

Application Form for Shared Care Home Quarantine in Kaohsiung City for Individuals and Family Members/Cohabitants Jointly Entering Taiwan

Serial Number : (To be filled in by the care center)

Name of Care Recipient**		Serial Number		Cellphone	(Leave blank if inapplicable)
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Duration of Home Quarantine: ___ / ___ / ___ ~ ___ / ___ / ___ (MM/DD/YYYY ~ MM/DD/YYYY)

Address of Home Quarantine Location: No. ____, Ln. ____, ___ Rd., ___ Dist.,
Kaohsiung City (Name of Hotel: _____)

Room Type of Hotel: _____ (e.g., double room)

Reason for Application & Supporting Documents

(e.g. diagnosis certificate issued by a hospital, disability card, card for catastrophic illness)

- Children and youths below 18 years old
- Elderly people above 65years old who are incapable of self-care
- Please state the reason:** _____
- People with physical or mental disability; supporting documents: _____
- People with physical or mental incapacity; supporting documents: _____
- Patients with catastrophic illness; supporting documents: _____
- Pregnant women determined by physicians as incapable of self-care. **Please state the reason:** _____
- Individuals incapable of self-care due to injury or illness; supporting documents: _____
- Other conditions approved by the local government; supporting documents: _____

**** Individuals incapable of self-care have to depend on others to perform daily activities, such as eating, bathing, dressing, using the toilet, and walking. ****

Name of Caregiver**		Serial Number		Cellphone	(Required)
				Relationship	

Duration of Home Quarantine: ___ / ___ / ___ ~ ___ / ___ / ___ (MM/DD/YYYY ~ MM/DD/YYYY)

Affidavit

Individuals and family members/cohabitants entering Taiwan together apply for shared care home quarantine; both groups will comply with home quarantine measures. If false applications that break epidemic prevention regulations are made, we hereby declare ourselves willing to take legal responsibilities.

Signature or Stamp: _____

Document review by the Kaohsiung City Governmental Home Quarantine/Isolation Individuals and Citizen Relief Care Center (not required if a site visit is made)

Agree; commission ___ to apply on ___ / ___ / ___ (MM/ DD/YYYY)

Disagree; reason: _____

Accepted on ___ / ___ / ___

MM/ DD/YYYY

Care visit undertaken by Kaohsiung City Government _____ and _____

Agree

Disagree; reason:

Accepted on ___ / ___ / ___
MM/ DD/YYYY

** Please fill in the names, serial numbers, and cellphone numbers in corresponding fields if there are more than one care recipients/caregivers.