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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **機構資料** | | | | | | | | | |
| **機構名稱** | |  | | | | | | | |
| **機構負責人姓名** | |  | | | **機構負責人**  **身分證字號** | |  | | |
| **業務負責人姓名** | |  | | | **業務負責人**  **身分證字號** | |  | | |
| **機構設立地址** | |  | | | | | | | |
| **機構統一編號** | |  | | | | | | | |
| **申請人資訊** | | | | | | | | | |
| **姓名** |  | | **出生日期** | | |  | | **身分證字號** |  |
| **戶籍地址** |  | | | | | | | | |
| **聯絡地址** |  | | | | | | | | |
| **帳號** |  | | | **密碼** |  | | | | |
| **聯絡電話** |  | | | **電子信箱** |  | | | | |
| **填寫人:**  **填寫日期:** | | | | | **機構關防及負責人印** | | | | |

**衛生福利部照顧服務管理資訊平臺申請表**

附件二