**原住民族委員會**

**原住民族文化健康站長者名冊**

站名：○○文化健康站

地址：○○縣（市）○○鄉（鎮、市、區）○○號

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| 編號 | 案號 | 姓名 | 生日 | 身份證號 | 性別 | 連絡電話 | 族別 | CMS等級 | 身障等級 | 罹患慢性病 | 緊急連絡人 | 緊急連絡人電話 | 服務註記 |
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| 備註:非原住民族長者服務比率以不超過總服務人數之10%為原則(原住民族長者之配偶、或原住民族地區居住在地逾十年以上之非原住民長者不計入本比率限制) |

**計畫負責人簽名：**