**112年「預防及延緩失能之長者功能評估知能提升計畫」**

**長者功能評估服務機構申請書**

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| 機構  名稱 |  | 醫事機構  代號 |  |  |  |  |  |  |  |  |  | |  | 預計服務  個案數 | 人 |
| 地址 |  | | | | | | | | | | | | | | |
| 負責人 |  | | | | 機構名稱及代號) | | | | | | |  | | | |
| 服務費 |  | | | | | | | | | | | | | | |

本機構參與計畫醫事人員名冊

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 醫師 | 護理師 | 藥師 | 營養師 | 物理治療師 | 職能治療師 | 聽力師 | 驗光師 |
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承辦人員：

單位主管：

機構負責人：

**附件(機構及醫事人員，執業登記、執業執照影本):**