | | | | | | | | | | | |
| 使用輔具  情形 | □無 | □有： | | | | | ○柺杖/助行器 | | | | | | | | | | | | | ○助聽器 | | | | | | | | | ○義肢 | | | | | | ○輪椅/電動代步車 | | | | | | | | | ○其他 | | | | | |
| 居住地點 | 是否與家人同住：□否□是 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □自宅 | | □租屋 | | | | | □醫療院所 | | | | | | | | | | □無固定住處 | | | | | | | | | | | | | | □機構，名稱： | | | | | | | | | | | | | | | | | |
| □遊民 | | □親友 | | | | | □學校宿舍 | | | | | | | | | | □公司宿舍 | | | | | | | | | | | | | | □其他(請說明) | | | | | | | | | | | | | | | | | |
| 婚姻狀況 | □未婚 | | □已婚 | | | | | | □離婚 | | | | | | | □同居 | | | | | | | | | □喪偶 | | | | | | □分居 | | | | | □其他(請說明) | | | | | | | | | | | | | |
| 保險 | □無 | □有： | | | | ○健保 | | | | | | | | | ○福保 | | | | | | ○勞保 | | | | | | | ○軍保 | | | | | | | | ○國民年金 | | | | | | | | | | ○公保 | | | |
|  |  | | | | ○眷保 | | | | | | | | | ○漁保 | | | | | | ○農保 | | | | | | | ○退休人員保險 | | | | | | | | ○其他 | | | | | | | | | | | | | |
| 交通能力 | □自行使用交通工具： | | | | | | | | | | | | ○步行 | | | | | | | | ○腳踏車 | | | | | | | | | | | | ○機車 | | | | | | | ○汽車 | | | | | | | | | |
|  | | | | | | | | | | | | ○計程車 | | | | | | | | ○復康巴士 | | | | | | | | | | | | ○大眾運輸工具 | | | | | | | | | | | | | | | | |
| □他人接送： | | | | | | | | | | | | ○父母 | | | | | | | | ○手足 | | | | | | | | | | | | ○親友 | | | | | | | ○其他： | | | | | | | | | |
| □有駕駛執照： | | | | | | | | | | | | ○機車 | | | | | | | | ○汽車 | | | | | | | | | | | | 說明： | | | | | | | | | | | | | | | | |
| 身份別 | □原住民 | | | | □榮民（榮眷） | | | | | | | | | | | | | | | | □新住民 | | | | | | | | | | □一般 | | | | | | | | | | | | | | | | | | |
| 經濟狀況 | □低收入戶 | | | | □中低收入戶 | | | | | | | | | | | □家庭總收入平均未達每人每月最低生活費用二點五倍 | | | | | | | | | | | | | | | | | | | | | | | | | | | □一般戶 | | | | | | |
| 慣用語言 | □1.國語 | | | | □2.台語 | | | | | | | | | | | □3.客語 | | | | | | | | | | | | □4.原住民語 | | | | | | | | □5.手語 | | | | | | | □6.其他 | | | | | | |
| 教育史 | 識字評估 | | | | | | | | | | □1.不識字 □2.部分識字 □3.識字 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 學歷 | | | | | | | | | | □1.學前教育 □2.小學 □3.國中 □4.高中（職） □5.專科  □6.大學 □7.碩士（含以上） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 學校適應  （學習概況） | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 疾病史 | 使用輔具  情 形 | | | | | | | | | | □1.無 □2.有(請說明) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 疾病狀況、就醫情形（含復健）、服藥情形： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作史 | 就業現況 | | | | | | | | | | 1.目前是否就業？ □未就業 □有就業  2.工作經驗：  現 職：  曾任職： 離職原因：  3.未就業原因（可複選）：  □無工作技能 □行動不便 □長期療養復健 □缺乏工作機會 □在學  □無工作意願 □環境障礙 □支持系統薄弱 □其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 職業重建  資源運用 | | | | | | | | | | （請描述就業服務相關資源使用情形）  □1.已由就服中心/站/台協助  □2.已由職業重建窗口協助  □3.職業輔導評量  （評量日期： 評量機構： 職評員： ）  □4.職業訓練  □5.就業服務（□一般性就業 □支持性就業 □庇護性就業）  □6.工讀 □7.其他：（請註明） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 貳、身心狀況能力評估 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 項 目 | | | 評 估 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 說 明 | | | | | |
| 生活自理能力 | | | □無須協助 | | | | | | | | | □需部分協助 | | | | | | | | | | | | | | | □完全需要協助 | | | | | | | | | □不適用 | | | | | | | |  | | | | | |
| 職(學)業能力 | | | □無須協助 | | | | | | | | | □需部分協助 | | | | | | | | | | | | | | | □完全需要協助 | | | | | | | | | □不適用 | | | | | | | |  | | | | | |
| 行動能力 | | | □無須協助 | | | | | | | | | □需部分協助 | | | | | | | | | | | | | | | □完全需要協助 | | | | | | | | | □不適用 | | | | | | | |  | | | | | |
| 交通能力 | | | □無須協助 | | | | | | | | | □需部分協助 | | | | | | | | | | | | | | | □完全需要協助 | | | | | | | | | □不適用 | | | | | | | |  | | | | | |
| 通訊能力 | | | □無須協助 | | | | | | | | | □需部分協助 | | | | | | | | | | | | | | | □完全需要協助 | | | | | | | | | □不適用 | | | | | | | |  | | | | | |
| 認知理解能力 | | | □無須協助 | | | | | | | | | □需部分協助 | | | | | | | | | | | | | | | □完全需要協助 | | | | | | | | | □不適用 | | | | | | | |  | | | | | |
| 語言表達能力 | | | □無須協助 | | | | | | | | | □需部分協助 | | | | | | | | | | | | | | | □完全需要協助 | | | | | | | | | □不適用 | | | | | | | |  | | | | | |
| 人際互動能力 | | | □無須協助 | | | | | | | | | □需部分協助 | | | | | | | | | | | | | | | □完全需要協助 | | | | | | | | | □不適用 | | | | | | | |  | | | | | |
| 休閒能力 | | | □無須協助 | | | | | | | | | □需部分協助 | | | | | | | | | | | | | | | □完全需要協助 | | | | | | | | | □不適用 | | | | | | | |  | | | | | |
| 情緒控制能力 | | | □良好 | | | | | | | | | □尚可 | | | | | | | | | | | | | | | □待加強 | | | | | | | | | □不適用 | | | | | | | |  | | | | | |
| 個人疾病認識 | | | □良好 | | | | | | | | | □尚可 | | | | | | | | | | | | | | | □待加強 | | | | | | | | | □不適用 | | | | | | | |  | | | | | |
| 解決問題能力 | | | □良好 | | | | | | | | | □尚可 | | | | | | | | | | | | | | | □待加強 | | | | | | | | | □不適用 | | | | | | | |  | | | | | |
| 尋求資源能力 | | | □良好 | | | | | | | | | □尚可 | | | | | | | | | | | | | | | □待加強 | | | | | | | | | □不適用 | | | | | | | |  | | | | | |
| 家人互動關懷 | | | □良好 | | | | | | | | | □尚可 | | | | | | | | | | | | | | | □待加強 | | | | | | | | | □不適用 | | | | | | | |  | | | | | |
| 支持系統資源 | | | □良好 | | | | | | | | | □尚可 | | | | | | | | | | | | | | | □待加強 | | | | | | | | | □不適用 | | | | | | | |  | | | | | |
| 其他補充： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **參、家系暨生態圖** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **肆、現階段專業服務資料** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □1.學前階段 □2.各教育階段（□國小 □國中 □高中（職） □大專校院）  □3.就業階段 □4.福利及照顧服務階段 □5.長期照顧服務階段 □6.其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **經濟補助** | | | 一、生活及照顧  □低收入戶生活補助 □身心障礙者生活補助 □日間照顧及住宿式照顧費用補助  □居家照顧費用補助 □房屋租金及購屋貸款利息補貼　□急難救助  □國民年金身心障礙基礎保證年金□購買停車位貸款利息補貼或承租停車位補助  二、醫療復健  □社會保險費補助　□發展遲緩兒童早期療育費用補助　 □醫療費用補助  □輔助費用補助 　□中低收入戶身心障礙者傷病住院看護費用補助  □原住民語身心障礙者及低收入戶參與非正規教育課程補助  三、教育  □公私立幼稚園學雜費補助　 □身障者或子女就學費用減免 □交通費補助  □幼兒教育券　□獎助學金 □教育補助費  四、就業  □職業訓練生活津貼 □創業貸款補助  五、其他：　　　　　　　　　　　　　　　　　　　　　　　　　　（請註明） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **支持服務** | | | 一、身心障礙者個人照顧服務  □居家照顧（□身體照顧及家務服務　□友善服務　□送餐到家）  □生活重建　□日常生活能力培養　□社交活動及人際關係訓練　□心理諮商輔導  □婚姻及生育輔導　□課後照顧　□自立生活支持服務　□復康巴士  □情緒支持服務 □行為輔導  二、身心障礙者家庭照顧者服務  □臨時及短期照顧服務　□家庭托顧 □照顧者支持與訓練及研習  □家庭關懷訪視服務  三、其他  □個案管理服務　□團體方案 □個別家庭服務計畫　□個別教育計畫  □定向行動訓練 □手語翻譯服務 □休閒活動  □其他：　　　　　　　　　　　　　　　　（請註明） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **復健與醫療服務** | | | □聯合評估 □物理治療 □職能治療  □語言治療  □感覺統合治療 □心理治療  □聽力整健 □視力整健  □精神科醫療 □營養諮詢 □居家護理 □居家復健  □輔助器具 □精神復健機構 □身心障礙重新鑑定  □重大疾病性醫療：請註明 □其他：請註明 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **就學服務** | | | □最近鑑定時間 年 月 日 □再安置 □定向行動  □知動訓練 □生活輔導 □個別教育計劃 □教師助理  □教育輔具 □行為輔導 □課業輔導 □建教合作  □工讀機會 □職業輔導 □就業輔導 □支持性就業  □職業輔導評量 □學力鑑定 □入學管道：請註明  □校外實習：項目/場所/時數：\_\_\_\_/\_\_\_\_/\_\_\_\_  □其他：請註明 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **就業服務** | | | □個別化職業重建計畫 □學習券  □職務再設計 □就業諮詢  □職業輔導評量 □職業訓練：\_\_\_\_\_\_\_ □支持性就業  □庇護性就業  □一般性就業 □市場攤位租借申請 □創業貸款協助 □其他：\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **安置服務** | | | □一般學校 班型、系所:  □特殊教育學校 □日間式照顧機構 □夜間式照顧機構  □全日型住宿機構 □緊急收容、庇護 □安養中心 □養護中心  □護理之家 □申請購置國宅 □申請承租國宅  □申請平價住宅  □其他：請註明 ○社區居住 ○社區日間作業設施 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **其他** | | | □免服兵役 □公益彩券經銷商申請 □專用停車位識別證/專用牌照  □家暴防治服務  □兒保服務 □實物補助  □其他：請註明 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **伍、整體評估** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **陸、家庭輔導計畫** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **柒、轉銜服務事項** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **捌、未來安置協助建議方案** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 轉銜單位名稱 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 聯絡電話 | | | |  | | | | | | | | | | | | | |
| 聯絡傳真 | | | |  | | | | | | | | | | | | | |
| 電子郵件 | | | |  | | | | | | | | | | | | | |
| 社工員 | | | |  | | | | | | | | | | | | | |
| 督導 | | | |  | | | | | | | | | | | | | |
| 服務使用者  及家屬簽名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 召開轉銜會議  日期 | | | |  | | | 年 |  | | | | 月 | |  | | | 日 |
| 預計轉銜日期 | | | |  | | | 年 |  | | | | 月 | |  | | | 日 |