

# Long-term Care Management Center, Nantou County Government Case Application/Referral Form

Based on Personal Data Protection Act and other related laws and regulations, we will collect, process and use your personal data within the necessary scope to provide good service and perform our duty to fulfill your identity, contact you and provide related services and resources.

Filing unit: \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Referrer : \_\_\_\_\_ Phone number: \_\_\_\_\_ Fax : \_\_\_\_\_

**I - Personal Information :**

Name: \_\_\_\_\_ Residence Permit: \_\_\_\_\_ Sex: Male Female Date of birth : \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Indigenous : Yes No  
 Contact Person : \_\_\_\_\_ Relationship : \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Household Registration Address : \_\_\_\_\_  
 Mailing Address : \_\_\_\_\_

Living Status Live alone With spouse With children Rotating between children's houses  
 Other :

Welfare Status General Middle-low-income Low-income

Disability Identification No Yes (Type of disability :  
 Disability Level: Mild Moderate Severe Extremely severe)

What is your preferred language Mandarin English Taiwanese Hakka language Aboriginal languages  
Other ( )

Education level Graduate School University High School Middle School Elementary School  
Literate but not attending school Illiterate

Do you hire a care worker? No Yes (Native hr/day Foreign)

Do you currently live at a long-term care facility? No Yes

Have you been hospitalized within the last 3 months? No Yes (Reason : )  
 Disease History : Hypertension Diabetes Stroke Cancer Other :

**II - The service you need (Select one or more)**

<p><input type="checkbox"/> <b>Care services</b></p> <p><input type="checkbox"/> Home services</p> <p><input type="checkbox"/> Day care</p> <p><input type="checkbox"/> Family care</p> <p><input type="checkbox"/> <b>Transportation services</b></p> <p><input type="checkbox"/> <b>Home appliance purchases, lease and home facility adjustment and improvement services</b></p> <p><input type="checkbox"/> <b>Nutritional services for the elderly</b></p>	<p><input type="checkbox"/> <b>Professional service</b></p> <p><input type="checkbox"/> IADLs reablement - at home</p> <p><input type="checkbox"/> IADLs reablement - in the community</p> <p><input type="checkbox"/> ADLs reablement - at home</p> <p><input type="checkbox"/> ADLs reablement - in the community</p> <p><input type="checkbox"/> Community Adaptation - at home</p> <p><input type="checkbox"/> Community Adaptation - in the community</p> <p><input type="checkbox"/> Nutritional services</p> <p><input type="checkbox"/> Distressed behavior care</p> <p><input type="checkbox"/> Bedridden or long-term activity restriction care</p> <p><input type="checkbox"/> Home safety or facility adjustment and improvement services</p> <p><input type="checkbox"/> Home nursing. "Only for those who applied before 2018"</p> <p><input type="checkbox"/> Eating and Swallow therapy services</p>	<p><input type="checkbox"/> <b>Services to prevent or delay progression of disability</b></p> <p><input type="checkbox"/> <b>Discharge transition of care service</b></p> <p><input type="checkbox"/> <b>Transition to Home-based Medical Care service</b></p> <p><input type="checkbox"/> <b>Dementia care services (Collaborative care management center)</b></p> <p><input type="checkbox"/> <b>Dementia care services (Dementia community service association)</b></p> <p><input type="checkbox"/> <b>Community integrated care service system</b></p>
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<input type="checkbox"/> <b>Small-size multi-function services</b> <input type="checkbox"/> <b>Long-term care institutional services</b> <input type="checkbox"/> <b>Family caregiver supportive services</b>	<input type="checkbox"/> <b>Respite Care services</b> <input type="checkbox"/> Home <input type="checkbox"/> Institutional services <input type="checkbox"/> Day care center <input type="checkbox"/> Small-size multi-function services at night <input type="checkbox"/> Long-term Care Station	<input type="checkbox"/> Indigenous community integration service <input type="checkbox"/> Community preventative care <input type="checkbox"/> Other ( )
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His/her main problem and brief description of needs

**III 、 Case's self-evaluation & initial screening of long-term care management center :**

	Dependent		Independent			Dependent		Independent	
	Self-evaluation	Initial Screening	Self-evaluation	Initial Screening		Self-evaluation	Initial Screening	Self-evaluation	Initial Screening
i. Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Street shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Transferring (e.g. from bed to chair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ii. Outside activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	iii. Cooking meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	iv. Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Walking on flat ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	v. Doing laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Getting dressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caregiver: <input type="checkbox"/> Yes (Name/Relationship : _____ / _____) <input type="checkbox"/> No				

**Initial screening result :**  Congruent  Incongruent  
 No disability,  Other \_\_\_\_\_  No intention to use  Other ( \_\_\_\_\_ )

**Processing result:**

**Service referral :** Service item : \_\_\_\_\_  
 Service Unit : \_\_\_\_\_

**Long-term care personnel:** \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_