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| 案 號： |  | | | | | | | | | | | | | | | | | 收案日期： | | | |  | | | | | | | | | | | | |
| 通報單位 |  | | | | | | | | | | | | | | | | | 通報日期 | | | |  | | | | | 年 |  | | | | 月 |  | 日 |
| 通報人員 |  | | | | | | | | | | | | | | | | | 聯絡電話 | | | |  | | | | | | | | | | | | |
| 聯絡地址 |  | | | | | | | | | | | | | | | | | 傳真電話 | | | |  | | | | | | | | | | | | |
| 通報目的 | □依據「身心障礙者生涯轉銜計畫實施辦法第4條」，填具轉銜通報表通報之。  □一般身障福利服務資源與問題/需求協助。  ※溫馨提醒！！  **本服務非身障保護通報**，醫事人員、社會工作人員、教育人員、警察人員、村（里）幹事及其他執行身心障礙服務業務人員，知悉身心障礙者有身心障礙權益保障法第75條各款情形之一者應立即向直轄市、縣（市）主管機關通報，至遲不得超過二十四小時。村（里）長及其他任何人知悉身心障礙者有前條情形者，得通報直轄市、縣（市）主管機關。  ※身心障礙權益保障法第75條：  對身心障礙者不得有下列行為：①遺棄；②身心虐待；③限制其自由；④留置無生活自理能力之身心障礙者於易發生危險或傷害之環境；⑤利用身心障礙者行乞或供人參觀；⑥強迫或誘騙身心障礙者結婚；⑦其他對身心障礙者或利用身心障礙者為犯罪或不正當之行為。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 回覆方式 | □1.無須回覆 | | | | | | | □2.電話回覆 | | | | | | | | | | | | | | □3.通報申請回覆表回覆 | | | | | | | | | | | | |
| 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 | □新制身障證明 | □第一類 | | | | | | | | | | □第二類 | | | | | | | | □第三類 | | | | | | | | | □第四類 | | | | | |
| □第五類 | | | | | | | | | | □第六類 | | | | | | | | □第七類 | | | | | | | | | □第八類 | | | | | |
| □舊制身障手冊 | □1.視覺障礙 | | | | | | | | | | □2.聽覺障礙 | | | | | | | | □3.平衡障礙 | | | | | | | | | □4.聲語障礙 | | | | | |
| □5.肢體障礙 | | | | | | | | | | □6.智能障礙 | | | | | | | | □7.重要器官 | | | | | | | | | □8.顏面損傷 | | | | | |
| □9.植物人 | | | | | | | | | | □10.失智症 | | | | | | | | □11.自閉症 | | | | | | | | | □12.慢性精神疾病 | | | | | |
| □14.頑性癲癇 | | | | | | | | | | □15.其他 | | | | | | | |  | | | | | | | | |  | | | | | |
| □無 | 身障證明有效期限： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居住地點 | □1.自宅 | | | | □2.租屋 | | | | | | | | | □3.醫療院所 | | | | | | | □4.教養機構 | | | | | | | | | □5.職訓機構 | | | | |
| □6.中途之家 | | | | □7.社區家園 | | | | | | | | | □8.無固定住所 | | | | | | | □9.親友家中 | | | | | | | | | | □10.照護機構 | | | |
| □11.其他 | | | 【說明】： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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】： | | | | | | | | | | | | | | | | | |
| 需求/問題  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、通報訴求等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受案單位 | 嘉義縣身心障礙者生涯轉銜暨個案管理服務中心(天主教中華聖母慈善事業基金會) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 單位地址 | 嘉義市民權路60號 | | | | | | | | | | | | | | | | | | 電子信箱 | | | | | cy-center@stm.org.tw | | | | | | | | | | |
| 聯絡電話 | 05-2778388#1600～1603、1605～1607 | | | | | | | | | | | | | | | | | | 傳真電話 | | | | | 05-2766971 | | | | | | | | | | |
| 受案社工員 | 社工員 | | | | | | | | | | | | | | | | | | 督　　導 | | | | | 廖怡貞 督導 | | | | | | | | | | |
| 備 註 | 請傳真或E-mail至本中心，並來電確認；本中心將於完成評估後回覆結果。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |