

Application Form for Temporarily Changing the Type of Care Provided to

Residents of the Taipei Municipal Yang Ming Home for the Disabled

Person submitting application	Name of Resident	Area	Relationship with Resident	Type of care applied for
		<input type="checkbox"/> Wen Xin Homeland <div style="text-align: center;">_____Area</div> <input type="checkbox"/> Yong Fu Division		<input type="checkbox"/> Traveling to/from the Home daily → Living in the Home <input type="checkbox"/> Living in the Home → Traveling to/from the Home daily
Permanent address	Floor -, No., Lane, Alley, Road (Street), Lin, Li, District, Taipei City □□□□□		Telephone numbers	(Home)
Mailing address	<input type="checkbox"/> Same as permanent address <input type="checkbox"/> As shown below: Floor -, No., Lane, Alley, Road (Street), Lin, Li, District, Taipei City □□□□□			(Office)
Work address	Floor -, No., Lane, Alley, Road (Street), Lin, Li, District, Taipei City □□□□□			
Address to which official mail is to be delivered: <input type="checkbox"/> Same as permanent address <input type="checkbox"/> Same as mailing address <input type="checkbox"/> Same as work address <input type="checkbox"/> Other (as shown below): Floor -, No., Lane, Alley, Road (Street), Lin, Li, District, Taipei City □□□□□				
Date application submitted	(Date)	Period change taking effect	(date) to (date)	

Reason for filing this application		
Social worker's evaluation		
Social worker	Department head	Decision to be notified to
Secretary	Deputy Superintendent	Superintendent