**文化健康站長者名冊**

站名：○○文化健康站

地址：花蓮縣○○鄉(鎮、市)○○村○○路○○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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**計畫負責人簽名：**