**原住民深耕德瑪汶協會 急難救助金 申請表**

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| 姓名 |  | | | 性別 | | |  | | 部落 | | |  |
| 出生日期 |  | | | 年齡 | | |  | | | | | |
| 家用電話 |  | | | 手機 | | |  | | | | | |
| 住址 |  | | | | | | | | | | | |
| 信箱/FB |  | | | | | | | | | | | |
| 目前就讀學校 | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_學系\_\_\_\_\_\_\_\_\_年級 | | | | | | | | | |
| 家庭身分 | □中低收入戶　□低收入戶　□身心障礙　□單親　□隔代教養  □其他\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| 家庭成員狀況 | | | | | | | | | | | | |
| 姓名 | 稱謂 | 年齡 | | | 職業 | | | 月薪 | | | 備註  （如主要經濟者、特殊疾病、外出求學或就業等） | |
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| 家庭經濟與狀況概述 | | | | | | | | | | | | |
| (請於此欄描述家庭特殊狀況及為何需要急難救助。) | | | | | | | | | | | | |
| 審核結果 | | □通過□未通過 | | | | 日期 | | | | 年＿＿月＿＿日 | | |