

# Severe Special Infectious Pneumonia Isolation/Quarantine Period Compensation

## Application Form

Application Date: (mm/dd/yyyy)

Document Completion Date: (mm/dd/yyyy)

Acceptance No.

|   |   |  |  |  |  |   |  |  |   |         |  |
|---|---|--|--|--|--|---|--|--|---|---------|--|
| <b>Applicant Name</b>   | Date of Birth (mm/dd/yyyy)  | National Identification No.  |  |  |  |   |  |  |   |         |  |
| <input type="checkbox"/> Same as above  |   | Passport No. or Alien Resident Certificate (ARC) No.   |  |  |  |   |  |  |   |         |  |
| <b>Name of Person Under Isolation (Quarantine)</b>  | Date of Birth (mm/dd/yyyy)  | National Identification No.  |  |  |  |   |  |  |   |         |  |
|   |   | Passport No. or Alien Resident Certificate (ARC) No.   |  |  |  |   |  |  |   |         |  |
| Relationship of applicant with the person under isolation (quarantine): _____   |   |  | Address for completion of isolation or quarantine<br><input type="checkbox"/> Same as contact address <input type="checkbox"/> Same as permanent address<br>[ ]-[ ]<br>Contact address:<br>[ ]-[ ]<br>Permanent address: <input type="checkbox"/> Same as contact address<br>[ ]-[ ] |  |  |   |  |  |   |         |  |
| Local Telephone No.: ( )  |   |  |  |  |  |   |  |  |   |         |  |
| Mobile Phone No.:   |   |  |  |  |  |   |  |  |   |         |  |
| E-mail:   |   |  |  |  |  |   |  |  |   |         |  |
| Applicant Information Filling Fields  | I. <input type="checkbox"/> Person under isolation or quarantine  | 1. Due to my personal illness of severe special infectious pneumonia, the competent authority of health required me to be under mandatory quarantine of <input type="checkbox"/> <b>A. Home isolation</b> <input type="checkbox"/> <b>B. Home quarantine</b> <input type="checkbox"/> <b>C. Centralized isolation</b> <input type="checkbox"/> <b>D. Centralized quarantine</b> . During the isolation or quarantine period, I have not violated any relevant regulations for isolation or quarantine.<br>2. During the period of accepting the isolation or quarantine<br>(1) No salary was received for _____ days<br>(2) Salary was received for _____ days   |  |  |  |   |  |  | Period of Isolation or Quarantine (Date indicated on the Notice of Isolation or Quarantine) | From To |  |
|   | II. <input type="checkbox"/> Caregiver (Relationship with the person under isolation or quarantine: ( ) ) | 1. As a family member of the person having difficulty in taking care of himself/herself and under isolation or quarantine, and in order to assist this person, I <input type="checkbox"/> applied for leave at work or <input type="checkbox"/> could not go to work (please select one only). The fact of looking after the person is indeed true.<br><input type="checkbox"/> <b>A. Receiving long-term care need level assessment according to Article 8 of the Long-Term Care Services Act, and the incapability level is assessed to be between Level 2 to Level 8.</b><br><input type="checkbox"/> <b>B. Equipped with a diagnosis certificate indicating the confirmed illness of dementia issued by the hospital department of neurology or psychiatrist. (Diagnosis certificate shall be submitted)</b><br><input type="checkbox"/> <b>C. Physical or mental disabled receiving community care service or personal assistance service.</b><br><input type="checkbox"/> <b>D. Foreign home nursing worker employed by the person has been diagnosed with severe special infectious pneumonia by a physician or other reasons such that he or she cannot provide care service, and the family member is required to provide care. (Please submit a photocopy of the Foreign Home Nursing Worker Employment Permit Letter, a physician's diagnosis certificate, or any proof or affidavit indicating reasons that the foreign home nursing worker cannot provide service)</b><br><input type="checkbox"/> <b>E. Pupils of elementary school or child under the age of 12 years old. (For pupils studying at elementary school above the age of 12 years, please submit the school enrollment certificate)</b><br><input type="checkbox"/> <b>F. Physical or mental disabled studying in junior high school, senior high school, or the first three grades of a five-year junior college school. (Please submit photocopies of the front and back sides of the student identity card)</b><br><input type="checkbox"/> <b>G. Other conditions approved by the central competent authority of health.</b><br>2. During the caregiving period<br>(1) No salary was received for _____ days<br>(2) Salary was received for _____ days |  |  |  |   |  |  | Date of Caregiving (Date indicated on the leave application or unpaid salary certificate)   |         |  |
| 1. I hereby declare that all of the statements made above and documents of proof submitted are true and legitimate. In case of any deceptive information or fraud, I shall be willing to bear <b>relevant civil and criminal</b> legal liabilities, and shall return the compensation.<br>2. Where there is a need for individual case assessment and review, I agree to authorize the competent authority to review relevant information of the household registration, insurance, social welfare payment etc. under my name and family members. |   |  |  |  |  |   |  |  |   |         |  |
| Applicant Signature or Seal: _____  |   |  |  |  |  | Legal Representative Signature or Seal: _____ |  |  |   |         |  |

Please continue to the back page

|   |  |   |           |             |   |                      |                      |                      |
|---|--|---|-----------|-------------|---|----------------------|----------------------|----------------------|
| Proof of Identity Document                                    | <b>Please attach photocopies of the front and back of the National Identification Card<br/>(for foreign applicant, please attach photocopies of the ARC or passport)</b>   |   |           |             |   |                      |                      |                      |
|   | Attach the front side of a photocopy of National Identification Card (ARC or passport) here  | Attach the back side of a photocopy of National Identification Card (ARC) here  |           |             |   |                      |                      |                      |
| Payment Receipt Method  | <b>Please attach a photocopy of the account passbook cover page of the postal office or financial institution of the Applicant or legal representative thereof here along the top edge of the photocopy here</b>   |   |           |             |   |                      |                      |                      |
|   | <input type="checkbox"/> 1. Remit into the postal office passbook account of the Applicant or legal representative thereof<br>Office No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> Account No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> |   |           |             |   |                      |                      |                      |
|   |  | <input type="checkbox"/> 2. Remit into the financial institution passbook account of the Applicant or legal representative thereof<br>Name of Financial Institution Bank _____ Branch _____   |           |             |   |                      |                      |                      |
|   |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Bank Code</td> <td style="width: 15%; text-align: center;">Account No.</td> <td style="width: 70%; text-align: center;">Financial Institution Account No. (branch, department, code, inspection number)</td> </tr> <tr> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </table>  | Bank Code | Account No. | Financial Institution Account No. (branch, department, code, inspection number) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Bank Code   | Account No.  | Financial Institution Account No. (branch, department, code, inspection number)   |           |             |   |                      |                      |                      |
| <input type="text"/>  | <input type="text"/>   | <input type="text"/>  |           |             |   |                      |                      |                      |
|   |  | Remarks:<br>1. Please provide a postal office passbook account in priority.<br>2. Where the person under isolation or quarantine is a minor or under the order of commencement of guardianship, the financial account passbook cover page photocopy of his or her legal representative may be submitted.  |           |             |   |                      |                      |                      |
| Documents and Materials Enclosed for the Application Required | I. Person under isolation or quarantine  | <input type="checkbox"/> National Identification Card (ARC or passport for foreign applicant) original copy (for onsite inspection only)<br><input type="checkbox"/> Original copy of proof for leave application and unpaid salary certificate of person under employment, or <input type="checkbox"/> Affidavit for person not under employment who cannot work and cannot receive remuneration or compensation (Please select one only)<br><input type="checkbox"/> Relevant document or material indicating the necessity for traveling abroad (this document is required for person receiving home isolation or quarantine for his or her departure after the date of March 17, 2020 and returning to Taiwan afterwards)<br><input type="checkbox"/> Other documents or materials designated by the central competent authority of health  |           |             |   |                      |                      |                      |
|   | II. Caregiver  | <input type="checkbox"/> National Identification Card (ARC or passport for foreign applicant) original copy (for onsite inspection only)<br><input type="checkbox"/> Original copy of proof for leave application and unpaid salary certificate of person under employment, or <input type="checkbox"/> Affidavit for person not under employment who cannot work and cannot receive remuneration or compensation (Please select one only)<br><input type="checkbox"/> Document proving the person being cared for has difficulties in taking care of himself or herself and is under isolation or quarantine (please select one): <input type="checkbox"/> Diagnosis certificate for dementia issued by the hospital department of neurology or a psychiatrist <input type="checkbox"/> Photocopy of Foreign Home Nursing Worker Employment Permit Letter, physician's diagnosis certificate<br><input type="checkbox"/> School enrollment certificate <input type="checkbox"/> Photocopies of front and back sides of student identity card<br><input type="checkbox"/> Document proving the caregiver is a family member ("family member" refers to a relative by blood or by marriage within the second degree or the head or member of the house specified in Article 1123 of the Civil Code)<br><input type="checkbox"/> Other documents or materials designated by the central competent authority of health |           |             |   |                      |                      |                      |