

Childcare Assistance Questionnaire for Inmates, Detainees or People Subject to Rehabilitative Measures

2014.2.7 revised

Basic data of applicant (inmate)	Name		Date of birth		ID No.	
	Permanent Address				Residential Address	

No children under 12 years old

With children under 12 years old, basic information as follows:

Basic information of children.	Name	Gender	Date of birth	Age	Name of school	Guardian of Children	Status of children under care	Under placement by a county (city) government	Are they physically or mentally handicapped?	Need county (city) government care and assistance	
	Total Numbers of Children: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female				1. <input type="checkbox"/> Myself (including co-custody with others) 2. <input type="checkbox"/> Not myself (1) <input type="checkbox"/> Ex-spouse (2) <input type="checkbox"/> Others, please explain _____	<input type="checkbox"/> Cared by inmate's (ex) spouse <input type="checkbox"/> Cared by the inmate's parents <input type="checkbox"/> Cared by the inmate's relative <input type="checkbox"/> Cared by the inmate's friend <input type="checkbox"/> Currently cared by no one <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes, under placement by County (City) _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female				1. <input type="checkbox"/> Myself (including co-custody with others) 2. <input type="checkbox"/> Not myself (1) <input type="checkbox"/> Ex-spouse (2) <input type="checkbox"/> Others, please explain _____	<input type="checkbox"/> Cared by the inmate's (ex) spouse <input type="checkbox"/> Cared by the inmate's parents <input type="checkbox"/> Cared by the inmate's relative <input type="checkbox"/> Cared by the inmate's friend <input type="checkbox"/> Currently cared by no one <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes, under placement by County (City) _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

		<input type="checkbox"/> Male <input type="checkbox"/> Female				1. <input type="checkbox"/> Myself (including co-custody with others) 2. <input type="checkbox"/> Not myself (1) <input type="checkbox"/> Ex-spouse (2) <input type="checkbox"/> Others, please explain _____	<input type="checkbox"/> Cared by the inmate's (ex) spouse <input type="checkbox"/> Cared by the inmate's parents <input type="checkbox"/> Cared by the inmate's relative <input type="checkbox"/> Cared by the inmate's friend <input type="checkbox"/> Currently cared by no one <input type="checkbox"/> Not sure	<input type="checkbox"/> Yes, under placement by County (City) _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	--	--	--	--	---	---	--	---	---

Please fill in the following information if your child needs assistance from the county (city) government. No need to fill in if no assistance is needed. (If you have difficulty in filling in the form, please seek assistance from the staff to help you fill in the following information.)

Actual circumstance of difficulty in child care	<input type="checkbox"/> Undernourishment <input type="checkbox"/> Illness without medical treatment <input type="checkbox"/> No steady schooling <input type="checkbox"/> Financial difficulty <input type="checkbox"/> Dirty, disorderly home environment. <input type="checkbox"/> Wandering outside after midnight <input type="checkbox"/> Live alone for a long period of time <input type="checkbox"/> Serious emotional/behavioral problems (anxiety, irritability, fear, etc.), please explain: <input type="checkbox"/> Often involve in dangerous incidents or hang out in dangerous places, please explain: <input type="checkbox"/> Others, please explain:
Needed care/assistance	<input type="checkbox"/> Financial assistance <input type="checkbox"/> Family relations counseling <input type="checkbox"/> Home care for physically/mentally handicapped <input type="checkbox"/> Medical assistance <input type="checkbox"/> Schooling assistance <input type="checkbox"/> Legal aid <input type="checkbox"/> Placement/care <input type="checkbox"/> Emotional/behavior counseling <input type="checkbox"/> Others, please explain:
Remarks	(Please specify family cohabitation, financial and other special conditions)

Children under 12 years of age with caregiver, but need assistance from the county (city) government. Please fill in the following caregiver information.

	Name	Gender	Relation with child	Age	Care capability	Health status	Identity	Occupation	Tel/Cell	Contact address
Actual caregiver's status and basic information					<input type="checkbox"/> Satisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Normal <input type="checkbox"/> Serious illness <input type="checkbox"/> Physical/mental handicap, type: _____ <input type="checkbox"/> Mental illness	<input type="checkbox"/> General <input type="checkbox"/> Indigenous <input type="checkbox"/> Foreign national, nationality: _____	<input type="checkbox"/> Yes, please explain _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown		

					<input type="checkbox"/> Satisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Normal <input type="checkbox"/> Serious illness <input type="checkbox"/> Physical/mental handicap, type: _____ <input type="checkbox"/> Mental illness	<input type="checkbox"/> General <input type="checkbox"/> Indigenous <input type="checkbox"/> Foreign national, nationality: _____	<input type="checkbox"/> Yes, please explain _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown		
--	--	--	--	--	---	--	--	--	--	--

To be filled in by staff below _____

<p>Upon receipt of this form from the inmate, the local prosecutor's office or correctional institution shall conduct an investigation to confirm the contents of the form, confirm that the applicant does have difficulties in caring for his/her children and need care and assistance, and make report by fax or email in accordance with Articles 53 and 54 of The Protection of Children and Youths Welfare and Rights Act (website: https://ecare.mohw.gov.tw).</p>		
<p>Follow-up action</p>	<p><input type="checkbox"/> Report is not required if there is no difficulty in caring for children under 12 years of age or there is no need for care assistance.</p> <p><input type="checkbox"/> If there is difficulty in caring for children under 12 years of age or there is a need for care assistance, make a report along with this questionnaire by fax or email in accordance with Articles 53 and 54 of The Protection of Children and Youths Welfare and Rights Act.</p>	
<p>Filling unit:</p>	<p>Filled in by:</p>	<p>Notified county (city): _____</p>
<p>Filling date: (dd/mm/yyyy)</p>		