

New Taipei City Application Form for the Subsidy for Early Intervention of Children with Developmental Delay

英文

Application Date : ____Year__Month__Day ☐First-time Application ☐Non-Initial Application



Child Information	Name		National Identification Number										
			Date of Birth	____Year__Month__Day (<input type="checkbox"/> Delay School Entry) Attached: Notice of Deferment of Admission		Indigenous Status		<input type="checkbox"/> Yes <input type="checkbox"/> No					
	Qualification Documents	<input type="checkbox"/> Disability Certificate (Handbook) <input type="checkbox"/> Comprehensive Medical Evaluation Report <input type="checkbox"/> Diagnosis Certificate	Socioeconomic Status	<input type="checkbox"/> General or Lower Middle-Income Household <input type="checkbox"/> Low-Income Household		Receive Subsidies for Day Care and Residential Care for Persons with Disabilities : <input type="checkbox"/> Have <input type="checkbox"/> None (If so, you are not eligible to apply for this subsidy)							
	Residential Address	New Taipei City _____ District _____ Road (Street) _____ Section _____ Lane _____ Alley _____ Number _____ Floor (If there is a change of residential address, the change will take effect on __ year __ month __ day, and the household registration certificate is attached)											
	Correspondence Address	<input type="checkbox"/> Same as above <input type="checkbox"/> Other _____											

Applicant Information	Name		National ID Number										
	Relationship to the Child	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Institutional care <input type="checkbox"/> Primary Caregiver (Relationship _____) <input type="checkbox"/> Foster Parents <input type="checkbox"/> Others _____	Contact Phone Number	(Day) (Row)									
		Nationality : <input type="checkbox"/> Local <input type="checkbox"/> Foreign National _____ Occupation : _____ Do you possess a Disability Card (Handbook) : <input type="checkbox"/> Yes <input type="checkbox"/> No											

Application for Subsidy Information	Month	Number of Times	Amount Requested		Name of the Therapeutic Unit (Please fill it out accurately) : 1. 2.
			Therapy Fees (Self-paid)	Transportation Fees (Health Insurance)	
	Subtotal	Total Frequency	Total_____NTD	Total_____NTD	Therapeutic Programs : <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Mental Health Therapy <input type="checkbox"/> Other_____(Multiple selections allowed)

	Post Office Savings Book Account Number	Branch Number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Holder's Name: _____ Account's Identity Status: <input type="checkbox"/> Applicant <input type="checkbox"/> Children <input type="checkbox"/> Other _____ ID Card Number: _____ (* If the account holder's name is not the applicant or the child, please be sure to fill it out the blank)
<ol style="list-style-type: none"> 1. I have read the contents of this form in detail, and agrees to initiate an investigation of household registration data, and hereby declare that the information and documents provided is true and correct. I confirm that the above mentioned child has not received the "Subsidy for Day Care and Residential Care for Persons with Disabilities" from New Taipei City and has not utilized the "Community and Home-based Therapeutic Services for Designated Treatment" provided by the New Taipei City Government Social Affairs Bureau, which cannot be claimed with this subsidy at the same time. 2. This subsidy will only accept one application in the same month. If you need to apply for more than one therapeutic unit, the subsidy fees for the same month must be combined into one application. No second application for months that have already been applied for, regardless of whether the subsidy fee has reached its limit 3. Any change of residential address, please fill in the change date (year, month, day), and attach a new household registration certificate. 4. Application date, child's information, applicant's information, subsidy application details, and the applicant's signature or seal (must be fully completed) <div style="text-align: right;">Applicant : _____ (Signature or Stamp)</div> 		
Approval Results	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (To be filled out by the person-in-charge of the Department of Social Welfare) <input type="checkbox"/>Approval (__ Month ~ __ Month) Calculated in New Taiwan Dollars NTD _____ <input type="checkbox"/>Not Approved , Reason : _____ </div> <div style="width: 35%; text-align: center;"> Seal by the person-in-charge of the Social Affairs Bureau </div> </div>	

Required Documents for Application	<input type="checkbox"/> 1. Application Form ° (Required to be attached with each application) <input type="checkbox"/> 2. A photocopy of the cover of the post office bankbook (must be attached when applying for the first time this year or when the account is changed. If it is non initial application, it is not required if there is no change in the information) <input type="checkbox"/> 3. Therapeutic treatment Receipts : (1) To apply for the 'Therapeutic Fee,' the original payment receipt issued by the therapeutic unit must be attached. The receipt must indicate the date of therapy, type of therapy, and amount ° (2) To apply for the 'Transportation Fee,' you must attach the therapeutic record form provided by the government or the treatment record form/card issued by the therapeutic unit. The date of treatment and type of treatment must be indicated on the form and must be stamped with the therapeutic unit's seal or the name of the therapist must be noted. If these details are not provided, the application document will be return for correction by the government bureau. <input type="checkbox"/> 4. A copy of valid diagnosis certificate or comprehensive report for developmental delays issued by the evaluation and appraisal by the hospital, valid for a specified period (those holding a disability certificate/manual or those who have previously submitted valid qualification documents are exempt from this requirement) <input type="checkbox"/> 5. Other documents (not required if not available) : (1) Copy of the Notice of Deferment Admission/Enrollment (2) Foster families or foster care institutions must provide relevant proof documents of placement commissioned by the government (3) Those who authorize others to handle or receive the subsidy must provide a Power of Attorney for the Therapeutic Subsidy for Children with Developmental Delays.			
Application Deadline	Therapy Month	Application Period.	Therapy Month	Application Period.
	January.	From February 1 to April 30.	July.	From August 1 to October 31.
	February.	From March 1 to May 31.	August.	From September 1 to November 30
	March.	From April 1 to June 30.	September.	From October 1 to December31
	April.	From May 1 to July 31.	October.	From November 1 to January 31 of the following year
	May.	From June 1 to August 31.	November.	From December 1st to February 28th of the following year
	June.	From July 1 to September 30.	December.	From January 1st to March 31st of the following year
Subsidy Summary Content	1. Eligibility for Subsidy: Children registered in New Taipei City who have not yet reached school age or have deferred schooling due to disabilities, developmental delays, or suspected developmental delays. 2. Subsidy Items: (1) Therapy Training Fees: For therapy received at designated units where costs are not covered by the National Health Insurance or are fully self-paid. (2) Transportation Subsidy: For therapy received at designated units where costs are covered by the National Health Insurance, a subsidy of NT\$200 per session is provided. (3) This subsidy does not cover expenses related to medical examination, outpatient services, evaluation, registration, medicines, or other related expenses. 3. Subsidy Basis: Therapy and transportation fees are combined for calculation, the maximum monthly subsidy of NT\$4,000 per person. For children from low-income households or those placed in foster care or residential institutions by the city government, the maximum monthly subsidy is NT\$6,000 per person (if two therapeutic sessions are conducted at the same place on the same day will be only counted as one session). 4. Application Deadline: Applications must be submitted within three months following the month of treatment, as indicated by the postal stamp. For online applications, the deadline is the same as for paper applications. Late applications will not be accepted. 5. Other Matters: For any unresolved issues, the officially announced implementation plan shall be announced.			

Application Method	Sent by registered mail to：220242新北市板橋區中山路1段161號25樓 新北市政府社會局收	
Contact Phone Number	Questions Related to Therapy Treatment Subsidies： (02)2960-3456分機3660、3652、3662、3859 Other Early Intervention Services： (02)2955-0885 New Taipei City Government Child Health Development Center	 兒童健康發展中心FB
Relevant forms for this subsidy can be found and download on the Department of Social Welfare, New Taipei City Government website. 【 http://www.sw.ntpc.gov.tw/ 福利專區－兒童健康發展/早期療育－發展遲緩兒童療育補助(早療交通費或療育費)】下載使用。		
		 申請表單在這裡

新北市政府發展遲緩兒童療育補助申請書

申請日期： 年 月 日 ☐首次申請 ☐非首次申請

兒童資料	姓名	身分證統一編號											
		出生日期	民國 年 月 日	原住民身分		<input type="checkbox"/> 是 <input type="checkbox"/> 否							
	資格文件	<input type="checkbox"/> 身心障礙證明(手冊) <input type="checkbox"/> 綜合評估報告書 <input type="checkbox"/> 診斷證明書	擇一檢附	經濟身分	<input type="checkbox"/> 一般戶或中低收入戶 <input type="checkbox"/> 低收入戶		領取身心障礙者日間照顧及住宿式照顧補助： <input type="checkbox"/> 有 <input type="checkbox"/> 無 (如有，則不可申領本補助)						
	戶籍地址	新北市 區 路(街) 段 巷 弄 號 樓 (如變更戶籍地，變更時間 年 月 日，並檢附戶口名簿)											
	通訊地址	<input type="checkbox"/> 同戶籍地址 <input type="checkbox"/> 其他											

申請人資料	姓名	身分證統一編號											
	與兒童關係	<input type="checkbox"/> 父 <input type="checkbox"/> 母 <input type="checkbox"/> 機構 <input type="checkbox"/> 主要照顧者(關係) <input type="checkbox"/> 寄養家庭父母親 <input type="checkbox"/> 其他		聯絡電話	(日) (行)								
		國籍： <input type="checkbox"/> 本國 <input type="checkbox"/> 外籍 職業： 是否領有身心障礙證明(手冊)： <input type="checkbox"/> 有 <input type="checkbox"/> 無											

申請補助資料	月份	次數	申請金額		療育單位名稱(請確實填寫)： 1. 2. 3.							
			療育費(自費)	交通費(健保)								
					療育項目： <input type="checkbox"/> 職能治療 <input type="checkbox"/> 物理治療 <input type="checkbox"/> 語言治療 <input type="checkbox"/> 心理治療 <input type="checkbox"/> 其他 (可複選)							
	小計	共 次	共 元	共 元								
		郵局存摺局帳號		局號： 帳號： 戶名： 身分別： <input type="checkbox"/> 同申請人 <input type="checkbox"/> 兒童 <input type="checkbox"/> 其他 身分證統一編號： (*如戶名非申請人或兒童，請務必填寫)								

- 本人已詳讀本表內容，同意代為查調戶籍資料，且據實提供各項資料及文件，並確認兒童未領有新北市「身心障礙者日間照顧及住宿式照顧補助」、未使用本府社會局提供之「社區療育服務之定點療育及到宅療育」等不得與本補助重複領取之費用或服務。
- 本補助同一月份僅受理申請1次，如須申請兩間以上療育單位，同月份之補助費用須合併申請，已申請過之月份不論補助費用是否已達上限，均不再受理第2次申請。
- 如有變更戶籍地，請填寫變更日期(年月日)，並檢附戶口名簿。
- 申請日期、兒童資料、申請人資料、申請補助資料、申請人簽名或蓋章(必填寫完整)。

申請人： (簽名或蓋章)

審核結果	(由社會局承辦人填寫)		社會局承辦人核章
	<input type="checkbox"/> 核定 (月 ~ 月)，計新臺幣 元		
	<input type="checkbox"/> 不予核定，原因：		

申請應備文件	<input type="checkbox"/> 1.申請書。(每次申請須檢附) <input type="checkbox"/> 2.郵局存簿封面影本(本年首次申請、帳戶變更時須檢附,非首次申請如資料無異動可免附)。 <input type="checkbox"/> 3.療育單據: (1)申請「療育費」,須檢附療育單位所開立之繳費收據正本,收據上須註明療育日期、療育項目及金額。 (2)申請「交通費」,須檢附本府提供之療育紀錄單或療育單位所提供之治療紀錄單、紀錄卡,表單上須註明療育日期、療育項目,並須加蓋療育單位戳章及療育人員職名章,未註記者本府將予以退件補正。 <input type="checkbox"/> 4.評估鑑定醫院開具有效期間之發展遲緩診斷證明書或綜合報告書影本(領有身心障礙證明/手冊,或前次已檢附過有效期間之資格文件者皆可免附)。 <input type="checkbox"/> 5.其他文件(無則免附): (1)暫緩入學通知書影本。 (2)寄養家庭或安置寄養機構,須檢附本府委託安置之相關證明文件。 (3)委託他人代辦或領取補助者,須檢附發展遲緩兒童療育補助委託書。 (4)戶口名簿影本(如有變更戶籍地,須檢附)。																												
申請期限	<table border="1"> <thead> <tr> <th>療育月份</th><th>申請期間</th><th>療育月份</th><th>申請期間</th></tr> </thead> <tbody> <tr> <td>1月</td><td>2月1日~4月30日前</td><td>7月</td><td>8月1日~10月31日前</td></tr> <tr> <td>2月</td><td>3月1日~5月31日前</td><td>8月</td><td>9月1日~11月30日前</td></tr> <tr> <td>3月</td><td>4月1日~6月30日前</td><td>9月</td><td>10月1日~12月31日前</td></tr> <tr> <td>4月</td><td>5月1日~7月31日前</td><td>10月</td><td>11月1日~隔年1月31日前</td></tr> <tr> <td>5月</td><td>6月1日~8月31日前</td><td>11月</td><td>12月1日~隔年2月28日前</td></tr> <tr> <td>6月</td><td>7月1日~9月30日前</td><td>12月</td><td>隔年1月1日~3月31日前</td></tr> </tbody> </table>	療育月份	申請期間	療育月份	申請期間	1月	2月1日~4月30日前	7月	8月1日~10月31日前	2月	3月1日~5月31日前	8月	9月1日~11月30日前	3月	4月1日~6月30日前	9月	10月1日~12月31日前	4月	5月1日~7月31日前	10月	11月1日~隔年1月31日前	5月	6月1日~8月31日前	11月	12月1日~隔年2月28日前	6月	7月1日~9月30日前	12月	隔年1月1日~3月31日前
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補助內容摘要	1. 補助對象:設籍本市,且未達就學年齡或緩讀之身心障礙、發展遲緩或疑似發展遲緩兒童。 2. 補助項目: (1)療育訓練費:至本府規定之單位接受健保不給付或全額自費之療育費用。 (2)交通補助費:至本府規定之單位接受健保給付之療育,每次補助新臺幣200元。 (3)本補助不包含診察、門診、評估、掛號、藥品等相關費用。 3. 補助基準:療育費與交通費合併計算,每人每月最高補助金額為新臺幣4,000元整;低收入戶及經本府安置於寄養家庭或安置教養機構之兒童每人每月最高補助金額為新臺幣6,000元整(同一天於同一處進行2次療育項目,以1次計)。 4. 本補助須於治療當月次月起3個月內提出申請,以郵戳為憑,線上申請之申請期限比照紙本辦理,逾期不受理。 5. 如有未盡事宜,以公告實施計畫為主。																												
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本補助相關表單可至本府社會局網站 【 http://www.sw.ntpc.gov.tw/ 福利專區—兒童健康發展/早期療育—發展遲緩兒童療育補助(早療交通費或療育費)】下載使用。 <div style="text-align: right;">  申請表單在這裡 </div>																													