115年6月30日啟用 Effective June 30, 2026

外國專業人才及其眷屬身心障礙福利與服務需求評估申請表

Disability Welfare and Service Needs Assessment Application for Foreign Professionals and Their Dependents

申請日期 Application date: (yyyy)年 (mm)月 (dd)日

1. 申請人基本資料 Applicant's personal information

<table>
<tr><td colspan="3">縣市 County/city　　鄉鎮市區 Township/city</td><td rowspan="2">照片黏貼處
Affix photo here</td></tr>
<tr><td>申請項目 Type</td><td>外國專業人才及其眷屬身心障礙證明書申請 Disability Eligibility Certificate for Foreign Professionals and their Dependents</td><td>□1.初次申請 Initial application
□2.異議複檢（評）Request for reassessment
□3.屆期重鑑 Reassessment upon expiry
□4.自行申請變更（須檢附3個月內診斷證明書）
Self-initiated status change request
(proof of diagnosis issued in the most recent three-month period required)
□5.再次申請 Repeat application
□6.無須重新鑑定換證 Renewal without reassessment
□7.指定期日換證 Renewal on a specified date</td></tr>
<tr><td colspan="2">姓名 Name</td><td>外僑永久居留證號 Alien Permanent Residence Certificate (APRC) No.</td><td></td></tr>
<tr><td colspan="2">性別 Gender</td><td>□男 Male
□女 Female
□其他 Other</td><td>出生日期 Date of birth
(yyyy)年 (mm)月 (dd)日</td></tr>
<tr><td colspan="2">居留地址 Address indicated on APRC</td><td colspan="2">□□□ 縣 市 鄉鎮 市區 村 里 鄰 路 街 段 巷 弄 號 樓
_____ Floor, No. _____, Alley/Lane _____, Section _____, _____ Road/Street,
_____ Neighborhood, ____ Village, _____ Township/Dist., _____ County/City</td></tr>
<tr><td colspan="2">居住地址 Residential address</td><td colspan="2">□ 同居留地址 Same as address indicated on APRC
□□□ 縣 市 鄉鎮 市區 村 里 鄰 路 街 段 巷 弄 號 樓
_____ Floor, No. _____, Alley/Lane _____, Section _____, _____ Road/Street,
_____ Neighborhood, ____ Village, _____ Township/Dist., _____ County/City</td></tr>
<tr><td colspan="2">公文送達地址 Address for document delivery</td><td colspan="2">□ 同居留地址 Same as address indicated on APRC
□ 同居住地址 Same as residential address
□□□ 縣 市 鄉鎮 市區 村 里 鄰 路 街 段 巷 弄 號 樓
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_____ Neighborhood, ____ Village, _____ Township/Dist., _____ County/City</td></tr>
<tr><td colspan="2">聯絡電話 Tel.</td><td>手機 Cell</td><td></td></tr>
<tr><td colspan="2">傳真 Fax</td><td>電子信箱 Email</td><td></td></tr>
<tr><td colspan="2">教育程度 Education</td><td colspan="2">□1.不識字 Illiterate □2.幼兒園 Preschool □3.小學 Primary school
□4.國中 Junior high □5.高中(職) Senior high/vocational school
□6.專科 Junior college □7.大學 College
□8.碩士(含以上) Master's degree and above</td></tr>
<tr><td colspan="2">職業狀況 Occupation</td><td colspan="2">□1.農林漁牧 Agriculture/forestry/fishery/farming □2.工礦 Manufacturing/mining
□3.商 Commerce □4.服務業 Service industry □5.自由業 Freelance
6.無 Unemployed (□在學 In school □不在學 Not in school)</td></tr>
</table>

	□7.其他 Other: _____
居住狀況 Residency status	□1.獨居 Resides alone □2.與家屬同住 Resides with family □3.機構名稱 Resides at an institution: _____ □4.其他 Other:_____
溝通方式 Preferred method of communication	□口語 Spoken (□國語 Mandarin □臺灣台語 Taiwanese □臺灣客語 Hakka □臺灣原住民語 Taiwanese Indigenous languages □其他 Other: _____) □筆寫 Written □口譯 Interpreting service required □臺灣手語 Taiwan Sign Language □其他 Other:
照顧負荷狀況 Role as a caregiver	□1.家中尚有其他35歲以上身心障礙者， 位 Resides with ____ family member(s) with disabilities over the age of 35 □2.家中尚有其他35歲以下身心障礙者，__位 Resides with ____ family member(s) with disabilities under the age of 35 □3.家中尚有65歲以上老人（非身心障礙者） Resides with one or more family members (without disabilities) over the age of 65 □4.家中無其他身心障礙者 No other family members with disabilities
初次致障原因 Cause of disability	□先天（出生即有）Congenital (present at birth) □疾病 Illness □意外 Accident □交通事故 Traffic accident □職業傷害 Occupational injury □其他 Other
致障時間 Disability onset	民國_____年 Year: _____

2. 外國專業人才之眷屬依親對象 Dependent of the foreign professional

[申請人非外專本人，本欄必填 Required if the applicant is not the foreign professional.]

姓名 Name			外僑居留證號 APRC No.	
性別 Gender	□男 Male □女 Female □其他 Other		出生日期 Date of birth	_____(yyyy)年 ____(mm)月 ____(dd)日
關係 Relationship to the applicant	□申請人為其配偶 The applicant is the foreign professional's spouse. □申請人為其未成年子女 The applicant is the foreign professional's minor child. □申請人為其因身心障礙無法自理生活之成年子女 The applicant is the foreign professional's adult child, who is unable to support themselves due to a disability.			
聯絡資訊 Contact	聯絡電話 Tel.		聯絡手機 Cell	
	居住地址 Residential address	□□□ 縣 市 鄉鎮 市區 村 里 鄰 路 街 段 巷 弄 號 樓 _____ Floor, No. _____, Alley/Lane _____, Section _____, _____ Road/Street, _____ Neighborhood, _____ Village, _____ Township/Dist., _____ County/City		

3. 聯絡人 Contact person

[□同外國專業人才之眷屬依親對象，以下免填]

[□Leave this section blank if the contact person is the same as the foreign professional's dependent.]

姓名 Name		出生日期 Date of birth	_____(yyyy)年 ____(mm)月 ____(dd)
關係 Relationship to the dependent	□父子/女 Father-child □母子/女 Mother-child □兄弟姊妹 Siblings □配偶 Spouse □親戚 Other relative (稱謂 Please specify:) □安置機構人員 Welfare institution personnel		

		□其他 Other (請說明 Please specify:)
性別 Gender		□男 Male □女 Female □其他 Other
聯絡資訊 Contact	聯絡電話 Tel.	聯絡手機 Cell
	居住地址 Residential address	□□□ 縣 市 鄉鎮 市區 村 里 鄰 路 街 段 巷 弄 號 樓 _____ Floor, No. _____, Alley/Lane _____, Section _____, _____ Road/Street, _____ Neighborhood, ____ Village, _____ Township/Dist., _____ County/City

4. 主要照顧者 Primary caregiver【□同聯絡人或□同外國專業人才之眷屬依親對象，以下免填】[Leave blank if the primary caregiver is the same as the □ contact person / □ foreign professional's dependent.]

姓名 Name			出生日期 Date of birth	_____(yyyy)年____(mm)月____(dd)日
性別 Gender		□男 Male □女 Female □其他 Other		
關係 Relationship to the dependent		□父子/女 Father-child □母子/女 Mother-child □兄弟姊妹 Siblings □配偶 Spouse □親戚 Other relative (稱謂 Please specify:) □其他 Other		
聯絡資訊 Contact	聯絡電話 Tel.		聯絡手機 Cell	
	居住地址 Residential address	□□□ 縣 市 鄉鎮 市區 村 里 鄰 路 街 段 巷 弄 號 樓 _____ Floor, No. _____, Alley/Lane _____, Section _____, _____ Road/Street, _____ Neighborhood, ____ Village, _____ Township/Dist., _____ County/City		

5. 本次鑑定障礙類別 Disability category

新增鑑定現制障礙類別 Newly added disability category(-ies) [based on current category]	□第1類神經系統構造及精神、心智功能 Type 1: Mental Functions & Structures of the Nervous System □第2類眼、耳及相關構造與感官功能及疼痛 Type 2: Sensory Functions & Pain; The Eye, Ear, and Related Structures □第3類涉及聲音與言語構造及其功能 Type 3: Functions & Structures of/ involved in Voice and Speech □第4類循環、造血、免疫與呼吸系統構造及其功能(心臟、血管或呼吸器官) Type 4: Functions & Structures of/Related to the Cardiovascular, Hematological, Immunological, and Respiratory Systems □第5類消化、新陳代謝與內分泌系統相關構造及其功能(吞嚥、胃、腸道或肝臟) Type 5: Functions & Structures of/Related to the Digestive, Metabolic, and Endocrine Systems □第6類泌尿與生殖系統相關構造及其功能(腎臟或排尿) Type 6: Functions & Structures of/Related to the Genitourinary and Reproductive Systems □第7類神經、肌肉、骨骼之移動相關構造及其功能 Type 7: Neuromusculoskeletal and Movement Related Functions & Structures □第8類皮膚與相關構造及其功能 Type 8: Functions & Related Structures of the Skin
重新鑑定現制障礙類別 Reappraised	□第1類神經系統構造及精神、心智功能 Type 1: Mental Functions & Structures of the Nervous System □第2類眼、耳及相關構造與感官功能及疼痛

disability category(-ies) [based on current category]	Type 2: Sensory Functions & Pain; Eye, Ear, and Related Structures □第3類涉及聲音與言語構造及其功能 Type 3: Functions & Structures of/ involved in Voice and Speech □第4類循環、造血、免疫與呼吸系統構造及其功能(心臟、血管或呼吸器官) Type 4: Functions & Structures of/Related to the Cardiovascular, Hematological, Immunological, and Respiratory Systems □第5類消化、新陳代謝與內分泌系統相關構造及其功能(吞嚥、胃、腸道或肝臟) Type 5: Functions & Structures of/Related to the Digestive, Metabolic, and Endocrine Systems □第6類泌尿與生殖系統相關構造及其功能(腎臟或排尿) Type 6: Functions & Structures of/Related to the Genitourinary and Reproductive Systems □第7類神經、肌肉、骨骼之移動相關構造及其功能 Type 7: Neuromusculoskeletal and Movement Related Functions & Structures □第8類皮膚與相關構造及其功能 Type 8: Functions & Related Structures of the Skin

6. 鑑定及需求評估環境 Appraisal and needs assessment location

鑑定場所 Appraisal location	□機構（醫院）內鑑定 In an institution (hospital) □機構（醫院）外鑑定（須另檢附診斷證明書） Outside an institution (hospital) [proof of diagnosis required]
需求評估場所 Needs assessment location	□非併同辦理 Not performed concurrently with the appraisal (□住居所 Residence □安置機構 Welfare institution □工作場所 Workplace □其他 Other:) □併同辦理 Performed concurrently with the appraisal (醫院名稱 Hospital name: ; 醫院所在地 Hospital location: 縣 County/市 City） 選擇併同辦理鑑定方式，必須配合指定醫院的門診時間與診次，不得指定醫師。The applicant must arrive at the designated clinic at the designated time in the designated hospital if they wish to have their needs assessment performed concurrently with their disability appraisal. They may not choose a specific physician.

7. 福利服務申請項目 Requested welfare services

★以下服務將於證明書核發後，由需求評估社工人員主動與您電話聯繫說明福利服務內容
Once the applicant's disability eligibility certificate is issued, a social worker in charge of needs assessment will call (over the phone) to explain the following service details:

1.身心障礙者個人照顧服務 Personal care services for persons with disabilities

2.身心障礙者家庭照顧者服務 Services for the family caregiver of persons with disabilities

依身心障礙者權益保障法第50條、第51條規定提供之服務皆須經過評估及相關資格標準之審查，符合者才可以取得，本人已明瞭且願意依外國專業人才及其眷屬身心障礙者福利與服務需求評估辦法第3條規定提供審查所需要的相關文件資料，並授權受理機關代為查對居留資料。另本人同意經專業團隊鑑定及需求評估之相關資訊，提供服務單位作為規劃服務之參考。

Services described under Articles 50 and 51 of the *People with Disabilities Rights Protection Act* may only be provided to applicants who undergo the needs assessment and meet the relevant eligibility criteria. I hereby agree that my signature signifies my understanding of the aforementioned regulations and my willingness to provide the necessary supporting documents required under Article 3 of the *Regulations Governing Disability Welfare and Service Needs Assessments for Foreign Professionals and Their Dependents*. I hereby authorize the application receiving agency to look up my residency data and agree that the assessment team may forward my appraisal and needs assessment results to service providers as a reference for service planning.

115年6月30日啟用 Effective June 30, 2026

申請人(監護人)簽章: **填表日期: 年 月 日**

Signature by applicant (guardian): Date: YYYY MM DD

備註：申請人如有法定監護人，則須請監護人簽章。

Note: If the applicant has a legal guardian, the signature of the legal guardian is required.

代理申請委託（授權）書 Power of attorney

委託人（即申請人）： **【簽章】**

Signatory (the applicant): **[signature]**

代理人（身分證統一編號： ）： **【簽章】**

Representative (National ID:): **[signature]**

委託人已瞭解並將申請身心障礙鑑定相關事宜，委託（授權）受委託人代為申請，如有糾紛，概由雙方自行解決；如有虛報不實經查獲者，雙方願負相關法律責任。

The Signatory certifies their understanding of the terms of disability appraisal and hereby appoints (authorizes) the Representative to handle the service application on their behalf. Any disputes arising from this Power of Attorney are to be resolved between the Signatory and Representative themselves, who will be held legally liable for any misrepresentation found.

備註：依據外國專業人才及其眷屬身心障礙者福利與服務需求評估辦法第3條規定，委託他人代為申請者，應另附本委託書及受委託人之身分證明文件。

Note: Pursuant to Article 3 of the *Regulations Governing Disability Welfare and Service Needs Assessments for Foreign Professionals and Their Dependents*, those who wish to submit an application through a proxy must additionally provide a power of attorney and the proxy's identification documents.