Application Procedure of Denture Subsidy for Elderly Aged 65 and Over Application Case Item for Application of Denture Subsidy for Elderly Aged 65 and **Public Service** Over processed by Kinmen County Government Undertaking Unit **Contact Telephone** Number Undertaker Send information to the customer service window of the office **Application Procedure** and process  $\rightarrow$  transfer and report to the county government 1. Application form. 2. Household registration transcript for the last 3 months. 3. Certificate of low or medium-low Instruction for Name of income elderly (don't need to Forms or Documents attach if without). **Required Document** 4. Medical treatment plan of contracted dental clinics approved by Kinmen Dental Association. Name of Electronic File None Way To Get and Instruction **Processing Time** Immediately upon request. **Application Method** Apply in person or application filed by proxy. Remark