附件9

南沙区重度残疾人托养服务申请表

所属镇（街）： 填表日期： 年 月 日

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| **基 本 资 料** | **姓名** |  | | | | **性别** | | |  | | | | | **出生日期** | | | | | | | | |  | | | | | | | | 贴相片处  （2寸彩色近照  相片） | | | | | |
| **残疾类别** | □视力 □听力 □语言 □肢体 □智力 □精神 □多重 | | | | | | | | | | | | | | **残疾**  **等级** | | | |  | | | **婚姻**  **状况** | | |  | | | | |
| **户籍地址** | 镇/街 村/居 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申请人**  **详细住址** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **残疾证号** |  |  |  |  | |  |  | |  | |  | | |  | |  | |  | |  | | |  |  | | |  | |  | |  | |  |  |  |
| **监护人**  **姓名** |  | | | **与监护人**  **关系** | | | | | |  | | | | | | | **监护人联系方式**  **（手机及固话）** | | | | | | | | |  | | | | | | | | | |
| **监护人**  **详细住址** |  | | | | | | | | | | | | | | | | | | | | **邮政编码** | | | | | | |  | | | | | | | |
| **备注：相关文件邮寄上述地址视为送达** | | | | | | | | | | | | | | |
| **申请托养机构**  **名称** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭经济状况** | | □低保家庭 □低边家庭 □成年无收入 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **低保、低边**  **证件号** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **医疗保障情况** | | □ 城镇职工医保 □ 城乡居民医保 □ 其它医保 □ 无医保 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **生活自理程度** | | □ 完全自理 □ 部分自理 □ 不能自理 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭成员** | | 姓名 | | | 性别 | | | 出生日期 | | | | | 关系 | | | | | | | 身份证号码 | | | | | | | | | | | | | 职业 | | | |
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| **紧急情况**  **联系人** | 第一联系人 | 姓名： |  | | 与托养人员关系 |  |
| 身份证号码 |  | | | 联系电话、固话 |  |
| 详细住址 |  | | | | |
| 第二联系人 | 姓名： |  | | 与托养人员关系 |  |
| 身份证号码 |  | | | 联系电话、固话 |  |
| 详细住址 |  | | | | |
| **现申请残疾人托养服务，以上情况填写真实，若日后经查情况不实，本人愿意承担相应的法律**  **责任。**  申请人（监护人）签名： 日期： 年 月 日 | | | | | | |
| **代位支付申请（仅限于申请入托南沙区残疾人托养中心）** | 本人委托本人户籍地南沙区残疾人联合会办理本人的托养资助结算手续并代位本人向服务机构支付本人应向该机构支付托养服务费用。委托期限自签订本委托书之日起至本资助年度止。  委托人（本人或其代理人）：  日 期： 年 月 日 | | | | | |
| **托养服务**  **中心评估**  **意见** | 评估人： 签名（盖章） | | | | | |
| **村（居）意见** |  | | | **镇街残联**  **复核意见** |  | |
| **区残联**  **审核意见** |  | | | | | |

**说明：申请表必须一式两份，准确、完整填写信息并务必双面打印。**