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| **Item** | **Qualifications** | **Required Documents** | **Deadline** | **Notes** |
| Disability manual application, reissue, and renewal | Persons with disabilities | Application:1. Application form
2. Disability assessment schedule\*1
3. Copy of household registry or ID card (ID card not required for children under the age of 12)\*11” half-length photo\*3

Reissue:1. Application form
2. 1” half-length photo\*2
3. Copy of household registry or ID card\*1
4. If applicable, copy of the legal proxy’s ID card and power of attorney

Renewal:1. Disability assessment schedule\*1
2. Old disability manual (2 copies)
3. 1” half-length photo\*3
 | Application: 2 monthsReissue and renewal: 20 days |  |
| Living assistance for disabled persons mid or low-income families | \*Low or mid-income family\*Has a disability manual\*Has not received government accommodation at public expense | 1. Application form
2. Household registration transcript(must contain all members)\*1
3. Copy of front and back of disability manual\*1
4. Copy of the cover of Chunghwa Post deposit book
5. Related documents (tax statements of the previous year)
 | 20 days |  |
| Auxiliary appliance assistance for the disabled | \*Holds a disability manual issued by Kinmen County and meets subsidy standards\*Is not receiving government medical subsidies or social insurance benefits | 1. Application form
2. Household registration transcript\*1
3. Copy of front and back of disability manual\*1
4. Certificate of diagnosis and therapist evaluation report issued by a public hospital
5. Invoice for purchasing auxiliary appliance (unified invoice)
6. Copy of the cover of a deposit book (excluding Chunghwa Post deposit book)
 | 20 days |  |
| Rearing and housing subsidies for the disabled | Holds a disability manual issued (reissued) by Kinmen County | 1. Application form
2. Household registration transcript (must contain all members)\*1
3. Copy of front and back of disability manual\*1
4. Related documents (tax statements from the previous year)
 | 20 days |  |
| Daytime care for the elderly | Residents of Kinmen County at ages 65 and above who are physically and mentally healthy (or had a mild stroke but capable of daily activities) | 1. Application form
2. Household registration transcript (must contain all members)
3. Physical exam chart from public hospital, letter of guarantee
 | 20 days | Monthly fee of NT$7,000 for meals and activities |
| ID for parking in handicapped parking spaces | Holds a disability manual issued by Kinmen County or family member registered in the same household | 1. Application form
2. Copy of front and back of disability manual
3. Copy of driver’s license (must specify special vehicles for scooters)
4. Copy of car or scooter driver’s license (must specify special vehicles for scooters)
 | 3 days |  |
| Old-age farmer allowance | \*Kinmen County residents at ages 65 and above\*Farmers that joined farmers insurance for at least 6 months during application or class A member of fishermen association for at least 6 months and collected old-age benefits from labor insurance | 1. Application form
2. Copy of front and back of ID card
3. Copy of cover of Land Bank deposit book
4. Related documents
 | 50 days |  |
| Relief for elderly who have experienced combat in Kinmen County | 1. Current resident of Kinmen County at least 65 years or older2.Reached the age of 16 before November 6th, 1992 and registered permanent address in Kinmen for at least 10 years | 1. Application form (please submit application to the township office of your permanent address)
2. Household registration transcript (only applicant is needed)
3. Copy of cover of deposit book
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| Subsidy for medical and caretaker expenses of mid or low income senior citizens | \*The amount of medical and caretaker expenses payable by patient from mid or low income family exceeds a certain amount (the family’s total income divided by number of family members must be less than 2.5 times the minimum monthly living expense per person)\*Not receiving government accommodation at public expense | 1. Application form, household registration transcript (must contain all members)
2. Copy of cover of deposit book
3. To apply for medical expense subsidy, attach the hospital’s certificate of diagnosis, original invoice for medical expenses, and proof of medical expense co-payment under the National Health Insurance
4. To apply for caretaker expense subsidy, attach certificate issued by the attending physician stating that a caretaker is necessary and original invoices of caretaker expenses
5. Other documents
 | 5 days | The applicant shall submit the application within 3 months after receiving medical care or being hospitalized |
| Living allowance for mid or low income senior citizens | \*The applicant must be at least 65 years or older. The family’s total monthly income divided by number of family members does not exceed 2.5 times the minimum monthly living expense per person, and does not exceed 1.5 times the average monthly expense per person in Taiwan\*The family’s total assets excluding income does not exceed a certain amount | 1. Application form
2. Household registration transcript (must contain all members)
3. Copy of cover of deposit book
4. Family financial situation survey form
5. Other related documents
 | 5 days |  |
| Housing improvement subsidy for mid or low income senior citizens | Mid and low income senior citizens of Kinmen County | Application1. Application form
2. Household registration transcript
3. Photos of house before improvement
4. Housing improvement quotation
5. Ownership (use) certificate

Reimbursement request1. Copy of letter of approval
2. Invoice (Unified invoice)
3. Photos of house after improvement
4. Copy of cover of deposit book
 | 30 days |  |
| Elderly nursing at public expense | Residents of Kinmen County for at least six years and at ages 65 or above without any infectious diseases that meet one of the physical conditions: (1) Completely or partially paralyzed and cannot engage in daily activities. (2) Disabled and requires assistance from others with daily activities, but can sit in a wheel chair | 1. Application form
2. Copy of ID card, letter of guarantee
3. Household registry or household registration transcript (must contain all members)
4. Public hospital physical exam form (includes chest x-ray, AIDS screening)
5. Certificate of low income family
 | 20 days |  |
| Elderly nursing at own expense | Residents of Kinmen County at ages 65 or above without any infectious diseases that meet one of the physical conditions: (1) Completely or partially paralyzed and cannot engage in daily activities. (2) Disabled and requires assistance from others with daily activities, but can sit in a wheel chair | 1. Application form
2. Copy of ID card, letter of guarantee
3. Household registry or household registration transcript (must contain all members)
4. Public hospital physical exam form (includes chest x-ray, AIDS screening)
5. Cash deposit of NT$100,000
6. Monthly living expense of NT$20,000
 | 20 days |  |
| Establishment of social relief institution | Kinmen County residents | 1. Application form, business plan
2. Map of building location and summary of building condition
3. Ownership certificate
4. Contract for public liability insurance and certificate of performance guarantee
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| Special care allowance for mid or low income senior citizens | \*Receiving living allowance for mid or low income senior citizens\*Not receiving accommodation home services, caretaker subsidy\*Rated as extremely needing care from family members by ADL evaluation | 1. Application form
2. Household registration certificate
3. Certificate of diagnosis
4. ADL scale
5. Related documents
 | 5 days |  |
| Living assistance for low income families | \*Total family income divided by the number of family members is below the minimum monthly living expense per person\*The family’s total assets excluding income does not exceed the amount announced by the central competent authority | 1. Social relief survey form
2. Income statement
3. Related documents
 | 5 days |  |
| Subsidy for caretaker expenses of mid or low-income senior citizens who are hospitalized | Kinmen County resident from mid or low income family that accumulates over NT$30,000 in caretaker expenses payable in 1 month or over NT$50,000 in the last 3 months. Caretaker expenses of senior citizens from mid or low income families are not constrained by these amounts. | 1. Application form
2. Household registration transcript
3. Certificate of diagnosis stating that patient requires a caretaker
4. Certificate of nursing care during hospitalization
5. Invoice of caretaker expenses
6. Related documents
 | 5 days |  |
| Tuition and living assistance for children of low income families | Children of class 2 and class 3 low income families registered with Kinmen County who are studying in elementary school, junior high school, or senior high (vocational) school | 1. Application form
2. Certificate of enrollment
3. Payment notice
4. Copy of cover of deposit book
 | 5 days |  |
| Emergency relief | When the primary earner of a family in Kinmen County passes away from severe illness or an accident, or when other reasons cause the family to be in straitened circumstances, and the family cannot afford to hold a funeral and burial | 1. Application form
2. Household registration transcript (must contain all members)
3. Death certificate
4. Certificate of diagnosis
5. Invoices for medical expenses
6. Other documents
 | 5 days |  |
| Natural disaster relief | When the livelihood of Kinmen County residents is affected by natural disaster, causing casualties, missing, house collapse, or asset loss | 1. Application form2. Household registration transcript (must contain all members)3. Disaster survey chart4.Copy of cover of deposit book | 5 days |  |
| Medical subsidy for low income families and disadvantaged children | \*Children under the age of 12 in low income families that meet requirements of the Public Assistance Act\*Disadvantaged children with permanent address registered in Kinmen County: (1) Meet qualifications of low income household children for living assistance. (2) Children under the age of 6 according to Article 9 of the Emergency Assistance for Livelihood of Women in Hardship. (3) Child protection case. (4) Child placed in a public or private nursery institution and foster home. (5) Child with rare disease announced by the Department of Health or has a major illness card. (6) Other children evaluated as requiring assistance. | * 1. Application form
	2. Copy of household registry
	3. Certificate of diagnosis, original invoice for medical expenses, and proof of co-payment under the National Health Insurance
	4. Certificate of diagnosis, certificate issued by the attending physician (nurse or social worker) stating that the patient requires a caretaker, and original invoice for caretaker expenses
	5. Certificate of diagnosis and original invoice for food expenses
	6. Original invoice for varicella vaccine
	7. Original invoice for development delay child evaluation and treatment
	8. Original payment receipt\*1
	9. Copy of cover of deposit book of applicant
	10. Other related documents
 | 15 days | Applicants should submit the required documents to the local government office of their permanent address after receiving injection, evaluation, medical care or nursing care |
| Special Education Subsidy for Children with Developmental Delay | \*Children under the age of 7 with developmental delay and are residents of Kinmen County\*Children that do not have a disability manual but have a developmental delay certificate issued by a hospital certified by the Department of Health\*Children that have a disability manual and developmental delay certificate issued by a hospital certified by the Department of Health | Applicant: Parents, adoptive parents, or guardians must submit the following documents before the last day of each month for application:1. Application form (includes an application form and receipt).
2. Copy of household registry
3. Developmental delay certificate or disability manual.
4. Receipt issued by a medical institute, social welfare institute, or professional therapist.
5. Receipt and proof of treatment issued by a public/private hospital or clinic.
6. Copy of cover of deposit book of applicant. Note: Applications are made on a monthly basis and should be completed within 3 months after the date of treatment (applications may not be made a second time for the same month, regardless of whether the total number of applications exceeds 8).
 | 15 days | Application should be delivered to the Social Affairs Bureau (Early Intervention Reporting and Referral Center for Children with Developmental Delay) |
| Children and Youth Foster Care | \*Unsuitable for upbringing in their original family.\*Abandoned baby and helpless children.\*Children that did not receive proper upbringing or care and are in imminent danger for their lives, from being injured or will lose their freedom without emergency protection, settlement or disposal\*Cannot normally live in their family due to a major incident in the family\*Custody given to Kinmen County Government by Juvenile Court\*Ruled by Juvenile Court as requiring reformatory education\*The child’s parents, adoptive parents or guardian has any one of the following situations: abuse, willful abandonment, put the child up for sale, coercion, induce into improper occupation or action, and other forms of parental right abuse. | 1. Application form
2. Household registration transcript
3. Related documents
 | 20 days |  |
| Children and youth shelter | \*Both parents are deceased and the guardian is unable to raise the child \*Both parents are unable to work or single-parent family cannot financially support the child\*Low income household registered with the competent authority of Kinmen County that cannot support the child\*Homeless, helpless, or abandoned child | 1. Application form
2. Household registration transcript (must contain all members)
3. Physical exam form of a public hospital (must include chest X-ray, AIDS screening, syphilis and hepatitis B tests).
4. Letter of guarantee
 |  |  |
| Child and youth foster family | \*Ages 25-65 with at least junior high school education\*Happily married for at least 2 year or previously married but capable of caring for children\*Family members living together have good character and health, do not have infectious diseases or records of misconduct\*Fixed income enough to support a family\*Safe and clean home with enough space | 1. Application form
2. Household registration transcript (must contain all members)
3. Health certificate of applicant issued by a public hospital
4. Health certificate of spouse, if applicable, issued by a public hospital.
5. Related documents
 |  | Only qualified families that sign the agreement may become foster families |
| Women counseling and psychotherapy subsidy | \*Widow, divorced, single mother, and victims of domestic violence\*Abused or abandoned by husband\*Woman in other special circumstances | 1. Application form
2. Household registration transcript
3. Psychological treatment summary form
4. Related documents
 | 15 days |  |
| Women legal consultation subsidy | \*Divorced, single mother, and victims of domestic violence\*Abused or abandoned by husband\*Woman in other special circumstances | 1. Application form
2. Household registration transcript
3. Invoices for litigation and attorney fees
4. Copy of power of attorney
5. Copy of verdict
6. Related documents
 | 15 days |  |
| Emergency living subsidy for women | \*Husband is deceased or missing, final and binding judgment of the court to serve a sentence of 6 months or longer, or does not have fixed income due to injury and children do not have fixed jobs.\*Widow, divorced, single mother, victim of domestic violence, or does not have fixed income due to injury and children do not have fixed jobs.\*Under 20 years old, unmarried, from pregnancy to 2 months after childbirth.\*Disabled from accident\*Impoverished due to other major causes. | 1. Application form
2. Household registration transcript
3. Related documents
 | 15 days |  |
| Emergency assistance for livelihood of women in hardship | Women in the ages 15-65; the family’s total monthly income divided by number of family members does not exceed 2.5 times the minimum monthly living expense per person, and does not exceed 1.5 times the average monthly expense per person in Taiwan; any one of the following conditions apply: (1) Husband is deceased or missing. (2) Willful abandonment by husband, unable to cohabitate with husband due to abuse and ruled a divorce by the court. (3) Single mother pregnant from forced sexual intercourse or statutory rape, from the third month of pregnancy to two months after childbirth. (4)Single parent unable to work, or able to work but not employed due to major illness or to take care of children. (5) Husband still serving a 1 year or longer sentence. | 1. Household registration transcript (must contain all members) issued within the last 3 months2. List of all income and assets of the household3. Related documents (e.g. death certificate, police report, proof of imprisonment, copy of verdict, or certificate of diagnosis) | 15 days | Note: Single parent refers to independently raising children under the age of 18 and having one of the following conditions: Divorced or widowed, single mother and child not acknowledged by the father, husband missing for 6 months according to the police agency, or husband still serving a 1 year or longer sentence. |
| Living allowance for children of women in hardship | Women in the ages 15-65; the family’s total monthly income divided by number of family members does not exceed 2.5 times the minimum monthly living expense per person, and does not exceed 1.5 times the average monthly expense per person in Taiwan; raising children under the age of 15 in accordance with subparagraphs 1, 2, 5, and 6 of Paragraph 1 of Article 4 | 1. Household registration transcript (must contain all members) issued within the last 3 months2. List of all income and assets of the household3. Related documents (e.g. death certificate, police report, proof of imprisonment, copy of verdict, or certificate of diagnosis) | 15 days |  |
| Medical subsidy for women in hardship | Women in the ages 15-65; the family’s total monthly income divided by number of family members does not exceed 2.5 times the minimum monthly living expense per person, and does not exceed 1.5 times the average monthly expense per person in Taiwan; meet conditions specified in Paragraph 1 of Article 4 of the “Act of Assistance for Family in Hardship”; the applicant and children between the ages 6 and 18 have all joined the national health insurance, medical expenses payable by the applicant within the last 3 months exceed NT$50,000, the applicant is unable to pay the medical expenses or is not receiving other subsidies or insurance benefits. | 1. Household registration transcript (must contain all members) issued within the last 3 months2. List of all income and assets of the household3. Related documents (e.g. certificate of diagnosis, copy of front and back of health insurance card, or original receipt for medical expenses) | 15 days |  |
| Child care subsidy for low income households and women in hardship | Low income householdWomen in hardship | 1. Receipt of tuition for child in nursery
2. Copy of front and back of applicant’s ID card
3. Low income household: Low income household certificate, household registration transcript
4. Foster family: Copy of agreement
5. Women in hardship: Subsidy application and survey form for women in hardship
 | 15 days |  |
| Legal fee subsidy for women in hardship | Women in the ages 15-65; the family’s total monthly income divided by number of family members does not exceed 2.5 times the minimum monthly living expense per person, and does not exceed 1.5 times the average monthly expense per person in Taiwan; cannot afford litigation expenses due to being a victim from domestic violence, sexual assault, or other crimes. | 1. Household registration transcript (must contain all members) issued within the last 3 months2. List of all income and assets of the household3. Related documents (e.g. copy of court document or verdict, original receipt from the lawyer, copy of Power of Attorney) | 15 days |  |
| Legal fee subsidy for unfortunate women | \*Permanent address registered in Kinmen County\*Victim of domestic violence\*Abused or abandoned by husband\*Other special cases\*Filed a lawsuit | 1. Application form2. Copy of household registration transcript (household registry)3. Original receipt for litigation expenses4. Copy of court documents or verdict | 15 days |  |
| Establishment of elderly welfare institution | Kinmen County resident | 1. Application form, establishment plan
2. Copy of establishment meeting minutes
3. Map of the location of building and its condition
4. Property right certificate
5. Other documents of proof
 |  |  |
| Establishment of county-level cooperative | Kinmen County resident | 1. Application form
2. List of founding members (at least 7 members).
3. Articles of Association
4. Household registration data of the founding members

Note: 4 copies of the documents listed above are needed. | 15 days |  |
| Establishment of county-level civil association | Kinmen County resident | 1. Application form2. Articles of association3. Copy of the front and back of ID cards of founding members4. List of founding members (at least 30 members who are 20 years or older and residents of Kinmen County)Note: 4 copies of the documents listed above are needed. | 60 days |  |
| Emergency living assistance for unfortunate women | \*Husband is deceased or missing and children are unable to work\*Husband currently serving a 6 month or longer sentence and children are unable to work\*Husband does not have fixed income due to illness and children are unable to work\*Widow who does not have fixed income due to illness and children are unable to work\*Divorced woman who does not have fixed income due to illness and children are unable to work\*Single mother who does not have fixed income due to illness and children are unable to work\*Victim of domestic violence who does not have fixed income due to illness and children are unable to work\*Abused or abandoned by husband\*Under the age of 20 from pregnancy to 2 months after childbirth\*Disabled from accident\*Impoverished due to other major causes | 1. Application form
2. Survey form (not required for low and mid-income families)
3. Copy of household registration transcript (household registry)
4. Other documents
 | 15 days |  |
| Transportation fee subsidy | Family members of disabled persons with permanent address registered in Kinmen County who were placed in a nursing institute in Taiwan by a government agency | 1. Application form
2. Copy of front and back of disability manual
3. Copy of household registration transcript or household registry
4. Proof of transportation fee (original plane ticket; plane tickets require the stamp of nursing home)
5. Invoice
6. Other documents
 | 20 days |  |
| Diaper fee subsidy for the disabled | Resident of Kinmen County with disability manual and certificate of diagnosis | 1. Application form2. Copy of front and back of disability manual3. Household registration transcript or copy of household registry4. Certificate of diagnosis 5. Other documents | 20 days |  |
| Establishment of county-level commercial group | At least five trade associations and companies that acquired their registration certificate in Kinmen County in accordance with the Company Act and Business Registration Act | 1. Application form2. Articles of incorporation3. List of founding members (including copy of the registration certificate of at least five companies)Note: 4 copies of the documents listed above are needed.4. Standards of Classification of Commercial Group | 60 days | Video conference or in person |
| Home care service subsidy for disabled elderly and disabled persons | \*Not placed in shelter by government agency, does not have a home care provider, and is not receiving other government subsidies for care. Respite care services provided by health units are not limited.\*Disabled elderly and persons that need assistance from others for daily activitiesNote: Standard for determining that assistance is needed from others for daily activities: (1) Minor disability: ADL score of 60-80 points. (2) Moderate to severe disability: ADL score of less than 60 points. (3)Diagnosis by a public-owned public-run hospital, or regional hospital or above assessed by the Department of Health, or psychiatric hospital as having dementia, and certificate specifies CRR results: Minor disability: CDR reaches 1 point; moderate to severe disability: CDR reaches 2 points or above. | * 1. Application form, copy of front and back of ID card
	2. Dementia patients must provide a certificate of diagnosis from a public-owned public-run hospital, or regional hospital or above assessed by the Department of Health, or psychiatric hospital, which specifies CDR of 1 point or above.
	3. Disabled persons under the age of 64 must provide a copy of their disability manual
	4. Other documents
 |  |  |
| Social Welfare Hall venue rental | 1. Application form
2. Activity plan, program, or introduction
 | Submit application form and related materials to the Social Welfare Hall 5 days before the event. | 3 days |  |
| Meal delivery service for elderly living alone | Household registration certificate | Submit application to the township office of permanent address. | 5 days |  |
| Emergency relief system for elderly living alone | Household registration certificate | Submit application to the township office of permanent address. | 5 days |  |
| Denture subsidy for Medium-low Income elderly at ages 60 and above | 1. ID Card
2. Certificate of Medium-low Income Household issued by the township office of the applicant’s permanent address
 | Visit Kinmen Hospital or dental clinic under contract, have the dentist prepare an outpatient service plan, and the applicant will be notified after gaining approval from Kinmen County Government. | 15 days |  |